DEPARTMENT OF HEALTH & FAMILY WELFARE

GOVERNMENT OF HOSPITAL BENGAL
KORRESIDE YOUR PROTOTO

YOUPAVILLE HAVE TO	SHOW YOUR PHOT	O ID AT THERT	1038239/F) ADMISS	ON Thursday RG19064764 18-Jul-2019	
Name : Age : Medicin Sex : UNIT -		Days 18-RAS No Reg. Dat Card N).: 12:15 e:	
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