## DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF WEST BENGAL BED HEAD TICKET

Uluberia S.D. Hospital

Patient Srl. No. :  Registration No. :  Ward :	PA19037526 Admiss	ion Date :	Admission 7	Time:	Age : Patient Ca	Yrs. Months 60 0 tegory: PAYING/CABIN/GEN	
Ward :					13:02	9-3 . IMINACI CUDINI GEN	
					40107		
Address	RG19129097		Bed	No.:		Patient Time : ORD (En	
Municipality / Village	[WRD0000013] DIA	THE MIT			(free)	Patient Type : OPD/ER	
Police Station :	DEYGRAM			Office:	\$2.51.1015.0m	PIN:	
State :	Bagnan P. S.	Nationality:	Dist Relig		MANKUR Howrah		
Address for Communic	ation: Dengal		Indian Ken	GIOII .	Hindu		
Marital Status :	P.S W		Patient's Occupat	ion .			
ather's Name :	: Single . LT KANAN DOLUI		Patient's Occupation : Husband's Name				
rought By :	KALYANI DOLUI		Phone / Mobile N	0. :			
octor/UNIT :					0		
hether Referred From	m: [D000000062] DR.	MANABENDRA ROY					
rovisional Diagnosis:							
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201					Sig	nature of Admitting Officer	
C Serial No. :		Diary No.:				Designation	
Specify if it	is a						
cause of accid	lent/	How injury	Sp	Specify the place		of injury Whether injury occurred	
Suicide/Homi	cide	Occurred	E-	Home/Far Factory / Street		while at work	
						Specify by Yes / No.	
	То	be filled in BLOCK LET	TEDS at the and of	1			
Discharge	ed/Left Against Medical	Advise / Abres 1 1/1	icks at the end of	Hospital Sta	y)		
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