DEPARTMENT OF HEALTH AND FAMILY WEMFARE ADMISSION" GOVERNMENT OF WEST BENGAL

GUVERNMENT OF WILLS.

BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital

RAMPURHAT

(PH:0)

User Name : ipd

Patient's Name : X KIDAN KILATTO	A The ways and	TENNESS OF THE PARTY OF THE PAR	(FII:U)			
Patient's Name : X. KIRAN KHATTARJEE			Sex: Male Age: 27 Yrs. 0			nths O Days
Patient Srl. No.: RHSH/PA190003	imission Date : 2039	19] Ad n	nission Time:	The second secon	Category : PAYING/CA	
Registration No.: RHSH/RG190012:	1861				1.00	
Ward. : MMW			Bed No.		Dationt Town	Ememency
Municipality / Village: SAGARDIGH	TY	The second secon			Patient Type : (PD/ER
Police Station: Sagardighi State: West Bengal			Post Office:	DO Murshidabad	PIN:	000000
ddress for Communication :	Nationality: India		District : Religion :	Muslim		
			3,011			
tarital Status: Single ALOK CHATTARJE.	T	Patient's	Occupation:			
rought By : MAA		Husband's Name :				
octor/UNIT: / Dr.GAUTAM GHO	011	Phone / N	Mobile No. 90000	000000		
hether Referred From :	Sri					
ovisional Diagnosis:					* * · · · · ·	
					iomobume - L. A.	***************
Serial No. :	Diary No. :	Diany No.		3	ignature of Admitting Designation	g Officer
and the second s	Dialy NO. :				200igitation	
Specify if it is a cause of accident/	How injury		Specify the	place of injury	1611 11	
Suicide/Homicide	Occurred	Management	Home/Farm		Whether injury o	
			Factory / S	treet / Others	Specify by Yes	
	and the second second					Name of the Control o
		PROFITS				
				No.		
		- COTTANNACTOR				
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Outcome : Discharaged/Left Against N	(To be filled in BLOCK LETT	ERS at the	end of Hospital	Stay)		
Outcome : Discharaged/Left Against Me	edical Advice / Absconded / R	Referred out	/ Death			
inal Diagnosis or Injury						
Final Diagnosis or Injury				000000000000000000000000000000000000000		***********

Principal Associated Diseases	***************************************	*************				
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1 of 4 1 Hospital (in days)						
Hospital (in days)		Market Sept Course program	From		to 07/06/	2019 09:4
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			A& street		. Hrs	
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r Signature of the Visiting Staff / Medio lo.	cal Officer		*600zab	Signotive	ha flant	*********
				Regn. No.	he Doctor with Design	nation
				2000 mm and 50		