

**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 :** JAHAR BHATTACHARYA **Sex :** Male **Age :** 59 **Yrs.** 0 **Months** 0 **Days** 0

**Patient Srl. No. :** RSHH/PA1900054169 **Admission Date :** [ 13-07-2019 ] **Admission Time :** [ 5:30 PM ] **Patient Category :** PAYING/CABIN/GENERAL Free

**Registration No.:** RSHH/RG1900130722  
**Ward. :** MMW

**Bed No.** **Patient Type :** OPD/ERgency

**Address**  
**Municipality / Village :** KOLITHA **Post Office :** DO **PIN :** 000000  
**Police Station :** Nalhati **District :** Birbhum  
**State :** West Bengal **Nationality :** India **Religion :** Hindu

**Address for Communication :**

**Marital Status :** Single **Patient's Occupation :**  
**Father's Name :** LT MOTILAL BHATTACHARYA **Husband's Name :**  
**Brought By :** WIFE **Phone / Mobile No. :** 00000000000

**Doctor/UNIT :** UNIT-II(C(MEDICINE) / Dr.ANANDA MONDAL/Dr.RAMESH CHAKRABORTY/Dr.ASARUL ALI

**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** ..... 07/13/2019 05:30

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