

Form – E
REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS

[See rule 8]

To,

The Medical Officer in-charge

.....

.....

Sir/Madam,

I, Mr./Mrs..... residing at.....
.....
nominated representative of Mr. /Mrs.,aged son/daughter
of.....request for his/her admission in your establishment for
treatment of mental illness.

Mr. /Mrs. is having the following symptoms since.....

1.....

2.....

3.....

The following papers regarding my appointment as nominated representative and related
to his/her illness are enclosed:

1.....

2.....

3.....

Kindly admit him/her in your establishment as patient with high support needs.

Name

Address

Mobile and E-mail

Signature

Date

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