

West Bengal Form No. 769

59663

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

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : .....

Name of the patient : *Bikram* *Das*

Age : *57* Sex : ..... Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	<p><i>Diagnosis</i> <i>20/7/13</i></p>