

**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 : Sex: Age: Yrs. Months Days

Patient Srl. No. : Admission Date: Admission Time: Patient Category: PAYING/CABIN/GENERAL

SK KARAF ALI  
PA19037116  
27-Jun-2019  
17:15

Registration No. : Bed No. : Patient Type : OPD/ER

Ward : Charge Coll. No.:

Address : Post Office : [Free] PIN :

Municipality / Village : District : AJADHYA

Police Station : Religion : Howrah

State : Nationality : Indian Religion : Muslim

Address for Communication: West Bengal

Marital Status : Patient's Occupation :

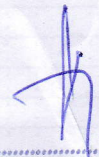
Father's Name : Single Husband's Name :

Brought By : SK RAISUDDIN ALI Phone / Mobile No. :  
SK SADDAM HOSSAIN

Doctor/UNIT : Whether Referred From: [DOC0000062] DR. MANABENDRA ROY

Provisional Diagnosis :

*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 .....

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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