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

Rampurhat Govt. Medical College & Hospital RAMPURHAT

User Name : ipd

		(PH:0)	
GOLAM NABI		Sex: Male Age:	62 Yrs. OMonths ODay
1. No.: A RHSH/PA190005		dmission Time : Patient Ca	tegory : PAYING/CABIN/GENERA
n No.: RHSH/RG190012 : MMW	24221	Bed No.	Patient Type : OPD/ER
ity / Village: SHIBPUR tion: Margram West Bengal or Communication:	Nationality: India	Post Office: District: Birbhum Religion: Muslim	PIN: 000000
single LTJEBBAS ALI SONSON	Husba	nt's Occupation : and's Name : a / Mobile No. 0000000000	
IT: / Dr.ABDUS SAM eferred From : I Diagnosis :	IM		
No. :	Diary No. :	S	ignature of Admitting Officer Designation
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 st Medical Advice / Absconded / Referre		
ne : Discharaged/Left Again			e e e e e e e e e e e e e e e e e e e
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Diagnosis or Injury			
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Diagnosis or Injury			
Diagnosis or Injury Pal Complications Pal Associated Diseases			

Regn. No.