

**Central Registration Counter
JPNATC, AIIMS, New Delhi-110029**

REGISTRATION FORM

To be filled by Attending Doctor at ED/FU OPD

(Please encircle relevant information)

Date : Time :
Criticality : RED/YELLOW/GREEN/OPD MLC/NMLC
Name of Attending Dr. Sign. Deptt : EM/Ortho/GS/NS
Name of Consultant : Dr. Deptt. : EM/Ortho/GS/NS
Mode of Injury : Assault/RTA/Fall/Other

Particulars to be provided by Patient/Attendant

Patient Name Age Sex
Father/Husband Name.....
Local Address/Permanent Address
District State Pin
Tele No. Mobile No.
Brought By : Name Relation :
Address :
Tele No. Mobile No.
Location/Place of Incidence..... Signature of Attendant
Patient Type : General/CGHS/ESI/EHS No.
TC No. allotted Initials of CRC Staff