## DEPARTMENT OF HEALTH AND FAMILY WELFARE ADMISSION" GOVERNMENT OF WEST BENGAL

BED HEAD TICKET
Rampurhat Govt. Medical College & Hospital
RAMPURHAT
(PH:0)

User Name : ipd1

t's Name : OBIDUR RAHA	AMAN	Sex: Male Age	: 26 Yrs. (Months (Day
Srl. No.: RHSH/PA1900	Admission Date: [30-07-2019]	Admission Time: Patient C	ategory : PAYING/CABIN/GENERA
RHSH/RG1900 MMW		Bed No.	Patient Type : OF DER ency
ality / Village: BELDAN ation: Beldanga West Bengal for Communication:	GA  Nationality: India	Post Office: DO District: Murshidabad Religion: Muslim	PIN: 000000
atus: Single lame: YEAR MD DO	Husba Phone	nt's Occupation : and's Name : e / Mobile No. :	
IT: UNITH A(MED Referred From:	ICINE) / Dr.S.CHAKRABORTY/Dr.BA	ANKU DUTTA	
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.
me : Discharaged/Left Agair	(To be filled in BLOCK LETTERS a		
Diagnosis or Injury			
pal Associated Diseases		***************************************	
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