

No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____
Health district, _____
District _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name manik Nandi

Age 52 Sex M

Address Saypan - Bankura,

Register Id : _____ Date 03/07/19

Treating Doctor Name : _____

Patient Mobile No. : _____

MANIKMILLER ROGNIRNOY
Superintendent
BANKURA DISTRICT HOSPITAL
Health district _____
District _____

Sl. No. -

Dialysis / Digital X-Ray / CT Scan

Hospital _____
Health district _____
District _____

Voucher for Free Services from PPP Diagnostic Lab

Patient Name manik Nandi Age 52 Sex M

Address Saypan - Bankura,

Register Id : _____ Date 03/07/19

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

Signature of the Patient _____

MANIKMILLER ROGNIRNOY
Superintendent
PASCHIMBANGA SARKAR
Health district _____
District _____