West Bengal Form No. 815

Plate No. Register No. 190522

DISTRICT HOSPITAL HOWRAH

ELECTRO-THERAPEUTIC DEPARTMENT

ricport/ freatment is re	equired of		
Name	ala heraj	Age Sex	F.
Address			
Physician / Surgeon	AR Ward	No. of bed/cabin.	20
Paying / Non-Paying			
Brief history of case			
Clinical Diagnosis		,	
	NICT B	hain	
Particular point to be investigated			
Instructions			7
Date 16/87V	8	Signature	
	Report		