

Form – C

REQUEST FOR INDEPENDENT ADMISSION

[See rule 8]

To,
The Medical Officer in-charge

Sir/Madam,

I, Mr. /Mrs. _____, age _____
son/daughter of _____, residing at _____ I have mental
illness with following symptoms since _____

1. _____
2. _____
3. _____

The following papers related to my illness as available with me are
enclosed: 1. _____

2. _____
3. _____

I wish to be admitted in your establishment for treatment and request you to please admit me as an
independent patient. A self- attested copy of my Identity Proof is enclosed (optional).

Address Date

Name

Enclosures:

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

Signature