



**KOLKATA PORT TRUST  
CENTENARY HOSPITAL**

**CORPORATE PATIENT REGISTRATION FORM**

NAME OF THE ORGANISATION

NAME OF THE PATIENT

DATE OF BIRTH       SEX  RELIGION

BLOOD GROUP..... MARITAL STATUS : MARRIED / SINGLE

CONTACT ADDRESS .....  
.....  
.....

COLOUR PHOTO  
ATTESTED BY  
EMPLOYER /  
EMPLOYEE

PS

PIN  DIST .....

TELEPHONE : RES  MOBILE

STATUS : EMPLOYEE / DEPENDENT RELATIONSHIP WITH EMPLOYEE   
(IF DEPENDENT)

NAME OF FATHER / HUSBAND   
(OF THE PATIENT)

DESIGNATION (IF EMPLOYEE)

EMP NO / ID

DEPARTMENT

.....  
SIGNATURE / LTI OF EMPLOYEE

.....  
SIGNATURE / LTI OF DEPENDENT

THE PARTICULARS OF THE EMPLOYEE/DEPENDENT HAVE BEEN VERIFIED AND FOUND CORRECT AND FORWARDED TO KOPT CENTENARY HOSPITAL FOR REGISTRATION. ALL CHARGES MAY BE DEBITED TO OUR DEPOSIT ACCOUNT NO.....

OFFICE  
SEAL

SIGNATURE OF THE AUTHORISED OFFICER  
NAME IN FULL.....  
DATE.....

*To be filled at the Front Desk*

MEDICAL REGISTRATION NO. :

\_\_\_\_\_  
Sig. & dt. of Registration Clerk