

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

Rampurhat Govt. Medical College & Hospital  
RAMPURHAT  
(P.H.O)

User Name : ipd

**Patient's Name :** MR. KIBAN CHATTRIEE  
**Sex :** Male  
**Age :** 27 Yrs. 0 Months 0 Days  
**Patient Category :** PAYING/CABIN/GENERAL

**Patient Srl. No. :** RSH/PA1900055365  
**Admission Date :** [ 17-07-2019 ]  
**Admission Time :** [ 12:41 PM ]

**Registration No. :** RSH/RG1900135456  
**Ward :** MMW  
**Address :**  
**Bed No. :**  
**Patient Type :** OPD/ER  
Emergency

**Municipality / Village :** SAGARDIGHY  
**Police Station :** Sagardighi  
**State :** West Bengal  
**Address for Communication :**  
**Nationality :** India  
**Post Office :** DO  
**District :** Murshidabad  
**Religion :** Muslim  
**PIN :** 000000

**Marital Status :** Single  
**Father's Name :** ALOK CAHTTARJEE  
**Brought By :** SELF  
**Patient's Occupation :**  
**Husband's Name :**  
**Phone / Mobile No. :** 0000000000

**Doctor/UNIT :** UNIT-IB(MEDICINE) / PRO.F. MAITRYEE BANDYOPADHYAY/Dr.MD.MOBASSER HOSSAIN  
**Whether Referred From :**  
**Provisional Diagnosis :**

**IPC Serial No. :** \_\_\_\_\_ **Diary No. :** \_\_\_\_\_ **Signature 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 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) .....**  
**Time and Hour of Death .....** From ..... to ..... 07/17/2019 12:47 PM  
at ..... Hrs .....

.....  
**Signature of the Visiting Staff / Medical Officer**  
n. No. ....  
**Signature of the Doctor with Designation**  
Regn. No. ....