

West Bengal Form No. 769

19049

**TICKET FOR EMERGENCY**

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

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

Name ..... *Pradip Ghosh* .....

Age ..... *58y* ..... Cast ..... Sex ..... *M* .....

Disease .....

Date

Treatment

*As per Memo No 1080  
for 2-12-16  
referred*

*[Signature]*

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