

**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. RE / RF / \_\_\_\_\_**

- My Medical Aid Registration Card No.: RE/RF/\_\_\_\_\_ 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. RE/RF/\_\_\_\_\_ 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. RE/RF/ \_\_\_\_\_ in respect of myself / my spouse, namely :

Sr. No.	Name	Relationship
1.	_____	_____
2.	_____	_____

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 paper/s for availing of medical aid at Port Authority Dispensary and Hospital.

D.A.: \_\_\_\_\_

Signature /LHTI/RHTI  
of the ex-employee/Spouse

Name of the ex-employee /spouse : \_\_\_\_\_

Designation : \_\_\_\_\_ Section: \_\_\_\_\_ Dept.: \_\_\_\_\_

M.A.R. No.: RE/RF/ \_\_\_\_\_ Phone No. \_\_\_\_\_

- Please score out what is not applicable.

To,  
The In-charge,  
Accounts Cell, Port Authority Hospital.

You are requested to accept Rs. \_\_\_\_\_/- from the above ex-employee towards issue of MAR Card / \_\_\_\_\_ nos. of duplicate OPD case papers.

**In-charge, Registration Section**