

4877

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

Patient Name: *Havri Kundu*

Age: *37* Sex: *M*

Address: *D*

Register Id: *34741* Date: *16/7*

Attending Doctor

Name: *Havri Kundu*

Patient Mobile: *98015 242272*

Number: *8967045828*

Full Signature of the attending Doctor
District Hospital Balurghat
Dakshin Dinajpur

Havri Kundu

4877

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

Patient Name: *Havri Kundu*

Age: *37* Sex: *M*

Address: *D*

Register Id: *34741* Date: *16/7*

Received the services
and I have not paid any
amount for the service
Havri Kundu

Signature of the Patient

Full Signature of the attending Doctor
District Hospital Balurghat
Dakshin Dinajpur

Havri Kundu
16/7
Havri Kundu