

West Bengal Form No. 769

62021

# COOCH BEHAR GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Cooch Behar

## TICKET FOR EMERGENCY PATIENTS

Date of first visit : ..... 27/3/19 .....

Name of the patient : ..... Chandra Kumar .....

Age : 27 ..... Sex : M ..... Religion : ..... Caste : .....

Disease : .....

DATE	TREATMENT
	D. Kumar /