West Bengal Form No. 769

56416

## COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

TICKET	FOR	EMER	GENC	Y PA	TIFN	TC
	THE RESERVE OF THE PERSON NAMED IN			, , ,	IIGIY.	

	ALT FOR EMERGENCY PATIENTS				
Date of first visit:	ient: Sabha Chan,				
Name of the pat	ient: Sadha Wear,				
Age :	Sex :				
Disease :					
DATE	TREATMENT				
	To attend dialysis unit				