

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

F9131  
Rdnt 8:15 PM

YOUR PHOTO ID AT THE TIME OF ADMISSION

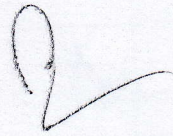
Medical College and Hospital, Kolkata  
88, College Street, Kolkata-700073

User Name :-TRIDIP BISWAS

(PH:0) Sex : Age : Yrs. Months Days  
SUBHASISH DHARA Admission Date : Admission Time : Male Patient Category : PAYING/CABIN/GENERAL  
MCHK/PA1900048433 (02-07-2019) [ 7:17 PM; Free

Registration No. : MCHK/RG1900558218 Bed No. Patient Type : OPD/ER  
Address : MCH 1ST FLOOR MALE Emergency  
Municipality / Village : Post Office : PIN :  
Police Station : HAT KALI GUNJ District : ULUBERIA 000000  
State : Uluberia Nationality : Religion : Howrah Hindu  
Address for Communication : India

Marital Status : Patient's Occupation :  
Father's Name : Married Husband's Name :  
Brought By : BISTUPADA DHARA DEBASISH DHARA Phone / Mobile No. : 9331775363



Doctor/UNIT :  
Whether Referred From : (GENERAL MEDICINE) / PROF.AMIT KR BANERJEE/DR.RAJA.BHATTACHARYA/Dr. Suma  
Provisional Diagnosis :  
Signature of Admitting Officer  
Designation  
Medical College and Hospital

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 .....

Stay in Hospital (In days) ..... From ..... to .....  
Date and Hour of Death ..... at ..... Mins .....  
07/03/2019 7:27 PM

Counter Signature of the Visiting Staff / Medical Officer

Signature of the Doctor with Designation