## ASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION' ARTMENT OF HEALTH AND FAMILY WELFARE **GOVERNMENT OF WEST BENGAL**

Rampurha ED. HEAD TICKET llege & Hospital RAMPURHAT

User Name : ipo

			(PH:0)	
.ame:	GOPAL KUMAR	ВНАКАТ	Sex: Male	Age: 52 Yrs. Months Days
Patient Srl. No. :	RHSH/PA1900	dimission Date: [ 09-07-2019	Admission Time [ 1:59 PM] Pa	tient Category : PAYING/CABIN/GENERA
Registration No.: Ward. :	RHSH/RG19001 MMW	25435	Bed No.	Emergence Patient Type: OPD/ER
Address Municipality / Villa Police Station : State :	West Bengal	— India <b>Nationality :</b>	Post Office: DO Birbhum District: Hindu Religion:	PIN: 000000
Brought By : Doctor/UNIT :	Married LT NANDA BHA WIFE / Dr.ANANDA M		Patient's Occupation: Husband's Name: 00000000000 Phone / Mobile No.:	
Whether Referred   Provisional Diagno				
IPC Serial No. :		Diary No. :		Signature of Admitting Officer Designation
	if it is a accident/ Homicide	How injury Occurred	Specify the place of in Home/Farm Factory / Street / Oth	while at work
a) Outcome : Disc	haraged/Laft Again	(To be filled in BLOCK LET)	TERS at the end of Hospital Stay)	
			neterred out / Deam	
1 of 4				07/09/2019 <b>to</b>
	terminative and the same interested and the state of the same and the		A MARCON COMMUNICATION CONTROL OF	Hrs
Counter Signature o	of the Visiting Staff /			gnature of the Doctor with Designation gn. No.