

3753

Balurghat District Hospital  
Dakshin Dinajpur District

Voucher for Free Service from PPP Diagnostic Lab

Patient Name: *Naba Kr. Kundu*

Age : *88* Sex: *M*

Address: *Balurghat*

Register Id: *34515* Date: *15/7/19.*

Treating Doctor

Name: .....

Patient Mobile Number: *9102922890*

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

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Dakshin Dinajpur District  
Voucher for Free Service from PPP Diagnostic Lab

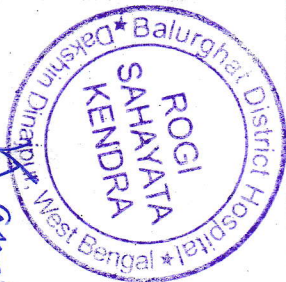
Patient Name: *Naba Kr. Kundu*

Age : *88* Sex: *Male*

Address: *Balurghat*

Register Id: *34515* Date: *15/7/19.*

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



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

*S. An 15/7/19*