

West Bengal Form No. 769

19045

**TICKET FOR EMERGENCY**  
Dr. B. N. Bose S.D. Hospital, Barrackpore

Date of First visit ..... No. in E.P. Register .....  
Name D. K. Saha ..... Sex M .....  
Age 37 ..... Cast .....  
Disease .....

Date

Treatment

As per Memo No 1580  
dt 2-12-16  
allowed

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