

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.