

VIVEKANAND MEDICAL RESEARCH TRUST, HOLTA, PALAMPUR,
DISTT: KANGRA, HIMACHAL PRADESH – 176062



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HIMALAYAN RESEARCH INSTITUTE
FOR YOGA AND NATUROPATHY

APPLICATION FOR ADMISSION

NEW ADMISSION RE-ADMISSION NRI FOREIGN
NATIONAL

(Please write in block letters and use separate Form for each patient: Photo copy
accepted)

**PLEASE FILL ALL COLUMNS ON ALL PAGES TO AVOID DELAY IN
PROCESSING.**

*Application will not be processed, if not submitted with Reservation Deposit.

Name : Mr./Mrs./Ms.

.....

Male/Female :Local Contact Phone if
any.....

Full Address

.....

.....

E-mail:.....

Fax:.....

Occupation :.....Religion:

Married/Unmarried:.....

Nationality:.....

.....

FOR FOREIGN NATIONALS / NON RESIDENT INDIANS

Passport No:..... Date of issue: Place of issue:

Accommodation required : (Please tick mark the boxes in order of preference)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dormitory	Double Bed Room	Deluxe Double Bed Room	
Cottage	(Basera)	(Nilay)	(Niket)	
(Ketan)				

For Rules, regulations and room tariff, please refer Information Brochure/Website:

Expected duration of stay:.....

.....

Accommodation required from..... to

.....

Please give alternate date also from to

.....

Number of patients :

Are you bringing any relation/attendant ? (Yes / No) If yes, state your relationship

Please send 3 days reservation deposit : Bank Draft No. Rs.
.....

Incase of readmission, please write:

Previous Date of Admission:Admission No:.....Ward:.....

PERSONAL HISTORY : (Please give specific information)

1. Age Yrs
2. Height..... Weight.....Kgs
3. Blood Pressure mm/Hg.

Present disease in detail with duration:

- 1
.....
.....
2.
.....
.....
- 3.....
.....

Please answer the following :

1. Have you suffered from Heart ailment in the past?
(Yes / No) If yes, give
detail:.....
.....
2. What medicines are you taking at present
.....
.....
3. Have you suffered from any infectious disease in the past ?
(Yes / No) If yes, give detail.:
.....
.....
4. Are you capable to walk independently ?
(Yes / No) If no, give detail:
.....

-
.....
5. Are you suffering from any type of Hernia ?
(Yes / No) If yes, give detail:

.....
.....
.....

6. Habits : Tea / Coffee / smoking /alcohol / drugs / Zarda / Bhang /Pan Masala .

Note:

1. Please enclose recent investigation reports related to present existing diseases .
2. Please bring your past 5 years investigation reports, if you have suffered from any disease.
3. The management reserves the right of admission and discharge of any patient at any time without giving any reason, whatsoever.
4. In-patients are normally not allowed to go out during stay in the Hospital except those on rejuvenation treatment.
5. Patient should follow the rules and regulations of the Hospital sincerely and strictly.
6. A patient may have to stay in an accommodation other than the reserved one for few days, if reserved one is not readily available on admission.
7. Medicines of any sort are not allowed to be continued . However, if considered essential, our doctors shall advise tapering off or complete withdrawal in course of time.
8. Incase of postponement /cancellation , 3 days notice is to be given to reservation counter , failing which the advance paid will be forfeited.
9. Admission will not be given and deposit will be forfeited, if any information is found false which is given in the application form.

10. Patient should bring sufficient warm clothes while coming for admission since it is cold weather here in winter.
11. Success of treatment will solely depend on the patients' strictly adhering to the discipline.

UNDERTAKING:

I have read the conditions mentioned above and also those mentioned in the Brochure, all of which I heartily accept, and solemnly undertake that I shall abide by the rules & conventions of KAYAKALP (HRIYN) faithfully. Also, nature of treatment at the Institute and the possible benefits and risks are understood by me. I opt for treatment on my own accord.

In the event of complications and / or adverse reactions arising during my stay at KAYAKALPA (HRIYN) the management will not be held responsible and it has the right to shift/refer me to a suitable medical institution for necessary treatment, at my cost.

**Date :
Patient**

Signature of

FOR OFFICE USE ONLY

Regd. NoCash Receipt No.....Rs.....Date.....

<p>Name :</p> <p>DIAGNOSIS.....</p> <p>.....</p> <p>.....</p>	<p>Signature of Doctor</p> <p>Physician / C.M.O.</p>
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