West Bengal Form No. 815

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Plate No.	 	 , ,

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

172456

Report / Treatment is required of	•		
Name Bowlanam Pal		Age33-	n sex hele
Address			
Physician/Surgeon	Ward	FA_	No. of Bed / Cabin
Paying / Non Paying	••••••		
Brief history of case			
Clinical Diagnosis	MRI	9 40	
Particulars point to be Investigated			Dring Shul
Instruction	i. A		Kully
Date			Signature 8
	REPORT	Г	Medical Office
and the second s			ACTION OF BOYING AND STREET