DEPARTMENT OF HEALTH AND FAMILY WELFARE **GOVERNMENT OF WEST BENGAL BED HEAD TICKET**

Uluberia S.D. Hospital Vill.+P.D.+P.S. - Uluberia , P.S. :,Dist.- Howrah

Regn. No.:

tient's Name :	SK RASID		Sex:	Male Age:	ers. Months Day
tient Srl. No. :	PA19040260 Admission	Date: 12-Jul-2019	Admission Time:	20:4 Patient Cate	gory: PAYING/CABIN/GENER
egistration No. :	RG19139879 Cha [WRD0000013] DIALYS	arge Coll. No.:	Bed No. :	[Free]	Patient Type : OPD/ER
ddress	: SINGHA MARA Sankrail P. S. West Bengal Na	tionality: Indian	Post Office: District: Religion:	DELTAMIL Howrah Muslim	PIN:
Marital Status : ather's Name : brought By :	Married LT SK SULEMAN SK IZIZ	Hus	ent's Occupation : band's Name . one / Mobile No. :	0	
Ooctor/UNIT: Whether Referred Frovisional Diagnosis	rom:	AJAT KANTI GASWAMI		3	Signature of Admitting Officer Pesignation
PC Serial No. :		Diary No. :			
PC Serial INO					
Specify i cause of a Suicide/H	ccident/	How injury Occurred	Hom	place of injury le/Farm treet / Others	Whether injury occurred while at work Specify by Yes / No.
Specify i cause of a	ccident/ lomicide	How injury Occurred	Hom Factory / S	e/Farm treet / Others	while at work
Specify i cause of a Suicide/H	ccident/ lomicide	How injury	Factory / S	e/Farm treet / Others	while at work
Specify i cause of a Suicide/H	ccident/ lomicide (Cacharged/Left Against Med	How injury Occurred To be filled in BLOCK LETTE	RS at the end of Hospita ferred out / Death	e/Farm treet / Others al Stay)	while at work Specify by Yes / No.
Specify in cause of a Suicide/H	ccident/ lomicide Cacharged/Left Against Med is or Injury	How injury Occurred To be filled in BLOCK LETTE ical Advice / Absconded / Re	RS at the end of Hospita ferred out / Death	e/Farm treet / Others al Stay)	while at work Specify by Yes / No.
Specify i cause of a Suicide/H (a) Outcome: Dis (b) Final Diagnos (c) Principal Com	ccident/ lomicide charged/Left Against Med is or Injury	How injury Occurred To be filled in BLOCK LETTE ical Advice / Absconded / Re	RS at the end of Hospita ferred out / Death	e/Farm treet / Others al Stay)	while at work Specify by Yes / No.
(a) Outcome: Dis (b) Final Diagnos (c) Principal Com (d) Principal Asso	ccident/ lomicide Charged/Left Against Med is or Injury	How injury Occurred To be filled in BLOCK LETTE ical Advice / Absconded / Re	RS at the end of Hospita ferred out / Death	al Stay)	while at work Specify by Yes / No.

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.: