

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
BED HEAD TICKET  
Rampurhat Govt. Medical College & Hospital  
RAMPURHAT  
(PH:0)

User Name : ipc

Patient's Name : NIDHIR MAL Sex : Male Age : 46 Yrs. 0Months 0Days

Patient Srl. No. : RHSH/PA1900059444 Admission Date : [ 29-07-2019 ] Admission Time : [ 1:29 PM ] Patient Category : PAYING/CABIN/GENERAL  
Free

Registration No.: RHSH/RG1900149465  
Ward. : MMW

Address \_\_\_\_\_ Bed No. \_\_\_\_\_ Patient Type : OPD/ER  
Emergency

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

Address for Communication :

Marital Status : Married Patient's Occupation :  
Father's Name : LT SANYASHI MAL Husband's Name :  
Brought By : WIFE JYIERNH 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 .....

1 of 4

Stay in Hospital (in days) ..... From ..... to ..... 07/29/2019 01:3

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.