

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital

Health district,

District

Voucher for Free Services from PPP Diagnostic Lab

Patient Name Amil Haladar

Age 52

Sex M

Address

B8-Bismulter, Dist-Bankura

Register Id: \_\_\_\_\_ Date 2.7.19

Treating Doctor Name: \_\_\_\_\_

Patient Mobile No.: \_\_\_\_\_

*Amil Haladar*  
**NAJYAMULLER ROG NIRNOY**  
**Superintendent**

**PASCHIMBANGA SARKAR-0**  
**BMRC HOSPITAL-ER JOUTHA UDYOG**  
Health district Hospital District

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

Signature of the Patient

*Amil Haladar*  
**NAJYAMULLER ROG NIRNOY**  
**DIALYSIS PATIENT**

**PASCHIMBANGA SARKAR-0**  
**BMRC HOSPITAL-ER JOUTHA UDYOG**  
Health district Hospital District