

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

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

User Name : ipd

**Patient's Name :** X. ABDUL JABBAR **Sex :** Male **Age :** 32 **Yrs.** 0 **Months** 0 **Days** 0

**Admission No. :** RHSH/PA1900054097 **Admission Date :** [ 13-07-2019 ] **Admission Time :** [ 12:41 PM ] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No. :** RHSH/RG1900130636 **Bed No.** **Patient Type :** OPD/ER Emergency  
**Specialty :** MMW

**Locality / Village :** SALBHADRA **Post Office :** DO **PIN :** 000000  
**Station :** Rampurhat **District :** Birbhum  
**State :** West Bengal **Nationality :** India **Religion :** Muslim

**Address for Communication :**

**Marital Status :** Single **Patient's Occupation :**  
**Attending Officer's Name :** ASCAR MIA **Husband's Name :**  
**Admitted By :** WIFE **Phone / Mobile No. :** 00000000000

**Physician / UNIT :** / Dr.CAUTAM GHOSH

**From where Referred From :**

**Provisional Diagnosis :**

.....  
*Signature of Admitting Officer*  
*Designation*

**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)

**Outcome :** Discharged/Left Against Medical Advice / Absconded / Referred out / Death

**Final Diagnosis or Injury** .....

**Principal Complications** .....

**Principal Associated Diseases** .....

**Admitted in Hospital (in days)** ..... **From** ..... **to** 07/13/2019 12:45 PM

**Time and Hour of Death** ..... **at** ..... **Hrs** .....

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

.....  
**Signature of the Doctor with Designation**  
**Regn. No.**