

RAPID ANTIGEN DIAGONISTIC TEST(COVID-19)

(TO BE SUBMITTED IN DUPLICATE)

S.NO. _____

PATIENT ID NO- _____

NAME	
DESIGNATION	
ROOM NO & FLOOR	
AGE	
SEX	
MOBILE NO	
COMPLETE RESIDENTIAL ADDRESS WITH PINCODE	
AADHAR NO.	

Signature of Official

S.NO. _____

PATIENT ID NO- _____

NAME	
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