CENTENARY HOSPITAL

PATIENT REGISTRATION FORM FOR NON-DEPENDANT RELATIVES OF KOPT EMPLOYEES / PENSIONERS

PARTICULARS OF THE EMPLOYEE / PENSIONER

1.	NAME OF THE EMPLOYEE / PENSIONER: SRI / SMT.						
2.	DESIGNATION:		3.	DEPARTMENT :	4. SE	ECTION :	
5.	ADDRESS:				6. PHONE NO.(F	₹)	
					7. DATE OF RETIREMENT :		
8.	PS:		9. EMP. NO.		10. PENSION CAS	SE NO. :	
	<u> </u>	PARTI	CULARS OF THE NON	I-DEPENDANT RE	<u>LATIVE</u>		
11.	NAME OF THE RELATIVE: SRI/SMT						
12.	DOB:	13.	AGE:	14. SEX:			
15.	RELIGION:	16.	MARITAL STATUS :			PHOTO OF	
17.	RELATIVE TO ATTESTED E EMPLOYEE / PENSIONER : RELATIONSHIP WITH EMPLOYEE / PENSIONER : EMPLOYEE						
18.	18. NAME OF THE FATHER / HUSBAND PENSIO						
19.	PHONE NO (R):		20. MOBILE NO				
21.	ADDRESS (WITH PS) :						
DAT	ΓE:		SIGNATURE / LTI EMPLOYEE / PENSION	OF SIC	GNATURE / LTI OF RELATIVE		
			DECLARATION / UN	<u>DERTAKING</u>			
	THE PARTICULARS FURNISHED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.						
	I FURTHER DECLARE THE CHARGES FOR MEDI COVERED FROM MY SALAR	ICAL	TREATMENT GIVEN T	O THE ABOVE F	RELATIVE, THEN T	HE SAME MAY BE	
	THIS DECLARATION , ATIVE MENTIONED ABOVE ANCE NOTICE TO THE CHI	E UNT	TIL IT IS OFFICIALLY	WITHDRAWN BY	ME, BY GIVING TI		
CEF	THE PHOTOGRAPH, RTIFIED BY ME.	SIGN	ATURE AND PARTICL	ILARS OF MY RI	ELATIVE IS HEREB	Y ATTESTED AND	
DAT	ΓΕ:			SIGNATURE / LT FULL NAME :	TI OF EMPLOYEE / F	PENSIONER	
	THE PARTICULARS OF TH	IE EM	PLOYEE / PENSIONER	HAVE BEEN VEI	RIFIED AND FOUND	CORRECT.	
DATE :			SIGNATURE OF THE ESTABLISHMENT OFFICER FULL NAME :				
	GISTRATION NO. BE FILLED UP AT THE TIME						

KOLKATA PORT TRUST

CENTENARY HOSPITAL

CORPORATE PATIENT REGISTRATION FORM

NAME OF THE ORGANISATION						
NAME OF THE PATIENT						
DATE OF BIRTH SEX RELIGION						
BLOOD GROUP MARITAL STATUS : MARRIED / SINGLE						
CONTACT ADDRESS COLOUR PHOTO ATTESTED BY EMPLOYER / EMPLOYEE						
os						
PIN DIST						
TELEPHONE : RES MOBILE						
STATUS: EMPLOYEE / DEPENDENT RELATIONSHIP WITH EMPLOYEE (IF DEPENDENT)						
NAME OF FATHER / HUSBAND OF THE PATIENT)						
DESIGNATION (IF EMPLOYEE)						
EMP NO / ID						
DEPARTMENT						
SIGNATURE / LTI OF EMPLOYEE SIGNATURE / LTI OF DEPENDENT						
THE PARTICULARS OF THE EMPLOYEE/DEPENDENT HAVE BEEN VERIFIED AND FOUND CORRECT AND FORWARDED TO KOP CENTENARY HOSPITAL FOR RGISTRATION. ALL CHARGES MAY BE DEBITED TO OUR DEPOSIT ACCOUNT NO						
OFFICE SEAL SIGNATURE OF THE AUTHORISED OFFICE NAME IN FULL DATE						
To be filled at the Front Desk						
MEDICAL REGISTRATION NO. : Sig. & dt. of Registration Clerk						