DEPARTMENT OF WEALTH AND FAMILY WELFARE ADMISSION" GOVERNMENT OF WEST BENGAL BED HEAD TICKET

Rampurhat Govt. Medical College & Hospital RAMPURHAT User Nam

			(FFI:U)		
ant's Name :	ABU SALAM SK		Sex: M	Age:	30 Yrs. 0 Months 0 D
Patient Srl. No. :	Ac RHSH/PA190005	Imission Date : 2545 [08-07-2019]	Admission Time :	Patient Ca	tegory : PAYING/CABIN/GENE Free
Ward. :	tion No.: RHSH/RG1900122926 : MMW		Bed No.	Bed No. Patient Type : OR	
Address Municipality / Vil Police Station : State : Address for Com	Nalhati West Bengal	Nationality: India	Post Office : District : Religion :	HORIOKA Birbhum Muslim	PIN: 00000
Marital Status : Father's Name : Brought By :	Married BODORADOJA ABDUL MALEK M	IONDAL	Patient's Occupation : Husband's Name : Phone / Mobile No. 0000	000000	
Doctor/UNIT: Whether Referred Provisional Diagram					
IPC Serial No. :		Diary No. :			Signature of Admitting Office Designation
cause	fy if it is a of accident/ e/Homicide	How injury Occurred	Ho	ne place of injury ome/Farm / Street / Others	Whether injury occurre while at work Specify by Yes / No.
The control of the co	com compresso de com sectoram el concer el secto construent desse presente el el Constituir del commencia de c	(To be filled in BLOCK LE	ITERS at the end of Hosp	ital Stay)	
		nst Medical Advice / Absconded	/ Referred out / Death		
(4)					
Stay in Hospital	(in days)		Fr	om	to07,(08,/20
Date and Hour of	f Death			at	Hrs
,				***************************************	
Counter Signatur	re of the Visiting Staff	/ Medical Officer		Signatur	e of the Doctor with Designal

Regn. No.

Regn. No.