To

**ORIGINAL COPY**

The O.C/S.I of ------------------------------------------------------------------------------------------ police station

I write to inform you that a person by name ------------------------------------------------------------------- --------Male/female, aged ---------- years, address --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------came to this institution with alleged history of ----------------------------------------------------------------------------

He/ She is being treated as inpatient in -------------------------ward/outpatient/referred/expired in casualty

Please do the needful.

Signature: Designation:

Name: Date:

Place: Name of the Institution

**CASUALTY DEPT.**

To

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To

**MRD**

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