

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

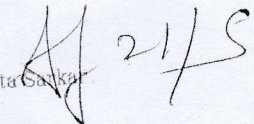
User Name : SUMON GHOSH

Rd on
3/5/14

F38JU

PLEASE SHOW YOUR PHOTO ID AT THE TIME OF ADMISSION
BED HEAD TICKET Hospital, Kolkata
88, College Street, Kolkata-700073
(PH:0)

Patient's Name : CHAB MONDAL
 Sex : Male Age : 55 Yrs. Months 0 Days 0
 Admission Time : 12:45 PM Patient Category : PAYING/CABIN/GENERAL
 Patient Sri. No. : MCHK/PA1900038313 Admission Date : 21-05-2014
 Registration No. : MCHK/RG1900445099 Bed No. :
 Ward : MCH 1ST FLOOR MALE Patient Type : OPD/ER
 Address : FULTALA Post Office : SAME
 Municipality / Village : Police Station : West Bengal District : Muslim
 State : India Nationality : Religion :
 Address for Communication : Patient's Occupation :
 Marital Status : Married Husband's Name : 0000000000
 Father's Name : LT RUSTAM MONDAL Phone / Mobile No. :
 Brought By : SUFIA BIBI
 Doctor/UNIT : UNIT 2 (GENERAL MEDICINE) / PROF. AMIT KR. BANERJEE / DR. RAJA BHATTACHARYA / Dr. Sumanta Ganku
 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

Stay in Hospital (in days) From to 05/21/2014 02:54 PM
 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.