

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

Rampurhat Govt. Medical College & Hospital  
RAMPURHAT  
(PH:0)

User Name : ipd

**Patient's Name :** ABDUL HANNAN  
**Sex :** Male **Age :** 27 **Yrs. Months Days** 0 0  
**Patient Srl. No. :** RSHH/PA1900054580 **Admission Date :** [ 15-07-2019 ] **Admission Time :** [ 6:57 AM ] **Patient Category :** PAYING/CABIN/GENERAL  
**Registration No. :** RSHH/RG1900131134 **Bed No. :** **Patient Type :** OPD/ER  
**Ward :** MMW **Emergency**  
**Address :** **Post Office :** BHIMPUR **Pin :** 000000  
**Municipality / Village :** HORISHPUR **District :** Birbhum **Religion :** Muslim  
**Police Station :** Muraroi **Nationality :** India

**State :** West Bengal **Address for Communication :**  
**Marital Status :** Married **Father's Name :** ALI AHAMMED **MOTHER**  
**Brought By :** **Patient's Occupation :**  
**Doctor/UNIT :** UNIT-IIC(MEDICINE) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI  
**Whether Referred From :** **Husband's Name :**  
**Provisional Diagnosis :** **Phone / Mobile No. :** 0000000000

.....  
*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 07:03  
 Date and Hour of Death ..... at ..... Hrs .....