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:	SK RASID		Sex:	Male Age:	Yrs. Mont	s D
Patient Srl. No. :	PA19038395 Admission Date	te: 03-Jul-2019 _A	lmission Time:	^{14:2} Patient Cate	gory: PAYING/CABI	/GENE
Registration No. :		ge Coll. No.:		FF7		
Ward :	[WRD0000013] DIALYSIS	UNI I	Bed No.:	[Free]	Patient Type : OPI	/ER
Address (Adless	SINGHAMARA		Post Office:	DELTAMIL	PIN:	
Municipality / Village Police Station :	GallKidii is Os		District :	Howrah	1114.	
State :	West Bengal Nation	nality:	Religion :	Muslim		
Address for Communication		ioney *	1101131011			-
12.181	Harried	n.v.	V. O			
Marital Status :	LT SULEMAN SK		t's Occupation :			
Father's Name :	IZIZ SK		/ Mobile No. :	0		
Brought By :	[DOC0000011] Dr. ALOK		/ MODIE 140.			
Doctor/UNIT :	[DOCOMOMATE] Dr. HEUK	it and muauli			0	,
Whether Referred Fro	om:					
Provisional Diagnosis					\wedge	
	(+11)					
				Si	gnature of Admitting	Prince
nee : IN	0.				Designation	21
IPC Serial No. :	UI	iary No.:				1
Specify if	it is a		Specify the pl		Whether injury	
Specify if cause of ac	it is a cident/	How injury Occurred	Home/	/Farm	while at w	rk
Specify if	it is a cident/	How injury		/Farm		rk
Specify if cause of ac	it is a cident/	How injury	Home/	/Farm	while at w	rk
Specify if cause of ac Suicide/Ho	it is a cident/omicide (To be	How injury Occurred	Factory / Strong / St	/Farm eet / Others	while at w	rk
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Counter Signature of the Visiting Staff / Medical Officer Regn. No.:

SARASWATY PRESS LIMITED

Signature of the Doctor with Designa Regn. No.: