

**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 : JAYANTA KAYAL Sex : Male Age : 47 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19036445 Admission Date : 24-Jun-2019 Admission Time : 10:07 Patient Category : PAYING/CABIN/GENERAL

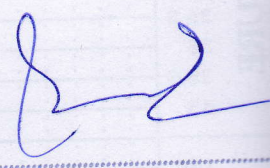
Registration No. : RG19124385 Charge Coll. No. : [WRD0000013] DIALYSIS UNIT Bed No. : [Free] Patient Type : OPD/ER

Ward : NORTH JAGODISHPUR Post Office : ULUBERIA PIN :  
Municipality / Village : Uluberia P. S. District : Howrah  
Police Station : West Bengal Nationality : Indian Religion : Hindu  
State : Address for Communication :

Marital Status : Single Patient's Occupation :  
Father's Name : LT ARABINDA KAYAL Husband's Name :  
Brought By : SELF Phone / Mobile No. :  
Doctor/UNIT : [DOC0000085] DR. RAJAT KANTI GASWAMI

Whether Referred From :  
Provisional Diagnosis :

(1)



*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. :

SARASWATI PRESS LIMITED  
09/18  
F1