

To

The Head,
Medical Record Department,
GMCH-32, Chandigarh.

Subject: Regarding Update/ Change of Income.

I _____ on behalf of _____
(name of patient) S/o, D/o, W/o _____ resident of
House No. _____ C.R. No. _____
inform that the income/ occupation of patient is Rs. _____ Govt./ Pvt. in your
records, so as to enable the patient to get the private room facility. I undertake to pay all the
dues as per changed income from the date of registration with GMCH and not from the date
of allotment of the private room. I also undertake that the patient will not change the income
to lower slab/private to government in any circumstances after availing the facility of private
room & I/he/she shall/will not submit the bills for verification/reimbursement purpose from any
government. I declare that the particulars & enclosures submitted by me are true & correct to
the best of my knowledge & nothing has been concealed. I shall be solely responsible for any
false information, if any, found at any later stage.

Signature of Patient/ Attendant

FOR OFFICE USE ONLY

Please accept difference amount in hospital charges of Rs. _____ against Receipt
No. _____ dated _____ (as per detail given backside) and nothing is due
against above said patient as per MRD record till date.

Signature of MSW/DEO

Payment received from the patient/attendant vides cash Receipt No. _____ dated
_____ for Rs. _____ on account of above difference charges. May request the
System Administrator to update the record as tick marked by the patient/ attendant.

Signature of Cashier

System Admn.

Sr. Assistant

Supdt./ Incharge