

Form-C
REQUEST FOR INDEPENDENT ADMISSION

[See rule 8]

To,

The Medical Officer in-charge

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Sir/Madam,

I, Mr./Mrs.....
..... age.....son/daughter of.....residing at
.....
.....I have mental
illness with following symptoms since.....

1.....

2.....

3.....

The following papers related to my illness as available with me are enclosed:

1.....

2.....

3.....

I wish to be admitted in your establishment for treatment and request you to please admit me as an independent patient. A self- attested copy of my Identity Proof is enclosed (optional).

Address

Signature

Date

Name

Enclosures:

.....

.....

N.B:- Please strike off those which are not required.