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3.7.11g

West Bengal Form No. 769

**TICKET FOR EMERGENCY**

**Dr. B. N. Bose S.D. Hospital, Barrackpore**

Date of First Visit ..... No. in E.P. Register .....

Name ..... *Shankar Das* .....

Age ..... Cast ..... Sex *M* .....

Disease ..... *PT* .....

Date

Treatment

*Allow free HA*

*Shankar*

**Medical Officer  
Dr. B. N. Bose S. D. Hospital  
Barrackpore, 24 Pgs. (N)**