

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

Govt. Medical College & Hospital  
RAMPURHAT

User Name : ipd

Patient's Name : SANJIB MONDAL Sex : Male Age : 39 Yrs. 0 Months 0 Days

Patient Srl. No. : RHSH/PA1900054574 Admission Date : [ 15-07-2019 ] Admission Time : [ 6:28 AM ] Patient Category : PAYING/CABIN/GENERAL  
Free

Registration No. : RHSH/RG1900131128 Bed No. : \_\_\_\_\_ Patient Type : OPD/ER  
Ward. : MMW Emergency

Address : \_\_\_\_\_  
Municipality / Village : HORIOKA Post Office : \_\_\_\_\_ PIN : \_\_\_\_\_  
Police Station : Nalhati District : DO 000000  
State : West Bengal Nationality : India Religion : Birbhum  
Address for Communication : \_\_\_\_\_ Hindu

Marital Status : \_\_\_\_\_ Patient's Occupation : \_\_\_\_\_  
Father's Name : Married Husband's Name : \_\_\_\_\_  
Brought By : LT BISWANTAH MONDAL Phone / Mobile No. : 0000000000  
WIFE

Doctor/UNIT : \_\_\_\_\_  
Whether Referred From : UNIT-IIC(MEDICINE) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI

Provisional Diagnosis : \_\_\_\_\_

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

IPC 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 .....

Stay in Hospital (In days) ..... From ..... to ..... 07/15/2019 06:32

Date and Hour of Death ..... at ..... Hrs .....