

WELFARE
NGAL
 AT THE TIME OF ADMISSION"

College & Hospital
 BURHAT
 (H.O)

User Name : ipd

Patient's Name : ABU SALEM SK Sex : Male Age : 30 Yrs. 0 Months 0 Days

Admission No. : RSHH/PA1900050443 Admission Date : [01-07-2019] Admission Time : [6:16 AM] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900114926 Bed No. Patient Type : OPD/ER
 : MMW Emergency

Locality / Village : AMLAI Post Office : HORIOKA PIN : 000000
 Police Station : Nalhati District : Birbhum
 : West Bengal Nationality : India Religion : Muslim
 Address for Communication :

Marital Status : Married Patient's Occupation :
 Patient's Name : BADRUDDUJA Husband's Name :
 Admitted By : SELF Phone / Mobile No. : 0000000000

Referring Doctor/UNIT : / Dr.ANANDA MONDAL
 From where Referred From :
 Provisional Diagnosis :

.....
 Signature of Admitting Officer
 Designation

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)

Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death

Final Diagnosis or Injury.....

Principal Complications.....

Principal Associated Diseases.....

In Hospital (in days) From to 07/01/2019 06:20 AM

Time and Hour of Death at Hrs

.....
 Signature of the Visiting Staff / Medical Officer
 No.

.....
 Signature of the Doctor with Designation
 Regn. No.