

**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**GOVERNMENT OF WEST BENGAL**  
**BED HEAD TICKET**

Rampurhat Govt. Medical College & Hospital  
RAMPURHAT  
(PH.O)

User Name : j

Patient's Name : MR. JANNEKUL DAFADAR Sex : Male Age : 56 Yrs. Months 0 Days 0

Patient Srl. No. : RSHH/PA1900055301 Admission Date : [ 17-07-2019 ] Admission Time : [ 10:05 AM ] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSHH/RG1900134744 Ward. : MMW Bed No. Patient Type : OPD/ER  
Emergency

Address : Municipality / Village : DARIYAPUR Post Office : DO PIN : 000000  
Police Station : Paikar PS District : Birbhum  
State : West Bengal Nationality : India Religion : Muslim  
Address for Communication :

Marital Status : Single Patient's Occupation :  
Father's Name : LT. PANCHKORI DAFADAR 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 .....

Stay in Hospital (in days) ..... From ..... to ..... 07/17/2019  
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.