## DEPARTMENT OF OWARDS AND PANKLY WELFARD ADMISSION" **GOVERNMENT OF WEST BENGAL**

BED HEAD TICKET
Rampurhat Govt. Medical College & Hospital
RAMPURHAT

User Na

Signature of the Doctor with Designat

Regn. No.

			(PH:0)	Sanct to 12 Day state Disciplination ratio in employing the Disciplination of Control (Control (Contro	
Patient's Name :	JAHAR BHATTAC	CHARYA	Sex: I	Male Age:	59 <b>Yrs. Months B</b>
Patient Srl. No. :	Adr RHSH/PA190004	nission Date : 3524 [ 08-06-20	Admission Time:	Patient Cat :05 PM]	tegory : PAYING/CABIN/GENE Free
Registration No.:	RHSH/RG190009 MMW	93318	Bed No.	nadar a cara y Stationico con y process on consecutivo por decision have facility	Patient Type : OPDMRT
Address  Municipality / Villa  Police Station :  State :  Address for Comm	Nalhati West Bengal	Nationality: India	Post Office : District : Religion :	DO Birbhum Hindu	PIN: 000
Marital Status : Father's Name : Brought By :	Single LT MOTILAL BHATTACHARJEE WIFE		Patient's Occupation : Husband's Name : Phone / Mobile No. : 0000000000		
Doctor/UNIT : Whether Referred Provisional Diagno		DNDAL			
IPC Serial No. :		Diary No. :		S	Signature of Admitting Office Designation
cause of	if it is a accident/ Homicide	How injury Occurred	Ho	e place of injury me/Farm Street / Others	Whether injury occurre while at work Specify by Yes / No.
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encialism equipment proprieta exception are anniversed and		(To be filled in BLOCK L	ETTERS at the end of Hospi	tal Stay)	THE CONTRACT OF THE CONTRACT O
(a) Outcome : Dis	charaged/Left Agains	t Medical Advice / Absconde	d / Referred out / Death		
(b) Final Diagnos	is or Injury				
(c) Principal Comp	olications			0.005-013-05-03-03-03-03-03-03-03-03-03-03-03-03-03-	
(d) Principal Asso	ciated Diseases	201020000000000000000000000000000000000		************************	250 250 X51115 260 26 X3 260 X 32 0 0 50 X 1 1 3 7 6 0 0 0 X 2 4 6 6 6 7 7 7 7 6 6 6 6 7 7 7 7 7 7 7 7
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Stay in Hospital fir	ı days)		Fro	)m	to 06/08/2

Counter Signature of the Visiting Staff / Medical Officer

Regn. No.