

To

**The Superintendent,
Assam Medical College Hospital,
Dibrugarh**

Dated _____

Sir,

A Cabin is required for the following patient who will undergo / is undergoing treatment under me in the Assam Medical College Hospital, Dibrugarh.

Yours faithfully,

Signature of V.P./V.S.

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1. Name of Patient : _____
2. Age : _____ 3. Sex : Male/Female, Tele / Mobile No. _____
4. Full address of the Patient : P.O. _____
: VILLAGE / TOWN _____
: District _____
: State _____
5. Hospital O.P.D. Card No. _____ Date _____

**HOSPITAL RULES FOR INFORMATION OF PATIENTS AND ATTENDANTS.
THE FOLLOWING ARE STRICTLY PROHIBITED.**

- a) Cooking inside Cabin.
- b) Playing Musical System & Gambling.
- c) Drinking of Alcohol inside Cabin / Cottage and Campus of Paying Cabin / Cottage.

I, Smti / Sri _____ guardian of the above named Patient do hereby declare that I shall abide by the above mentioned rules laid down by the hospital authority during stay of my Patient in a Cabin / Cottage. Further I declare that I shall bear all dues payable to the Hospital Management Society in connection with Cabin / Cottage rent, treatment charges of Patient, Investigation and operation charges, if any by me as per rate imposed by the Govt.

Name of applicant _____
(On behalf of Patient himself / herself).
Full Home Address _____

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(OFFICE USE)

1. Cabin/Cottage Registration No. _____ Date _____
2. Name of Patient _____
3. Name of V.P. / V.S. _____
(Under whom Patient is undergoing/will undergo treatment)
4. Demand for a Cabin / Cottage is entertained only after Registration of the name of Patient in the office Register and Application must be endorsed by the respective V.P./V.S.
5. Demand of a Cabin / Cottage will be counted according to registration serial number.
6. Validity of registration of a Cabin / Cottage is six months only from the date of Registration.
7. Right of allotment / cancellation of a Cabin / Cottage reserved to the authority.
8. Daily attendance time from 10-30 A.M. to 12-30 P.M. (except Govt. holiday) when Cabin Cottage needed.
9. Once cabin is allotted cannot be Changed / Transferred.
10. Office Contact No. 0373-2300591

Signature of Official Registration