

HIND DI CHADAR BERADH ASHRM

BABA BAKALA SAHIB AMRITSAR



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1. PATIENT NAME :-
- 2.FATHER NAME :-.....MOTHER.....
3. PATIENT ADDRESS :-.....
4. PATIENT CONDITION :-.....
5. PATIENT NOMINATION :-.....
6. PATIENT PERMANETLY ADDRESS :-.....
7. PATIENT ADDHARCARD NO :- PATIENT SINGNATUR/THUMP
8. VERIFICATION S ARPANCH /MC/MAMBAR :-.....
9. VERIFICATION POLICE SINGNATUR /STEMP:-.....
10. PATIENT INFORMATION NAME /PH:-.....
11. FILE NO :-..... 13.REGISTAR PAGE NO..... ADMISSION DATE

BERADH ASHRAM FOUNDER

SARPANCH/MC/MAMBAR

WITNESS

1)

2)

