



NEW MANGALORE PORT TRUST HOSPITAL

PANAMBUR - 575 010

ISO 9001:2015 & ISO 14001: 2015

REFERENCE LETTER

Name of the Patient		
Age in Year & Sex	MALE / FEMALE	
MEC NO	OP / IP No.:	
Name of the Employee/ Retired Employee		
Basic Pay (in case of Employee)		
Relationship with the Employee/ Retired Employee		
Nature of illness		
Name of the Hospital to which the patient is referred		
Purpose of Referral	Investigation / OPD / Admission	
Details of the Procedure/ Investigation		
Brief History		
Requirement of Ambulance	YES / NO	
Duty Doctor / Consultant	Dealing Assistant	CMO

PORT TRUST HOSPITAL

PANAMBUR - 575 010.

Phone : 2407448

ISO 9001 : 2008

EPABX No - 578

Requisition for Laboratory Investigations

Patient's Name	Age	Sex	EC / OP No	IP No/Dept.
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Clinical Details :

Haematology	Report	Urine Analysis	Report
Complete Haemogram (HB, WBC, RBC, HCT, DC, ESR, Platelet Count, MCV, MCH, MCHC)		Acetone Bile Salt & Pigment	
Haemoglobin		Albumin	
Total WBC Count		Sugar	
Differential Count		Micro : WBC	
ESR		RBC	
Bleeding Time		EP Cells	
Clotting Time		Casts	
Blood Group & Rh Typing		Crystals	
Blood for MP		Gavindex Test	

Biochemistry Analysis

		Liver Funtion Test	
Random Blood Sugar		Total Bilirubin	
Fasting Blood Sugar		Direct Bilirubin	
Post Prandial Blood Sugar		Total Protein	
GTT (5 Samples)		Sr. Albumin	
GCT (3 Samples)			

Renal Fonction Test

Blood Urea		Sr. Alkaline Phosphatase	
Sr. Creatinine		SGOP	
		SGPT	

Complete Lipid Profile

Cholesterol		Serum Amylase	
HDL-Cholesterol		Serum Uric Acid	
Triglycerides			

Microbiology

Sputum AFB	Spot Sample			Blood HIV (Spot Test)
	Ist Morning Sample			Blood HBS Ag
	IInd Morning Sample			Semen Analysis
Stool Exam	Micro : (Ova & Cyst)			
	Occult Blood			

Any other Required Tests

Signature of the Doctor
with Date

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MED/CSLT/INI
AUTHORITY

NEW MANGALORE PORT TRUST HOSPITAL
PANAMBUR - 575 010

ISO 9001 : 2008 & ISO 14001 : 2004

ECG/ECHO/USG/X-RAY REQUISITION FORM

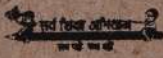
Name : Age Sex : M/F

OP/IP No MEC No

Provisional Diagnosis :

Date :

Signature of the Doctor



ನವ ಮಂಗಳೂರು ಬಂದರು ಮಂಡಳಿ ಆಸ್ಪತ್ರೆ
ನವ ಮಂಗಳೂರು ಪತ್ತನ ನ್ಯಾಸ ಆಸ್ಪತ್ರೆ
NEW MANGALORE PORT TRUST HOSPITAL



Dosage :
ಡೋಸೇಜ :

15 CMS

20 CMS

New Mangalore Port Authority

Requirement of Port Reception Facility at NMPA

Date: _____

ANF No: _____

The Vessel Name.....IMO No.....		
Intends to discharge following category of waste at New Mangalore Port Authority during her stay and declare in swatch sagar portal		
Category	Yes/No	Quantity
Annex- I		
Oily Bilge Water		
Oily residues (sludge)		
Oily tank washings (Slop)		
Scale and sludge from tank cleaning		
Dirty Ballast water		
Annex-II		
Category-X		
Category-Y		
Category-Z		
Annex- IV (Sewage)		
Annex- V (Garbage)		
Plastic		
E-waste/ Battery		
Expired Pyrotechnic		
Domestic wastes (Paper, Glass, Rag)		
Cooking Oil		
Incinerator Ashes		
Operational wastes (Old Mooring wire & rope, Drum, Old Machinery & tools)		
Expired Medicine		
Quarantine waste		
Annex - VI		
Ozone depleting Substances		
Exhaust gas cleaning residues		
Any Other Requirement (Specify)		

Signature of Master (with vessel Stamp)

MT/MV.....



Azadi Ka
Amrit Mahotsav

SAVE PAPER - SAVE NATION

ನವ ಮಂಗಳೂರು ಬಂದರು ಪ್ರಾಧಿಕಾರ
ನವ ಮಂಗಳೂರು ಪತ್ತನ ಪ್ರಾಧಿಕಾರಣ
NEW MANGALORE PORT AUTHORITY



ಸರ್ಕಾರಿ ಅಧಿಕಾರಿ
ನವ ಮಂಗಳೂರು

ಪ್ರೇಷಕ..... ಕಾರ್ಯಾಲಯ
Despatcher Office

ನವ ಮಂಗಳೂರು ಪತ್ತನ ಪ್ರಾಧಿಕಾರಣ
New Mangalore Port Authority
ಪುತ್ತೂರು / PANAMBUR
ಮಂಗಳೂರು / Mangalore - 575010