West Bengal Form No. 815

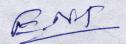


Plate No. Register No.

Plate M Register 1 DISTRICT HOSPITAL HOWRAH ELECTRO-THERAPEUTIC DEPARTMENT

Report / Treatment is required	of All
Name Karne	Das Age Sty Sex trelle
AddressPhysician / Surgeon	Ohkoward En No. of bed/cabin
Paying / Non-Paying Brief history of case Clinical Diagnosis	e.T. Sean mempers
	Carial-cord)
Particular point to be investigated	
Instructions Date 1/8/19	Signature
- Committee of the comm	Report