

"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 : ip

**Patient's Name :** ARUN KANTI SARKAR **Sex :** Male **Age :** 54 Yrs. 0 Months 0 Days

**Patient Srl. No. :** RSHH/PA1900000000 **Admission Date :** [ 20-07-2019] **Admission Time :** 4:19 PM] **Patient Category :** PAYING/CABIN/GENERAL

**Registration No.:** RSHH/RG1900139528  
**Ward. :** MMW **Bed No. :** **Patient Type :** Emergency OPD/ER

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

**Address for Communication :**  
**Marital Status :** Single **Patient's Occupation :**  
**Father's Name :** LT RAMBALAK SARKAR **Husband's Name :** 0000000000  
**Brought By :** SELF **Phone / Mobile No. :**

**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 .....

1 of 4  
**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.