

**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 :** MITHUN SK **Sex :** Male **Age :** 30 Yrs. 0 Months 0 Days

**Patient Srl. No. :** RSHH/PA1900058693 **Admission Date :** [ 27-07-2019 ] **Admission Time :** [ 6:50 AM ] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No. :** RSHH/RG1900146823 **Ward. :** MMW

**Address :** **Bed No. :** **Patient Type :** OPD/ERgency

**Municipality / Village :** MONDALSHAR **Post Office :** KIRTIPUR **Police Station :** Khargram **District :** Murshidabad **State :** West Bengal **Nationality :** India **Religion :** Muslim **Address for Communication :** **Phone / Mobile No. :** 0000000000

**Marital Status :** Married **Patient's Occupation :**  
**Father's Name :** ANOWAR SK **Husband's Name :**  
**Brought By :** DO SSH **Phone / Mobile No. :** 0000000000

**Doctor/UNIT :** UNIT-IC(MEDICINE) / Dr.SAMIR KR SINGA/Dr.SANJIB SIMLANDI  
**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) ..... From ..... to ..... 07/27/2019 06:54 A  
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.