

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 : MR. JAHAR BHATTACHARYA      Sex : Male      Age : 62 Yrs.      Months      Days

Patient Srl. No. : RSH/PA1900059511      Admission Date : [ 29-07-2019]      Admission Time : [ 5:04 PM]      Patient Category : PAYING/CABIN/GENERAL  
Free

Registration No.: RSH/RG1900149543      Bed No.      Patient Type : OPD/ER  
Ward. : MMW      Emergency

Address  
Municipality / Village : KOLITHA      Post Office : DO      PIN : 000000  
Police Station : Nalhati      District : Birbhum  
State : West Bengal      Nationality : India      Religion : Hindu

Address for Communication :

Marital Status : Single      Patient's Occupation :  
Father's Name : M.L. BHATTACHARYA      Husband's Name :  
Brought By : SON      Phone / Mobile No. : 0000000000

Doctor/UNIT : / Dr:GAUTAM GHOSH

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 05

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.