

West Bengal Form No. 769

58940  
**COOCH BEHAR GOVERNMENT  
MEDICAL COLLEGE & HOSPITAL**  
Cooch Behar

**TICKET FOR EMERGENCY PATIENTS**

Date of first visit : .....

Name of the patient : .....

Age : 33 yr

Sex : M

Religion : .....

Caste : .....

Disease : .....

**DATE**

**TREATMENT**

H/D

