

West Bengal Form No. 769

56220

**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**  
Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : .....

Name of the patient : .....

Age : .....

Sex : .....

Religion : .....

Caste : .....

Disease : .....

**DATE**

**TREATMENT**

Diagnosis

✓