

**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 :** ALOKE MARIK **Sex :** Male **Age :** 50 Yrs. **Months :** **Days :**

**Patient Srl. No. :** PA19038324 **Admission Date :** 03-Jul-2019 **Admission Time :** 08:57 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** RG19131538 **Charge Coll. No. :**  
**Ward :** [WRD0000013] DIALYSIS UNIT **Bed No. :** [Free] **Patient Type :** OPD/ER

**Address :** BANITALA **Post Office :** DO  
**Municipality / Village :** Uluberia P. S. **Howrah** **PIN :**  
**Police Station :** West Bengal **District :** Hindu  
**State :** **Nationality :** Indian **Religion :**

**Address for Communication :**

**Marital Status :** Single **Patient's Occupation :**  
**Father's Name :** LT DULAL CH MARIK **Husband's Name :**  
**Brought By :** ARIJIT **Phone / Mobile No. :**

**Doctor/UNIT :** [DDC0000011] Dr. ALOKE KR. MUKUTI

**Whether Referred From :**  
**Provisional Diagnosis :**

*3/7/2019*  
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. :