



सत्यमेव जयते

"Government of West Bengal"  
"Gorkhaland Territorial Administration"  
Department of Health & Family Welfare  
District Hospital, Darjeeling

*EMR-088*

**"DEPARTMENT OF EMERGENCY"**

Emergency Registration Number: ..... *12/6/19* ..... Date/Year: *12/6/19* ..... Time:.....

Name : ..... *Pamray Lenu Bhatia* ..... Age: *34y* ..... Sex: *F* ..... Son/Daughter/Wife of:.....

Patient's Address:..... Ph. No. ....

Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

**Rx**

*admitted to emergency  
Adm<sup>n</sup> in emergency unit  
inform NOLC SOS  
dy*

Signature of the Medical Officer