

**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL**

Uluberia Hospital  
Vill. P.O. Uluberia, P.S. 1, Dist. - Howrah

Printed By: IPD

ASHOKE SINGHARDY

Male

64

0

0

Patient's Name : PA19037404      29-Jun-2019      Sex :      09:58      Age :      Yrs.      Months      Days

Patient Srl. No. :      Admission Date :      Admission Time :      Patient Category : PAYING/CABIN/GENERAL  
RD19128547      Charge Coll. No.:  
[WRD0000013] DIALYSIS UNIT      [Free]

Registration No. :      Ward :      CHENGAIL      Bed No. :      00      Patient Type : OPD/ER  
Address :      Uluberia P. S.      Howrah

Municipality / Village :      West Bengal      Indian      Post Office :      Hindu      PIN :

Police Station :      State :      Nationality :      District :      Religion :

Address for Communication :      Single      Nationality :  
LT BANAMALI SINGHARDY

Marital Status :      SOUTIK SINGHARDY      Patient's Occupation :      0

Father's Name :      [DDC0000062] DR. MANABENDRA ROY      Husband's Name :  
Brought By :      Phone / Mobile No. :

Doctor/UNIT :      Whether Referred From :

Provisional Diagnosis :      C leg

*Signature of Admitting Officer*  
*Designation*  
29.6.19

IPC Serial No. :      Diary No. :

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home/Farm Factory / Street / Others	Whether injury occurred while at work Specify by Yes / No.

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

- (a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death
- (b) Final Diagnosis or Injury .....
- (c) Principal Complications .....
- (d) Principal Associated Diseases .....

Stay in Hospital (in days) ..... From ..... to .....

Date and Hour of Death ..... at ..... Hrs .....

Counter Signature of the Visiting Staff / Medical Officer  
Regn. No. :

Signature of the Doctor with Designation  
Regn. No. :

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