

2151

Balurghat District Hospital  
Dakshin Dinajpur District  
Voucher for Free Service from PPP Diagnostic Lab

Patient Name: *Prasenjit Pramanik*

Age: *30* Sex: .....

Address: .....

Register Id: *34147* Date: *13/12*

Treating Doctor .....

Name: .....

Patient Mobile .....

Number: *9002448501*

*Prasenjit Pramanik*  
Full Signature of the attending Doctor  
District Hospital Balurghat  
Dakshin Dinajpur

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Age: *30* Sex: *M*

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Register Id: *34147* Date: *13/12*

Treating Doctor .....

Name: .....

Patient Mobile .....

Number: .....

Received the services  
and I have not paid any  
amount for the service  
*Prasenjit Pramanik*  
Signature of the Patient



*Prasenjit Pramanik*  
Full Signature of the attending Doctor  
District Hospital Balurghat  
Dakshin Dinajpur