

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

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

Medical College and Hospital, Kolkata  
88, College Street, Kolkata-700073

User Name : PRANAB PRASAD

RD at 1:40 pm.

F44  
101CS

Patient's Name : SK. APTAUDDIN Sex : Male Age : 65 Yrs. Months Days

Patient Sri. No. : MCHK/PA1900040712 Admission Date : [ 26-06-2019 ] Admission Time : [ 1:16 PM ] Patient Category : PAYING/CABIN/GENERAL

Registration No. : MCHK/RG1900536335 Ward. : MCH 1ST FLOOR MALE Bed No. Patient Type : OPD/ER  
Emergency

Address Municipality / Village : KOTEBARH Post Office : DO PIN : 000000  
Police Station : Chandipur District : Midnapore(E)  
State : West Bengal Nationality : India Religion : Muslim  
Address for Communication :

Marital Status : Married Patient's Occupation :  
Father's Name : LT. SK. SABUJ Husband's Name :  
Brought By : SK. TOUSIK Phone / Mobile No. : 9775690374

Doctor/UNIT : UNIT 3 (GENERAL MEDICINE) / PROF. A. TALUKDER/DR. S. GHOSH/DR. INDRANIL ROY  
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.
তড়িৎ বাল্ব আকস্মিক ভাবে ভাঙা	আমাকে জানিয়েছেন তার কিছু বেল	মেজাজের	অবস্থায় চিকিৎসা
অনুলম্বিত	দিনাজ SK. Faijuddin	ডাক্তারের	

(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 .....

Date and Hour of Death ..... at ..... Hrs ..... 06/26/2019 01:25 PM

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

Signature of the Doctor with Designation  
Regn. No.

M3