

19107

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 *Sanku Sanyal* .....  
Age *25* ..... Cast *B* ..... Sex *F* .....  
Disease .....

Date	Treatment
	<i>As per Memo No 1580 M. 2-12-60 allow.</i> <i>M. Sanyal</i> Medical Officer Dr. B. N. Bose S. D. Hospital Barrackpore, 24 Pgs. (N)