

**Government of West Bengal
Department of Health & Family Welfare
PHP Branch**

No. HF/O/PHP/47/2 -03/2004

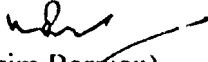
Dated, Kolkata, the 21.01.2004

ORDER

In partial modification of the existing orders in this respect it is hereby ordered that the requisite forms for admission of TB patients in different State-run TB Hospitals/Sanatoria will henceforth be available from the Office of the Director TB Demonstration and Training Center (STDC) at Calcutta Medical College and Hospital, College Street, Kolkata and also from the Offices of the Superintendents of different Government-run Hospitals/Sanatoria

It is further ordered that the meeting of the Central Selection Committee for admission of TB patients in different T B Hospitals/Sanatoria under the Government will henceforth be held in the Office of the Director, State TB Demonstration and Training Centre at Calcutta Medical College and Hospital on every Wednesday as scheduled before. The existing Central Committee is hereby reconstituted as following :

1. Addl. DHS (TB) cum STO – Chairman
 2. Addl. DHS (B) cum Director STDC Calcutta Medical College
Member – Convener
 3. Joint DHS (B) Member
 4. Head of the Department Chest CMC / or his representatives – Member
 5. One Chest Physician from STDC – Member
3. The application form for admission will also be available in the website [www:wbgovt.health.org](http://www.wbgovt.health.org).
4. This order will take immediate effect.


(Asim Barman)
Principal Secretary

FORM OF APPLICATION FOR ADMISSION IN FREE/PAYING BED IN T. B. HOSPITALS

Patient's name/রোগীর নাম. Name of Guardian/অভিজবকের নাম...
 (In block letters.)
 Father's Name.
 Present address/বর্তমান ঠিকানা
 Street and House No. Relationship to patient/সম্পর্ক.....
 Town/City/নগর. Address/ঠিকানা.....
 Village/গ্রাম..... Town/City/নগর
 Post Office/ডাকঘর... Village/গ্রাম.
 Police station/থানা..... Post Office/ডাকঘর...
 District/জেলা..... Police station/থানা.....
 Age/বয়স..... Sex/লিঙ্গ..... Religion/জাতি..... Refugee Regn. No.
 Scheduled Tribe- Yes/No Non-Refugee
 Occupation/পেশা..... Government Employee/সরকারী চাকুরে... Yes/No হ্যাঁ/না.....
 (If State Government employee, enclose Employer's certificate)
 Income of patient/রোগীর আয় Total monthly income of family/পরিবারের আয়
 Married/unmarried/widow/divorced/separated/বিবাহিত কিনা.....
 Number of persons in family/পরিবারের লোকসংখ্যা Number of rooms in the house.....
 Number of persons living in the same room with the patient/রোগীর সঙ্গে একই ঘরে কয়জন থাকেন.....
 Was he admitted in any T.B. Hospital previously?/কোন টি বি হাসপাতালে আগে ভর্তি ছিলেন কিনা?
 Has the patient attended any Chest Clinic/কোন চেস্টক্লিনিকে চিকিৎসা হইয়াছে কিনা?
 Name of Chest Clinic/ক্লিনিকের নাম..... Ticket No./টিকিট নং.....
 Names with addresses of nearest Health Centre/Chest Clinic/Hospital/নিকট স্বাস্থ্যকেন্দ্র/হাসপাতাল.....

*Indicate the Hospital of your choice by underline (Names of Hospital given below)/
 কোন হাসপাতালে ভর্তি হইতে চান সেই হাসপাতালের নামের নীচে লগ দিন (নীচে দেখুন)

*N.B.—No guarantee can, however, be given to ensure admission only to the Hospital of choice.
 The above statement is true to my knowledge. Medical certificate is attached.
 I agree to abide by all Hospital rules and to vacate the bed immediately on discharge.

Signature of patient /রোগীর স্বাক্ষর.
 Date/তাং... .

I agree to remove the patient from the Hospital as soon as he/she is discharged.
 রোগীর হাসপাতাল ছাড়িবার আদেশ হইলেই তাকে হাসপাতাল হইতে নইয়া বাইতে রাজী আছি।

Signature of guardian /অভিজবকের স্বাক্ষর
 Date/তাং..

The information given above are true to my knowledge.

Signature of Medical Attendant or responsible person.
 Date

দরখাস্ত কর্তৃক বিনামূল্যে দেওয়া হয়।
 জী-বেডে রোগী ভর্তির জন্য কোন আধিক খরচ লাগে না

A—List of Government T.B. Hospitals—(i) Netaji Subhas Sanatorium, Kalyani, Nadia, (ii) Dr. B. C. Roy Chest Sanatorium, Dhubulia, Nadia, (iii) M.R. Bangur Sanatorium, Midnapore, (iv) K.S. Roy T.B. Hospital, Jadavpur, (v) S. B. Dey Sanatorium, Kurseong, (vi) Rani Ashrumati Memorial T.B. Hospital, Jalpaiguri, (vii) Nirmoy T.B. Sanatorium, Birbhum, (viii) Patipukur T. B. Hospital, (ix) Serampore Gourhati T. B. Hospital, (x) Raja Sarat Chandra Red Cross T.B. Hospital, Malda, and (xi) Darjeeling T. B. Hospital.
 *B—Government reserve T.B. beds in Non-Government Institutions—(i) Balananda Brahmachary Sevayatan,

Doctor's Report

(to be filled in by Regd. Doctor)

1. Diagnosis—Tuberculosis—Pulmonary/Non Pulmonary (Please put (✓) tick mark).
2. X-Ray—(a) Chest—Send recent X-Ray Plate with name and date on it.
(b) L one, joints etc.
3. Complications (please put (✓) tick marks on positive findings only) :—
Fever, Haemoptysis, Pregnancy, Diabetes, Others.
4. Sputum test (Laboratory report to be enclosed) :—

Positive/Negative/Not done
(Please put (✓) tick mark).

5. Treatment—

A. Current and continuing drugs—

- (i) Inj. Streptomycin—duration—
- (ii) I.N.H.—duration—
- (iii) Thiacetazone—duration—
- (iv) Ethambutol—duration—
- (v) Rifampicin—duration—
- (vi) Pyrazinamide—duration—
- (vii) P.A.S.—duration—
- (viii) Others—duration—

B. Previous drugs—durationmonths
.....years.

6. General health (please put (✓) tick mark) : Poor/Average/Good

7. Treatment in a Clinic—

(a) How far is nearest Clinic (including Rural Health Centre)—

1 km/2 kms/3 kms or more (please put (✓) tick mark)

(b) Why Clinic treatment not possible ?

Recommended for admission.....

.....Hospital.

Address

Signature ..

Qualification

Date

Instructions

1. All applications for admission are required to be submitted to the Assistant Director of Health Services (T.B.), West Bengal, Writers' Buildings, Calcutta.

*2. A recent X-ray of Chest with name and date (preferably taken within 3 months) must accompany the application form.

3. Form, not properly filled in, may not be considered.

4. Bonafide refugee T.B. patients are required to submit their applications to the Deputy Controller, Refugee Relief and Rehabilitation Department, 1st floor, 5A, Nurulla Doctor Lane, Calcutta-17, or to this Directorate with attested copy of Refugee Certificate.

5. Scheduled Tribe patients are required to submit requisite Certificate.

6. Names of Government T.B. Hospitals where paying beds are available :

- (i) Netaji Subhas Sanatorium, Kalyani, Nadia.
- (ii) M. R. Bangur T.B. Sanatorium, Digri, Midnapore.
- (iii) S. B. Day Sanatorium, Kurseong.
- (iv) K. S. Roy T.B. Hospital, Jadavpur
- (v) Patipukur T.B. Hospital.
- (vi) Rani Ashramati Memorial T.B. Hospital, Jalpaiguri.

7. A guarantor's letter guaranteeing payment should be enclosed if admission in paying bed is sought for