

First Information of a cognizable crime reported under section 154 Cr. P. C. at P.S.

Dist. Purbani, MP Sub-Divn. Egra P.S. Egra Year 2017 FIR NO. 47/17 Date 02.02.17i) Act Section 279/328 ii) Act IPC Sectionsii) Act Section iv) Other Act & Sectionsa) General Diary Reference : Entry No. 71b) Occurrence of Offence : Day Sunday Date 02/02/17 Time at 18:15 hrsc) Information received Date 02/02/17 Time at 18:15 hrsG. D. No. 71 at the Police Station :Type of Information. Written / Oral written complaintPlace of Occurrence a) Direction and Distance from P. S. 13 km East, Archal-VIIb) Address Block-II, Jh no-70c) In cash outside limit of this Police Station, then the name of P.S. near BhabanichakDistrict N/A

Complaint / Informant :

a) Name Mokesh Mallickb) Father's / Husband's Name S/O Late Yashwan Mallickc) Date/Year of Birth Age-55 yearsd) Nationality Indiane) Address will- Baka Nalgeria, PO- Atbati, PS-Egra, Dist-Details Known/Suspected/Unknown/Accused with full particulars Purbani(Attach separate sheet, if necessary) = Driver of private car bearing noReasons for delay in reporting by the Complaint/Informant MP-07 ME/6000Due to medical treatment of patient

Particular of properties stolen / involved : (Attach separate sheet, if required) :

N/A

10. Total value of Properties stolen / involved :

11. Request report / U.D. : Case No. if any :

12. FIR Contents : (Attach separate sheets, if required) :

The original written complaint from the complt. which is found as FIR is attached herewith13. Action taken : Since the above report reveals commission of offence (s) u/s 279/328 IPCS. St. Krishnendu Pradhan, OIC Egra

register the case and took up the investigation/directed

transferred to P. S.

/ informant, admitted to be correctly recorded and given to the Complainant/Informant free of cost.

बका नालगरीPradhan to take up the investigation

on point of jurisdiction FIR read over to the Complainant

Number, if any 4147 Police 02/02/17

Signature / Thumb Impression of the Complainant / Informant

DR
884/17
02/2/17

Signature of the Office-in-charge, P.S.

Name Krishnendu PradhanRank OIC Egra PSNumber, if any 4147 Police 02/02/17

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UT - 02/02/17

কিৰ্ত-
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Received at 18.15 hr on
02/02/17 and started
Bgor P.S. Case no 47/17 dt
02/02/17 V/S 279/8387 PC.

9593466456

2nd in charge
Egra P.S.
Medinipur

[illegible]

WEST BENGAL HEALTH SECTOR
DEVELOPMENT PROGRAMME

DEPARTMENT OF HEALTH AND
FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

INSTRUCTIONS

1. Provisional diagnosis and conditions of the patients to be referred with remark whether referred for investigation, further consultancy at O.P.D., Surgery or Emergency.
2. Critical ill patients are to be transported by means of ambulance that may be made available at the hospital, referring the patient. Actual POL expenditure to be charged from the patients except in acute emergency.
3. There will be no need for purchase of a fresh OPD ticket by the referred patient at the referred hospital. The Referral Card provided will serve the purpose.
4. The patient will report directly to the department / unit of the referred hospital without going through Out Patients Department thereby minimising loss of time and physical inconvenience.
5. No. OPD ticket will be required to be purchased by the patient on return from the referred hospital. The original Referral Card & Feed Back Card will serve the purpose.

NO.....

WBHSDP, H & F W DEPT, G O W B
REFERRAL CARD

স্থানান্তরণ কার্ড

Regd No. / রেজি. নং : 378

Date / তারিখ : 28/1/12

Referring Hospital / প্রেরক হাসপাতাল

EGRA S. D. HOSPITAL

Patient's name / রোগীর নাম

Su Kaly

Age / বয়স : 8yr Sex / লিঙ্গ : Male

Address / ঠিকানা

Village / গ্রাম : BARANALUEETA

P. O. / ডাকঘর : Atheti

P. S. / থানা : Esme

Dist. / জেলা : Pab. Medinipur

Clinical Diagnosis (Provisional) / অনুমিত রোগের নাম :

RJA

Referred Hospital / প্রাপক হাসপাতাল

mmef / Myshel Medinet
ally

Purpose of Referral / স্থানান্তরণের উদ্দেশ্য

for better treatment

Investigation / Consultation / Surgery / Emergency

অনুসন্ধান / পরামর্শ / অস্ত্রোপচার / জরুরী বিভাগ

(2)

Date by Referring M. O. প্রেরক চিকিৎসকের
অনুমতি তথ্য (Examinations conducted,
Investigation done, treatment given, condition
of patient) (শারীরিক পরীক্ষা, রোগ নির্ণয়ের পরীক্ষা, দেয়
চিকিৎসা ও আনুষ্ঠানিক শারীরিক অবস্থা) :

IV F. E. Angli P-
520-184
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Angli P-520-184

Remarks of receiving M.O./Specialist of
the Referred Hospital / (প্রাপক হাসপাতালের
চিকিৎসকের / বিশেষজ্ঞ চিকিৎসকের মন্তব্য)

Signature & designation of receiving
M.O. of the Referred Hospital
প্রাপক হাসপাতালের চিকিৎসকের স্বাক্ষর

Signature & designation of referring M.O./Specialist
প্রেরক হাসপাতালের চিকিৎসকের স্বাক্ষর/বিশেষজ্ঞের স্বাক্ষর

Signature/স্বাক্ষর

Designation/পদ

Signature/স্বাক্ষর

Designation/পদ

Date/তারিখ

Time/সময়

Medical Officer
GRA SUB-DIVISIONAL HOSPITAL
1st & 2nd Floor