



MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA

OFFICE OF THE DIRECTOR, HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA



Dr. S. K. Singh

10/10/2020

1. Name of the patient: *Dr. S. K. Singh*
2. Age: *45*
3. Sex: *M*
4. Date of admission: *10/10/2020*
5. Ref. No.: *10/10/2020*

Sl. No.	Particulars	Remarks
1	On admission	<i>20.0</i>
2	On discharge	<i>20.0</i>
3	On follow up	<i>20.0</i>
4	On referral	<i>20.0</i>
5	On referral	<i>20.0</i>
6	On referral	<i>20.0</i>
7	On referral	<i>20.0</i>
8	On referral	<i>20.0</i>
9	On referral	<i>20.0</i>
10	On referral	<i>20.0</i>
11	On referral	<i>20.0</i>
12	On referral	<i>20.0</i>

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