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

**(For employees )**

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| --- |
| 1. Name of the employee :
2. Designation :
3. Department/Section :
4. Residence Address :
5. Mobile No. & other

 contact details : |
| Sl.No. | Name of thePerson/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 )**

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| 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 thePerson/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) |
|  |  |  |  |  |  |  |