

"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 : ip

**Patient's Name :** NOOR NABI **Sex :** Male **Age :** 60 Yrs. **Months** **Days**

**Patient Srl. No. :** RHSH/PA1900057428 **Admission Date :** [ 23-07-2019] **Admission Time :** [ 9:24 AM] **Patient Category :** PAYING/CABIN/GENERAL  
Free

**Registration No. :** RHSH/RG1900141929 **Ward. :** MMW **Bed No.** **Patient Type :** Emergency OPD/ER

**Address :**  
**Municipality / Village :** AMBHA **Post Office :** KALUHA **PIN :** 000000  
**Police Station :** Margram **District :** Birbhum  
**State :** West Bengal **Nationality :** India **Religion :** Muslim

**Address for Communication :**

**Marital Status :** Single **Patient's Occupation :**  
**Father's Name :** LT ABDUR RAHAMAN **Husband's Name :**  
**Brought By :** SON **Phone / Mobile No. :** 0000000000

**Doctor/UNIT :** UNIT-II A(MEDICINE) / Dr.S.CHAKRABORTY/Dr.BANKU DUTTA

**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 .....

1 of 4  
 Stay in Hospital (in days) ..... From ..... to ..... 07/23/2019 00  
 Date and Hour of Death ..... at ..... Hrs .....

.....  
 Counter Signature of the Visiting Staff / Medical Officer

.....  
 Signature of the Doctor with Designation