

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

## "DEPARTMENT OF EMERGENCY"

Name Co	Date/Year: Time:
Emergency Registration Number:	Age: 344. Sex: F. Son/Daughter/Wife of:
Name:	Ph. No
Patient's Address:	Ph. No
Attendig Doctor's Name:	
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