



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

**"DEPARTMENT OF EMERGENCY"**

Emergency Registration Number: *EMD-102* Date/Year: *23/7/19* Time:.....  
Name : *Sudmi Subha* Age: *507* Sex: *F* Son/Daughter/Wife of:.....  
Patient's Address: *Singur* Ph. No. ....  
Attending Doctor's Name:..... Observation/Referred to/Admitted to:.....

**Rx**

*Admit for Dialysis.*

*[Signature]*  
*23/7/19*

Signature of the Medical Officer