

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

Rampurhat Govt. Medical College & Hospital  
RAMPURHAT  
(PH-0)

User Name : ipd

**Patient's Name :** ABDUL JABBAR. **Sex :** Male **Age :** 32 **Yrs.** 0 **Months** 0 **Days**

**Patient Srl. No. :** RSHH/PA1900051055 **Admission Date :** [ 03-07-2019 ] **Admission Time :** [ 7:19 AM ] **Patient Category :** PAYING/CABIN/GENERAL  
Free

**Registration No. :** RSHH/RG1900117711 **Ward :** MMW **Bed No. :** **Patient Type :** ORD/ER  
Emergency

**Municipality / Village :** SALBADRA **Post Office :** TARACHUA **PIN :** 000000  
**Police Station :** Rampurhat **District :** Birbhum  
**State :** West Bengal **Nationality :** India **Religion :** Muslim

**Address for Communication :** **Marital Status :** Single **Patient's Occupation :**  
**Father's Name :** ASGAR MIYA **Husband's Name :**  
**Brought By :** DO **Phone / Mobile No. :** 0000000000

**Doctor/UNIT :** UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA  
**Whether Referred From :**  
**Provisional Diagnosis :**

.....  
*Signature of Admitting Officer*  
*Designation*

PC 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** .....

**1 of 4**  
**in Hospital (In days)** ..... **From** ..... **to** 07/03/2019 07:24 AM  
**and Hour of Death** ..... **at** ..... **Hrs** .....

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

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