

**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:

Patient's Name : CHAITALI DAS Sex : Female Age : 38 Yrs. 0 Months 0 Days

Patient Srl. No. : PA19040905 Admission Date : 15-Jul-2019 Admission Time : 23:35 Patient Category : PAYING/CABIN/GENERAL

Registration No. : RG19142181 Charge Coll. No. : [Free] Bed No. : Patient Type : OPD/ER  
Ward : [WRD0000003] 3.F.M.W

Address : Municipality / Village : BRINDABAN PUR Post Office : DD PIN :  
Police Station : Uluberia P. S. District : Howrah  
State : West Bengal Nationality : Indian Religion : Hindu

Address for Communication : Marital Status : Married Patient's Occupation :  
Father's Name : Husband's Name : JAYANTA DAS  
Brought By : DD Phone / Mobile No. : 0

Doctor/UNIT : [DDC00000095] DR. RAJAT KANTI GOSWAMI  
Whether Referred From :  
Provisional Diagnosis :

.....  
*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 .....

105 (in days) ..... From ..... to .....  
Death ..... at ..... Hrs .....

.....  
Visiting Staff / Medical Officer

.....  
*Signature of the Doctor with Des*  
*Regn. No. :*