

Form No. 815

Plate No.  
Register No. 149225

# DISTRICT HOSPITAL HOWRAH

## ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required of

Name DEBDAS MUKHERJEE Age 20 Sex M

Address \_\_\_\_\_

Physician / Surgeon S.M. Ward Ward No. of bed/cabin 42

Paying / Non-Paying

Brief history of case

Clinical Diagnosis

*C.P. Sinha*

Particular point to be investigated

Instructions

*[Signature]*  
Signature

Date

Report

Weight:  
Date: 01/07/201

Amount
600.00

600.00
0.00
0.00
600.00

RESEARCH CENTRE