

GOVERNMENT OF WEST BENGAL

Office of the Administrative Medical Officer
Employees' State Insurance (Medical Benefit) Scheme
P-233, C.I.T. Scheme-VII-M
Bagmari, Kolkata-700 054

Request for Admission of Insured Person to Hospital

Insurance No.

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Name

Clinical Notes:

TO
THE SUPERINTENDENT
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Dear Sir,

Please admit the Insured Person, whose particulars are given above in Hospital, for treatment, in one of the beds reserved for Insured Persons.

Yours faithfully

Date

*Signature and Stamp of Insurance
Medical Practitioner/
Insurance Medical Officer*

Time