Plate No	
	D(
Register No.	R6180088770

## R. G. KAR MEDICAL COLLEGE & HOSPITAL

## **Electro Therapeutic Department**

Report / Treatment is required of	$\wedge$
Name Shyamal Das Age	sex (V)
Address	
Address	No. of Bed / Cabin (
Paying / Non Paying	
Brief history of case  MRT Brain	
Clinical Diagnosis	
Particulars point to be Investigated	ANT COURT
Instruction	Signature In Sulinh Port
Date	Signature 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
REPORT	