



APPLICATION FORM TO BE FILLED BY THE INDIVIDUAL/LEGAL ENTITLED



To

The Medical Supdt.,
D.M.C. Hospital
Ludhiana

Ward _____ File No. _____
Deposit Rs. _____ vide receipt
No. _____ for Certificate

Sub : Application for Medical/Death/Birth/LIC/Disability Certificate/Detail of Bill No.

Sir,

Please issue me a _____ certificate of my _____ For
(purpose of certificate _____ My/His/Her

Particulars are given below :

Name of the Patient : _____
Name of the Father / Husband : _____
Age & Sex : _____
Name of the Consultant Doctor : _____
Admission No. : _____
Date of Admission : _____
Date of Discharge / Death : _____
Date of Birth (in case of Delivery) : _____

I solemnly declare that my above statement is true to the best of my knowledge and belief and nothing
is concealed therein.

Yours faithfully,

I AM ENCLOSING HEREWITH PHOTOCOPY OF
DISCHARGE CARD/HOSPITAL BILL/TRANSPORTATION
CERTIFICATE/OPDCASE

Signature _____
Name in Block Letters
Address _____

Dated _____ Mobile No. _____

(FOR OFFICE USE ONLY)

Forwarded to the Doctor _____

Please do the needful patient's file and form are attached herewith. Please return the same to the
Office by _____

Received No. _____ M.R.O. MS

Acknowledgment received. The certificate issue on

Signature of the Applicant _____ Receipt Clerk

ACKNOWLEDGEMENT

Received application of _____ for _____ certificate
of _____ on _____ the certificate will be
issued on _____

Note : The certificate will not be issued without
Acknowledgment

Receipt Clerk
Medical Record Deptt.
D.M.C. Hospital,
Ludhiana

Contact No. : 0161-4687566 * Sunday Closed

X Aug-2016