**F O R M A T - 1**

**(For employees )**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name of the employee : 2. Designation : 3. Department/Section : 4. Residence Address : 5. Mobile No. & other   contact details : | | | | | | |
| Sl.No. | Name of the  Person/patient/accompanying any one to the Bethany Hospital with details | Relation-ship with the employee | Date(s) of visit to Bethany Hospital, Shillong | Purpose of visit to the Bethany Hospital | Whether Symptom of fever,headache,  cold/flue etc. if any, is noticed and consulted any Doctor.  Details to be furnished | Remarks  (if any) |
|  |  |  |  |  |  |  |

**F O R M A T - 2**

**(For students )**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name of the student : 2. Department : 3. Residence Address   (House No./ Hostel Name & Room No . etc.):   1. Mobile No. & other contact details : | | | | | | |
| Sl.No. | Name of the  Person/patient/accompanying any one to the Bethany Hospital with details | Relationship with the student | Date(s) of visit to Bethany Hospital, Shillong | Purpose of visit to the Bethany Hospital | Whether Symptom of fever,headache,  cold/flue etc. if any, is noticed and consulted any Doctor.  Details to be furnished | Remarks  (if any) |
|  |  |  |  |  |  |  |