

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

SARASWATI PRESS LIMITED  
F1  
03/16

Patient's Name : Uluberia S.D. Hospital Sex : Male Age : 19 Yrs. Months 0 Da 0

Patient Srl. No. : MASUD ALAM SARDAR Admission Date : 28-Jun-2019 Admission Time : 07:36 Patient Category : PAYING/CABIN/GENERAL

Registration No. : PA19037221 Ward : 28-Jun-2019 Bed No. : 07:36 Patient Type : OPD/ER

Address : BARABAGAN Post Office : SANKRAIL PIN : 741141

Municipality / Village : R619127617 Charge Coll. No. : [Free] District : [Free]

Police Station : [WRD0000013] DIALYSIS UNIT Nationality : Indian Religion : Muslim

State : West Bengal Address for Communication : Sankrail P. S. Howrah

Marital Status : Single Patient's Occupation : INDIAN Muslim

Father's Name : MONIRUL SARDAR Husband's Name :

Brought By : DD Phone / Mobile No. :

Doctor/UNIT : MONIRUL SARDAR

Whether Referred From : DD

Provisional Diagnosis : [DDC0000114] DR. BISWAJIT CHEL

*[Signature]*  
Signature of Admitting Officer  
Designation

IPC Serial No. : [Handwritten] 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. :