

**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL**

N.R.S MEDICAL COLLEGE & HOSPITAL
138, A.C. BOSE ROAD, KOL-700014
(PH: 033) 2286-0103-08)

উন্নী, গহ
HHD
B/N - 61

Discharge Certificate/Left Against Medical Advice

Page No. 1

Discharge No. _____
Patient Name: AJAY DAS
Date of Discharge: 8/12/18
Time: 12:00
Patient Category: Free/Paying/Cabin

Sex: Male Age: 46 Yrs. 0 Months 0 Days
Patient Registration No. NRSM/PA1800088888
Admission Date [19-12-2018] [6:54 PM]

Post Office: JACADISHPUR
District: Howrah
Religion: Hindu
Nationality: India
Husband's Name: _____
Phone/Mobile No. 8981077269
Ward Name: _____
MMD Ward

Referral Date & Time: _____
Referral Status: _____
Mode of Delivery: _____
No. of Child: _____
In case of Surgery: _____
Type of Surgery: _____
Referral Date & Time: _____
Referral Status: _____
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