



Indira Gandhi Medical College & Hospital Shimla, H.P.

Private Ward Requisition Form

*After filling the form completely please deposit the hard copy in the office of
Sr. Medical Superintendent IGMC-Shimla*

(PLEASE FILL IN UPPER CASE)

Name of patient:..... Age:..... Gender:.....

Father/Husband name:..... Cr.No:.....

Admitted Department:..... Ward:..... Bed:.....

Date of Admission:..... Mobile(Mandatory):.....

Postal Address :.....

..... City :..... Pincode :.....

State :..... Country :.....

Applicant Signature:.....

Date:.....
