

Sl. No.:

Dialysis / Digital X-Ray / CT Scan

69193  
**RAIGANJ GOVT. MEDICAL COLLEGE & HOSPITAL**  
RAIGANJ, UTTAR DINAJPUR

VOUCHER FOR FREE SERVICES FROM PPP DIAGNOSTIC LAB

PATIENT NAME: *Namul Roy*  
*Shitalp*

AGE: *507* SEX: *M* WARD / OPD / ER: *obw*

ADDRESS: *NM - Shitalpur, P.O - Samaspur*  
*P.S. - Hentabad, C/O*

REGISTER ID: *45461* DATE: *25/7/13*

TREATING DOCTOR NAME: *Dr. A. Sarkar*

PATIENT MOBILE NO: \_\_\_\_\_

TYPE OF INVESTIGATION: *Dialysis*

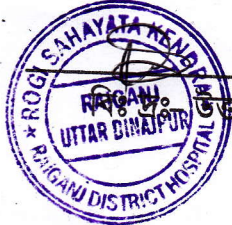
Received the service and I have  
not paid any amount for the service

*Manojkumar 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



*25/7/13*

উক্ত পরীক্ষাগুলির জন্য রোগীকে কোনো টাকা দিতে হবে না।