

"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 : NIDHIR MAL      Sex : Male      Age : 46 Yrs. 0 Months 0 Days

Patient Srl. No. : RSH/PA1900000000      Admission Date : [ 12-07-2019 ]      Admission Time : [ 10:38 AM ]      Patient Category : PAYING/CABIN/GENERAL

Registration No. : RSH/RG1900129270      Emergency  
 Ward. : MMW      Bed No.      Patient Type : OPD/ER

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

Address for Communication :  
 Marital Status : Single      Patient's Occupation :  
 Father's Name : SANYASI MAL      Husband's Name : 0000000000  
 Brought By : WIFE//      Phone / Mobile No. :  
 / Dr.SAMIR KR SINHA

Doctor/UNIT :  
 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 .....

Stay in Hospital (in days) ..... From ..... to .....

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.