West Bengal Form No. 769 62021 COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

		NAME AND ADDRESS OF THE OWNER,	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	The second secon
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Date of first visit :	27/3/19
Name of the patie	ent: Church Belling
Age S	ex:
Disease :	
DATE	TOCATUCHT
DATE	TREATMENT