Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

ONLINE REGISTRATION FORM

Reference No.	REGOL-	549088 Ref. [Date Nov 21	21, 2024		Department Cardio		ogy
Name	Mrs Ree	eta Dwivedi						
Sex	FEMALE			Marital Status Married				
Date of Birth	Jun 30, 1966		A	ge	58 Yrs		Email	adarshdwivediup32@gmail.com
Religion	Hindu		O	ccupation	Othe	rs	Mobile	9839430454
Address(Permanent)		Rural		Address(Correspondence)		dence)	Urban	
House No		44			House I	No	566	
Street/ Village		Kechuakhoi	-		Street/	Village	Sec	tor A
Locality/P.O		Mehdupar			Locality	/P.O	Alig	anj
City/ District		Sant Kabir N	Nagar		City/ Di	strict	Lucl	know
State		Uttar Prade	sh		State		Utta	ar Pradesh
Pin		272154			Pin		206	024
Phones		630781268	5		Phones		945	50415094
Nearest Rly. St	n.	Khalilabad			Nearest	t Rly. Stn.	Мо	hibullapur
Emergency Con		bhishek wivedi	Relationship	Son		Emergency	Phone	6307812685
Ref. Doctor	D	r. Shripad	Ref. Hospita	Shripad Centre I		Ref. Department		Cardiology
Identity Type	А	dhar Card	Identity No	336446	627823	Issuing Aut	hority	Uidai

Please report to the online registration counter before 10.00 AM with your referral documents with this online registration form. This is valid upto **Sat Dec 21 2024** only

- 1. I/My patient am/is fully aware that this registration is only for O.P.D consultation and this does not qualify for admission in Emergency Ward.
- 2. Report to the **Reception Counter** with this form duly filled along with referral documents and investigation report before 12: 00 noon.
- 3. In all those departments where no of registration is limited, it may not possible that the patient will be seen on that day. However, the patient will be given next possible O.P.D appointment date.

Signature of Patient/Relative