

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"
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 : SANJIB MONDAL Sex : Male Age : 39 Yrs. 0 Months 0 Days

Patient Srl. No. : RSH/PA1900092096 Admission Date : [07-06-2019] Admission Time : 10:22 AM Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSH/RG1900092096
 Ward. : MMW Bed No. Patient Type : OPD/ER Emergency

Address : Municipality / Village : HORIAKA
 Police Station : Nalhati
 State : West Bengal Nationality : India Post Office : DO
 District : Birbhum PIN : 000000
 Religion : Hindu

Address for Communication :

Marital Status : Single Patient's Occupation :
 Father's Name : LT BISWANATH MONDAL Husband's Name :
 Brought By : WIFE WIFE Phone / Mobile No. : 0000000000

Doctor/UNIT : / Dr.SAMIR KR SINHA
 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)

- a) Outcome : Discharged/Left Against Medical Advice / Absconded / Referred out / Death
- b) Final Diagnosis or Injury.....
- c) Principal Complications
- d) Principal Associated Diseases

1 of 4
 Stay in Hospital (in days) From to 06/07/2019 10:27 AM
 Date and Hour of Death at Hrs

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

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