

HOSPITAL DISCHARGE SLIP

ADMISSION 3rd time W/D DATE OF ADMISSION 31-7-83
 NO 2837376 RANK W/ONIC
 NAME M. Ali UNIT HQ Reg 191

CATEGORY OF PATIENT	ENTITLEMENT	NAME OF THE PATIENT
<input type="checkbox"/> SERVING	<input type="checkbox"/> SELF →	<input type="text"/>
<input type="checkbox"/> RETIRED	<input type="checkbox"/> FATHER →	<input type="text"/>
<input type="checkbox"/> SHAHEED	<input type="checkbox"/> MOTHER →	<input type="text"/>
<input type="checkbox"/> CNE(E)	<input checked="" type="checkbox"/> WIFE →	<input type="text"/>
<input type="checkbox"/> CNE	<input type="checkbox"/> SON →	<input type="text"/>
<input type="checkbox"/> NCF	<input type="checkbox"/> DAUGHTER →	<input type="text"/>

TYPE OF ADMISSION
 ROUTINE
 FROM MRC
 FROM OPD
 TRANSFER
 MED BOARD CASE
 RE-ADMISSION
 REFERRED CASE
 BROUGHT IN DEAD

AGE 30 1/2 GENDER MALE FEMALE

PRIMARY DIAGNOSIS
 ICD NUMBER SVD
 SECONDARY DIAGNOSIS
 TREATING PHYSICIAN

DATE OF DISCH 01-8-83
 PATIENT DISPOSAL ROUTINE DISCHARGE
 SVC DISPOSAL (IF ANY) RTA

DISCHARGE ON REQUEST
 LEFT AGAINST MEDICAL ADVICE
 TRANSFERRED
 DIED

SICK LEAVE (IF ANY)

MOHC Case _____
 Countersigned _____
 CO Hosp _____

COMBINED MILITARY HOSPITAL SKARDU

Muhammad Salam Ali S.No. 288

BIRTH CERTIFICATE

1. Name of Patient 2857376
2. No. Rank and Name of Husband of the Patient W/o NIK M-Ali
3. Unit HQ 19 Div
4. Date of Admission 31-7-23
5. Date & Time of birth of the child 31-7-23
0930 PM
6. Sex of Child Baby boy
7. Caste of religion of the father _____
8. Place of residence of the father _____
Vill _____ P.O _____
Tehsil _____ Distt Ghanche
9. Name of Dr/Dai who attended the mother at the Time of delivery.

Date 01-8-23


MO I/E Family Hospital

COUNTERSIGNED