



STATE HEALTH DEPARTMENT



NAME OF THE
PATIENT

AGE

DATE OF BIRTH
SEX
RELIGION
CASTE
OCCUPATION

DATE OF ADMISSION
TIME OF ADMISSION
PLACE OF ADMISSION

NAME OF THE DOCTOR
FACILITY

NO. OF PATIENTS
NO. OF PATIENTS
NO. OF PATIENTS

NO. OF PATIENTS

NO. OF PATIENTS
NO. OF PATIENTS
NO. OF PATIENTS

NO. OF PATIENTS
NO. OF PATIENTS

STATE HEALTH DEPARTMENT

STATE HEALTH DEPARTMENT, GOVERNMENT OF INDIA

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