



CHRISTIAN MEDICAL COLLEGE
VELLORE - 632 004, TAMIL NADU, INDIA.



SCAN HERE TO VERIFY

Web Appointment

Hospital Number : **550838H** Age : **37** Gender: **F** Name : **RUJI AKTER**
Appointment Date : **31/12/2019** Report to MRO at: **11:30 AM**

Clinic : **MEDICINE 4** Token No : _____

Location : **OPD BUILDING SECOND FLOOR 210 A**

Doctor Name : **General** Room No : _____

Mode of Payment : **CREDIT / DEBIT CARD (HDFC)**

Invoice Number : **W2645589**

Amount : **Rs. 110/-**

Bill No : **A002335882**

Receipt No : **WEBAPT222692**

Paid On : **07/12/2019 04:55 PM**

Printed On : **07/12/2019 04:55 PM**

Before reporting to MEDICAL RECORDS OFFICER, Please contact IRO (900B) to complete the formalities.

Thank You.

General Instructions

1. If the patient requires in-patient admission a female attendant is mandatory.
2. Appointment booked online will Not be refunded.
3. Change Of Department/Unit Not allowed.
4. Change In appointment Date will be allowed only once, upto one day prior To the appointment Date.
5. Please provide atleast Government Related ID proof When you present yourself at the Entrance / MRO counter.
6. Please contact Counter No: 2, 3, 4 (General) OR 402 (Private) in ISSCC Building Ground Floor to collect your Hospital Number Card.
7. Request For appointments via post / phone will Not be accepted.
8. Demand Drafts will only be accepted at cash counters, Not via post.