

To,

The Additional Director

CGHS, Swasthya Sadan, Mukund Nagar

Pune – 411037

Subject:- Declaration regarding EMR/EHR at <**Name of HCO**>

Respected Sir,

We, <**Name of HCO**>, declare that we have implemented Electronic Medical Record / Electronic Health Record (EMR/EHR) at our HCO. All our records are generated and maintained in digital and computerised format.

Date:

Authorised Signatory

Place:

(Name of HCO with seal)