

Sl. No.:

Dialysis / Digital X-Ray / CT Scan

67905  
**RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL**  
RAIGANJ, UTTAR DINAJPUR

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

PATIENT NAME : *Biswanath Ray*

AGE : *61y* SEX : *m* WARD / OPD / ER : *OPD*

ADDRESS : *Ramrupally P.O. m*  
*Raiganj, m*

REGISTER ID : *11988* DATE : *11/7/14*

TREATING DOCTOR NAME : *Dr. A. Saha*

PATIENT MOBILE NO. : *9832081576*

TYPE OF INVESTIGATION : *Staf*

Received the service and I have not paid any amount for the service  
*mithu Roy*  
Signature of the Patient

Assistant Superintendent (N/M)  
Raiganj Govt. Medical College & Hospital  
Raiganj, Uttar Dinajpur.

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



পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।

*[Handwritten signature]*