

BOMBAY HOSPITAL & MEDICAL RESEARCH CENTRE

Bombay Hospital Avenue, Mumbai – 400 020.

Tel.No. (D) 22069392 / 22067676 – 55 Lines

REGISTRATION CUM ADMISSION FORM

PLEASE READ THE INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING THIS FORM

Mr/Mrs/Mast/Ms. _____
(TITLE) (SURNAME) (FIRST NAME) (MIDDLE (FATHER'S/HUSBAND'S) NAME)

AGE: _____ SEX: _____ MARITALSTATUS: _____ OCCUPATION: _____

RELIGION: _____ NATIONALITY _____ PASSPORT NO. _____
(Foreigner.NR)

NAME OF NEXT-OF-KIN: _____

PERMANENT ADDRESS : _____

CITY: _____ STATE: _____ PIN _____ MOBILE NO _____

LOCAL PERSON TO BE CONTACTED : _____

LOCAL TEL. NO: (If any) : _____

I agree to get myself/my relative admitted under Dr _____ In class _____

Corporate Co. (credit/cash) _____

(SIGNATURE OF HON.DOCTOR)

DECLARATION

1. I _____ (Patient of Relation) being the _____ (relationship with patient) declare that :

2. I have familiarized myself with the scheme for indigent/weaker section patients:

3. I am / I am not, an indigent / weaker section patient and is / is not eligible to avail of the facilities for

Indigent / weaker section patients :

4. My Annual income does not exceed Rs. _____ per year.

5. I have produced at the time of admission the Income certificate issued by the Tehsildar/Ration Card (BPL) Or I will not later than _____ (date) produce the same in respect of the patient.

6. The details provided in this admission form are true and complete;

7. Nothing material has been concealed from the Bombay Hospital & Medical Research Centre.

Date:

Signature of Patient/Relatives _____

PROCESS FOR ADMISSION FOR PATIENTS FROM INDIGENT/WEAKER SECTION
IMPORTANT – INDIGENT/WEAKER SECTION PATIENTS ARE ELIGIBLE TO
FREE/CONCESSIONAL FACILITIES

Indigent/weaker section patients (if the patient is unable to sign this form the relative or persons accompanying the patient —only in case of emergency) must sign the declaration at the time of seeking admission. Unless the claim is so made, it will be presumed that the patient is not indigent / weaker section and the benefits will not be available. The declaration must be accompanied by proof of “indigent/weaker section”. If due to emergent circumstances proof of indigence/weaker section cannot be produced at the time of admission, such proof must be provided as soon thereafter as possible, (only in case of emergency). If proof of indigence/weaker section is not timely provided, indigent/weaker section benefits will not be available and the patient will be treated as a paying patient from the time of admission until discharge from the hospital.

INDIGENT /WEAKER SECTION PATIENTS ARE THOSE PATIENTS :

1. Who is holding a current Income certificate issued by the Jurisdictional Tehsildar or Ration Card (Below Poverty Line). Only these shall be accepted as proof of indigence /weaker section)
2. A person whose annual income does not exceed Rs. 25,000/- is considered Indigent OR Rs. 50,000/- is considered Weaker Section.

The scheme is displayed on the Notice Board. If you wish to have a copy, please ask for it at the time of applying for admission (provided free of cost).

Date: _____ Signature of Patient / Relatives _____

SIGNATURE OF CMO IS MUST BEFORE ADMISSION.

FOR EMERGENCY ADMISSIONS	FOR FIXED DATE
ADMISSIONS	
Date/...../.....	Bed No:_____ Reg. Date...../...../.....
Time of Adm.....a.m/p.m	Bed type_____ Fixed Date...../...../.....
	Regn.No_____ Class _____