

Form – D
REQUEST FOR ADMISSION OF A MINOR
[See rule 8]

To,

The Medical Officer in charge
.....
.....

Sir/Madam,

I, Mr./Mrs..... residing at
....., who is the nominated
representative (being legal guardian) of Master/Miss.....
request you to admit Master/Miss.....aged.....son /
daughter of....., for treatment of mental illness:

He/she is having the following symptoms since.....

- 1.....
- 2.....
- 3.....

The following papers related to my being the nominated representative and his/her illness
are enclosed:

- 1.....
- 2.....
- 3.....
- 4.....

Kindly admit him/her in your establishment as minor patient.

Address:

Mobile

E-mail:

Date:

Signature

Name

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