

"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 :** NUR MD ALI **Sex :** Male **Age :** 45 Yrs. (Months) (Days)

**Patient Srl. No. :** RHSH/PA1900057374 **Admission Date :** [ 23-07-2019] **Admission Time :** [ 6:11 AM] **Patient Category :** PAYING/CABIN/GENERAL  
Free

**Registration No.:** RHSH/RG1900141630  
**Ward. :** MMW

**Bed No.** **Patient Type :** OPD/ER Emergency

**Address**  
**Municipality / Village :** DAKHALBATI **Post Office :** DO **PIN :** 000000  
**Police Station :** Rampurhat **District :** Birbhum  
**State :** West Bengal **Nationality :** India **Religion :** Muslim

**Address for Communication :**

**Marital Status :** Married **Patient's Occupation :**  
**Father's Name :** LT KURBAN SK **Husband's Name :**  
**Brought By :** SON **Phone / Mobile No. :** 0000000000

**Doctor/UNIT :** UNIT-I A(MEDICINE) / Dr.SANJOY BHATTACHARYA/Dr.PRIYODORSHI BAGCHI/Dr.SK. JAHIRUL ISLAM

**Whether Referred From :**

**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 .....

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**Stay in Hospital (In days) .....**

**From .....** to **07/23/2019 06:14**

**Date and Hour of Death : .....**

**at .....** **Hrs .....**

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

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