

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL

Rd at 1.40  
Flb  
127

SHOW YOUR PHOTO ID AT THE TIME OF CHECK-IN

**BED HEAD TICKET**  
Medical College and Hospital, Kolkata  
88, College Street, Kolkata-700073  
(PH-0)

User Name : PRATIK SAH

Patient's Name: SHEETAL GHORUI Sex: Male Age: 60 Yrs 0 Months 0 Day  
Patient Srl. No. MCHK/PA1900041706 Admission Date: 03-06-2019 Admission Time: 12:46 PM Patient Category: PAVING/CABIN/GENERAL

Registration No. MCHK/RG1900481126  
Ward: MCH 1ST FLOOR MALE Bed No. Patient Type: OPD/ER  
Address: \_\_\_\_\_

Municipality / Village: UTTAR HARISHPUR Post Office: PANCHARUL PIN: 000000  
Police Station: Udaynarayanpur District: Howrah  
State: West Bengal Nationality: India Religion: Hindu  
Address for Communication: \_\_\_\_\_

Marital Status: Married Patient's Occupation: \_\_\_\_\_  
Father's Name: LT. DURYADHAN GHORUI Husband's Name: \_\_\_\_\_  
Brought By: BABLU GHORUI Phone / Mobile No. 9836858731

Doctor/UNIT: UNIT 1 (GENERAL MEDICINE) / PROF.S.K.MONDAL/DR.S.S.MONDAL/DR.K.SEAL/Dr. H. N. Chakravarti  
Whether Referred From: \_\_\_\_\_  
Provisional Diagnosis: \_\_\_\_\_

IPC Serial No. : \_\_\_\_\_ Diary No. : \_\_\_\_\_

Signature of Admitting Officer  
Designation  
Medical Officer  
Kolkata

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.
	গাড়ি চালাতে গিয়ে বাসে ধাক্কা খেয়ে পড়েছেন।	হাটের বাসে	হ্যাঁ

(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 .....  
1 of 4  
Date and Hour of Death ..... at ..... Hrs 06/03/2019 12:5

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

Signature of the Doctor with Designation  
Regn. No. : \_\_\_\_\_