

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.