

"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 :** RUBEL SK      **Sex :** Male      **Age :** 18 Yrs.      Months      Days

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**Patient Srl. No. :** RHSH/PA1900039516      **Admission Date :** [ 29-07-2019 ]      **Admission Time :** [ 5:12 PM ]      **Patient Category :** PAYING/CABIN/GENERAL  
Free

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**Registration No. :** RHSH/RG1900149548  
**Ward. :** MMW      **Bed No. :**      **Patient Type :** OPD/ER Emergency

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**Address :**      **Municipality / Village :** MIAPUR      **Post Office :** DO      **PIN :** 000000  
**Police Station :** Muraroi      **District :** Birbhum  
**State :** West Bengal      **Nationality :** India      **Religion :** Muslim

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**Address for Communication :**      **Marital Status :** Single      **Patient's Occupation :**  
**Father's Name :** MOKUL SK      **Husband's Name :**  
**Brought By :** DO      **Phone / Mobile No. :** 0000000000

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**Doctor/UNIT :** / Dr.GAUTAM GHOSH  
**Whether Referred From :**  
**Provisional Diagnosis :**

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*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 05:1  
 Date and Hour of Death ..... at ..... Hrs .....

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 Counter Signature of the Visiting Staff / Medical Officer  
 Reqn. No.

.....  
 Signature of the Doctor with Designation  
 Reqn. No.