

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

Uluberia S.D. Hospital  
Vill.+P.O.+P.S. - Uluberia, P.S. : Dist.- Howrah

Printed By: IPD

Patient's Name : SK YEADAF ALI Sex : Male Age : 42 Yrs. 0 Months 0 Days

Patient Srl. No. : PA17040017 Admission Date : 11-Jul-2017 Admission Time : 17:29 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG17139000 Charge Coll. No. : [Free] Patient Type : OPD/ER  
Ward : [WRD0000013] DIALYSIS UNIT Bed No. :

Address : CHALITA PARA Post Office : AJADHYA PIN :  
Municipality / Village : Shyampur P.S. District : Howrah  
Police Station : West Bengal Indian Religion : Muslim  
State : Nationality : Indian

Address for Communication :  
Marital Status : Single Patient's Occupation :  
Father's Name : LT SK RAISUDDIN ALI Husband's Name :  
Brought By : SK SADDAM Phone / Mobile No. :  
[DDC0000062] DR. MANABENDRA ROY

Doctor/UNIT :  
Whether Referred From :  
Provisional Diagnosis :

*[Handwritten Signature]*

Signature of Admitting Officer  
Designation

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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