

"PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION"

**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 : AMINA BEGUM Sex : Female Age : 43 Yrs. 0 Months 0 Days

Patient Srl. No. : RSH/PA1900056509 Admission Date : [ 20-07-2019 ] Admission Time : [ 4:20 PM ] Patient Category : PAYING/CABIN/GENERAL Free

Registration No. : RSH/RG1900139529  
 Ward : FMW

Address : \_\_\_\_\_ Bed No. \_\_\_\_\_ Patient Type : OPD/ER Emergency

Municipality / Village : KARIMPUR

Police Station : Nalhati  
 State : West Bengal

Post Office : NALHATI  
 District : Birbhum  
 Religion : Muslim

PIN : 000000

Address for Communication : \_\_\_\_\_ Nationality : India

Marital Status : Married

Father's Name : DO  
 Brought By : DO

Patient's Occupation : \_\_\_\_\_  
 Husband's Name : SAMSUL HOQUE  
 Phone / Mobile No. : 0000000000

Doctor/UNIT : UNIT-IIC(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 .....

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Stay in Hospital (in days) ..... From ..... to ..... 07/20/2019 04

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.