

MUMBAI PORT AUTHORITY
MEDICAL DEPARTMENT

Date: _____

The Chief Medical Officer,
Port Authority Hospital
Wadala, (East), Mumbai - 400 037.

(Through the _____)

Madam / Sir,

**Sub.: Request for issue of duplicate Medical Aid Registration Card / Case paper
from Shri/Smt. _____
MAR No. E / F / _____**

- My Medical Aid Registration Card No.: E/F/ _____ issued to me is torn/defaced/spoiled etc. I, therefore, request you to kindly arrange to issue me a duplicate card for availing of medical aid at Port Authority Hospital and Dispensary opted by me.
- As I have lost my Medical Aid Registration Card No. E/F/ _____ I am paying herewith Rs.5/- (Rupees Five only) towards the cost of the issue of duplicate Medical Aid Registration card.
- As I have lost the Medical Aid Registration Case paper No. E/F/ _____ in respect of myself / my spouse, namely :

Sr. No.	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

With reference to your circular No. H/R-2/8107 of 2010-11 dated 22.11.2010, I am paying herewith Rs. _____/- (Rs. 50/- for each duplicate OPD case paper) towards issue of duplicate case paper.

Kindly arrange to issue me duplicate OPD case papers for availing of medical aid at Port Authority Dispensary and Hospital.

D.A.: _____

**Signature /LHTI/RHTI
of the employee/Spouse**

Name of the employee /spouse : _____

Designation : _____ Section: _____ Dept.: _____

M.A.R. No.: RE/RF/ _____ Phone No. _____

- *Please score out what is not applicable.*

No. _____

Date: _____

Forwarded to the Chief Medical Officer, Port Authority Hospital, for issue of duplicate Medical Aid Registration card/case papers in favour of the above named employee/spouse.

His /Her original torn/defaced/spoiled Family Registration Card/Case papers is/are sent herewith for replacement.

He /She had paid Rs. _____/- towards cost of duplicate M.A.R. card/ case paper vide Receipt No. _____ dtd _____ and the same is being remitted to the F.A.& C.A.O., Mb.P.A.

Herewith is enclosed his passport size photograph duly attested by the undersigned.

**Signature of the Officer
with Designation & Seal/Stamp**