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Name of Employee .................................................................. Designation.......................................................

Name of Pateint.......................................................................... Relationship......................Age...........Sex............

Hospital suggested ....................................................................................................................................................

Short clinical notes and duration of illness ..............................................................................................................

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Signature of the Employee

Date Signature of the University Doctor/Authority

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OFFICE COPY

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Central University of South Bihar

**(A Central University Established by an Act of Parliament)**

**NAAC Accreditation: Grade “A++”**

SH- 7, Gaya-Panchanpur Road, Village- Karhara, Post- Fatehpur

P.S. –Tekari, District-Gaya (Bihar) Pin Coade- 824236

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