

To: **The high Commissioner of India to Nigeria**, High Commission of India, A, Walter Carrington Crescent, Victoria Island, Lagos, Nigeria.

1	Reference No: -----	Country: Nigeria	Date of Issue:
2	Name and Full Address of Hospital in India	Manipal Hospital, Bangalore, INDIA	Dr.
3	Name of Patient	-----	
4	Passport No.	-----	
5	Name of Doctor/ Hospital treating the Patient in Nigeria	Dr. -----	
6	Provisional Diagnosis in Nigeria- name of disease /ailment	-----	
7	Does the patient's medical condition require an attendant to accompany him/?	Yes	
8	Likely duration of treatment in India		
9	Name & Passport No. of Attendant 1 (if required)	-----	Passport No: -----
10	Relationship with the patient	-----	
11	Name & Passport No. of Attendant 2 (if required)	-----	
12	Relationship with the patient	-----	
13	Whether coming for follow up	Yes	
14	If yes, date/ duration of last visit *	na	
15	Authorized signatory	Name: -	Designation- -
16	Contact details of signatory	Tele: (+91) 80 2502 3888 Mobile: (+91)9632500148	Email: mipc@manipalhosptials.com

The medical reports of the patient sent from Nigeria have been seen. The Hospital will be responsible for the reception, immigration formalities and departure of the patient and attendant(s) on conclusion of the medical treatment of the patient.

Signature by authorized signatory

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To: **The high Commissioner of India to Nigeria**, High Commission of India, A, Walter Carrington Crescent, Victoria Island, Lagos, Nigeria.

1	Reference No: ER 457 – 19.04.2013	Country: Nigeria	Date of Issue: 24.04.2013
2	Name and Full Address of Hospital in India	Manipal Hospital, Bangalore, INDIA	Dr. Pankaj Singh, Senior Physician.
3	Name of Patient	OKUJAGU SALOME	
4	Passport No.	A02237033	
5	Name of Doctor/ Hospital treating the Patient in Nigeria	Dr. Gladys Horsfall Okefor	
6	Provisional Diagnosis in Nigeria- name of disease /ailment	Epigastria Pain – Pyrexia of unknown on origin	
7	Does the patient's medical condition require an attendant to accompany him/?	Yes	
8	Likely duration of treatment in India	15 days	
9	Name & Passport No. of Attendant 1 (if required)	IWARI OFORIBUSIBO DIMA	Passport No: A04532454
10	Relationship with the patient	Sister	
11	Name & Passport No. of Attendant 2 (if required)	TEKENA GERSHOM OKUJAGU	Passport No:A03563526
12	Relationship with the patient	Brother	
13	Whether coming for follow up	NO	
14	If yes, date/ duration of last visit *	NA	
15	Authorized signatory	Name: Geetha Kumari N	Designation- Officer
16	Contact details of signatory	Tele: (+91) 80 2502 3888 Mobile: (+91)9632500148	Email: mipc@manipalhosptials.com

The medical reports of the patient sent from Nigeria have been seen. The Hospital will be responsible for the reception, immigration formalities and departure of the patient and attendant(s) on conclusion of the medical treatment of the patient.

Signature by authorized signatory

Geetha Kumari N