

Sl. No.:

67114

Dialysis / Digital X-Ray / CT Scan

**RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL**

RAIGANJ, UTTAR DINAJPUR

**VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB**

PATIENT NAME : ..... *Purnima Das* .....

AGE : ..... *38* ..... SEX : ..... *F* ..... WARD / OPD / ER : ..... *OBW* .....

ADDRESS : ..... *NM - Monipara, Gachua,* .....

..... *PO - Madargachhi, Kerandighi, W/O* .....

REGISTER ID : ..... *40009* ..... DATE : ..... *2/7/19* .....

TREATING DOCTOR NAME : ..... *Dr. A. Salam* .....

PATIENT MOBILE NO : ..... *8162380431* .....

TYPE OF INVESTIGATION : ..... *Dialy 03* .....

Received the service and I have not paid any amount for the service

*Dineshwar Das*

Signature of the Patient

ATTESTED

Asst. Superintendent (N/M)  
Raiganj Govt. Medical College & Hospital  
Uttar Dinajpur  
Dept. of Health & Family Welfare  
Govt. of West Bengal

**SUPDT. / ASST. SUPDT. / EMO.**  
RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL  
RAIGANJ, UTTAR DINAJPUR



*2/7/19*

বিঃ দ্রঃ উক্ত পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।