

West Bengal Form No. 815

RA1800786032.

Plate No. ....

Register No. ....

**R. G. KAR MEDICAL COLLEGE & HOSPITAL**  
**Electro Therapeutic Department**

Report / Treatment is required of

Name..... Nanda Lal Paul ..... Age..... 50yr. ..... Sex..... m .....

Address.....

Physician / Surgeon..... Ward..... mmws. ..... No. of Bed / Cabin..... 46 .....

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

mri Brain.

Particulars point to be Investigated

Instruction

Date..... 12/11/18. .....

Signature..... Anupriya Pradhan .....

**REPORT**