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

Regn. No.:

Patient's Name:	SANJAY ADHIKARY		Sex:	Male Age:	Yrs.	Months D	ays
Patient Srl. No. :	PA190403B1 Admission Date :	i3-Jul-2019	Admission Time :	12:5 Patient Ca	tegory: PAYING	CABIN/GENE	LAS
Registration No. : Ward :	RG19140640 Charge C [WRD0000013] DIALYSIS UNI	Coll. No.:	Bed No.:	[Free]	Patient Typ	e : OPD/ER	
Address Municipality / Village Police Station : State : Address for Communic	Panchla P. S. West Bengal National i	ty: Indian	Post Office : District : Religion :	JALABISWA Howrah Hindu	RIATHPUR PI	N:	
Marital Status : Father's Name : Brought By :	Single It Laxman ch adhikary SELF	Hus	ent's Occupation : pand's Name . ne / Mobile No. :				
Doctor/UNIT : Whether Referred Fro Provisional Diagnosis		IDRA ROY		****	Signature of Ao	Mon (
					Designature of Au		
IPC Serial No. :	Diary	/ No. :					
Specify if cause of acc Suicide/Ho	it is a cident/	No. : How injury Occurred	Hom	place of injury e/Farm treet / Others	whil	injury occurre e at work by Yes / No.	-
Specify if cause of acc	it is a cident/	How injury	Hom	e/Farm	whil	e at work	1
Specify if cause of acc Suicide/Ho	it is a cident/micide (To be fill	How injury Occurred	Factory / S	e/Farm treet / Others	whil	e at work	
Specify if cause of acc Suicide/Ho	it is a cident/ micide (To be fill arged/Left Against Medical Advi	How injury Occurred led in BLOCK LETTERS ce / Absconded / Refer	Factory / S at the end of Hospita red out / Death	e/Farm treet / Others	whil Specify	e at work	
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Counter Signature of the Visiting Staff / Medical Officer