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

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

Printed By: IPI

Regn. No.:

's Name: GUIRAM	BEJ .	Sex:	Male Age:	Yrs. Months Day
Srl. No.: PA19040		Jul-2019 Admission Time:	07:4Patient Ca	tegory: PAYING/CABIN/GENERA
	1320 Charge Coll. No.: 00013] DIALYSIS UNIT	Bed No.:	[Free]	Patient Type : OPD/ER
pality / Village : Station : Uluber : West B s for Communication :	LATIBPUR ia Pe S. engal Nationality:	Post Office: District: Religion:	DO Howrah Hindu	PIN:
Status : Single s Name : LT BAN SHYAMA	KIM BEJ	Patient's Occupation : Husband's Name . Phone / Mobile No. :	0	
/UNIT : EDUCO er Referred From: onal Diagnosis :	000085] DR. RAJAT KANTI GASWAM	I		Signature of Admixting Officer Resignation
ial No. :	Diary No.:			13/7/
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	CLETTERS at the end of Hospita	l Stay)	
tcome: Discharged/Left.	Against Medical Advice / Absconde	ed / Referred out / Death		
nal Diagnosis or Injury			***************************************	
ncipal Complications				
ncipal Associated Diseases	·		***************************************	
Hospital (in days)		From	l	to
	***************************************			Hrs
nd Hour of Death		at .	Signatur	