

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

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

User Name :

Patient's Name : MR. EMTIAZ ALI Sex : Male Age : 35 Yrs. 0 Months 0 Days  
Patient Srl. No. : RSH/PA1900058774 Admission Date : [ 27-07-2019 ] Admission Time : [ 11:06 AM ] Patient Category : PAYING/CABIN/GENERAL  
Registration No. : RSH/RG1900147408 Free

Ward. : MMW Address : Bed No. Patient Type : OPD/ER  
Municipality / Village : PAKUR Post Office : District : DO PIN : 000000  
State : Jharkhand Nationality : India Religion : Pakur Muslim  
Address for Communication :

Marital Status : Single Patient's Occupation :  
Father's Name : ALI NASARI 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 ..... 07/27/2019 11:10  
Date and Hour of Death ..... at ..... Hrs .....

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

Signature of the Doctor with Designation