

**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: IP

**Patient's Name :** CHIRANJIT MAITY **Sex :** Male **Age :** 23 Yrs. 0 Months 0 Days

**Patient Srl. No. :** PA19038392 **Admission Date :** 03 Jul 2017 **Admission Time :** 13:40 **Patient Category :** PAYING/CABIN/GENERAL

**Registration No. :** RB19132185 **Charge Coll. No. :** [Free]

**Ward :** [NRD0000013] DIALYSIS UNIT **Bed No. :** **Patient Type :** OPD/ER

**Address :** DINGA KHOLA **Post Office :** Howrah **District :** Hindu **Religion :** Hindu

**Municipality / Village :** Shyampur P.S. **Indian :** Indian **State :** West Bengal **Nationality :** Indian

**Police Station :** West Bengal **Address for Communication :** Single

**Marital Status :** ARJUN MAITY **Patient's Occupation :**

**Father's Name :** SELF **Husband's Name :**

**Brought By :** [DDC0000011] Dr. ALOKE KR. MUKUTI **Phone / Mobile No. :**

**Doctor/UNIT :**

**Whether Referred From :**

**Provisional Diagnosis :**

*[Signature]*  
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. :

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