

1409

Balurghat District Hospital  
Dakshin Dinaipur District

Voucher for Free Service from PPP Diagnostic Lab

Patient Name: *Tapan Kabi Das*

Age: *24* Sex: *M*

Address: *Champa gumi  
Pothkela, Tefin*

Register Id: ..... Date: *18/02/19*

Treating Doctor

Name: .....

Patient Mobile Number: *9064924413*

Full Signature of the attending Doctor  
District Hospital Balurghat  
Dakshin Dinaipur

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Dakshin Dinaipur District

Voucher for Free Service from PPP Diagnostic Lab

Patient Name: *Tapan Kabi Das*

Age: *24* Sex: *M*

Address: *Champa gumi (Pothkela)  
Pothkela, Tefin*

Register Id: ..... Date: *18/02/19*

Received the services  
and I have not paid any  
amount for the service  
*Champa gumi (Pothkela)*  
Signature of the Patient

Full Signature of the attending Doctor  
District Hospital Balurghat  
Dakshin Dinaipur

