

To

The Head
Medical Record Depart
GMCH-32, Chandigarh

Sub: -Change/Update the record in C.R. No. _____

Sir,

Kindly change/update the below mentioned record in C.R. No. _____
for this necessary documents are attached with the application.

1. Patient Name
2. D/o, S/o, W/o
3. Address
4. Occupation/Income
5. Age

Thanking you,

Dated:

Yours faithfully,

Signatures _____

List of Documents

- ✓ Attested Copy of ID card/Ex-servicemen card/PPO No.
- ✓ Salary Certificate/copy of bank passbook
- ✓ Dependent certificate/ESI card/Affidavit

Name _____
 Relation _____
 Address _____

Verification

I _____ on behalf of _____ declare that I have read the contents mentioned above carefully & the above statement & enclosures submitted by me are true & correct to the best of my knowledge & belief & nothing has been concealed there in I shall be solely responsible for any false information, if any, found at any later stage.

 Signatures
 Relation with the patient _____

For MRD office use only

Please accept difference in hospital charges for Rs. _____ against C.R. No. _____

Receipt No. _____

Dated: _____

Amount _____

Full Signature of Cashier _____

May kindly allow to update the record in C.R. No. _____ as under

Payment recover vide receipt No. _____ Dated _____ for Rs. _____ and nothing is due as per MRD record till date.