AME OF THE FIRM DENT NO. 2 DATE. II. No. 2 DATE.	NAME OF THE ITEMS	QUANTITY.	QUANTITY ISSUED.	DATE OF ISSUE.	NAME OF THE PATIENT	SIGNATURE OF THE DUTY STAFF	REMARKS. IF ANY.
I-6/359. 14/11/09. 8944. 25/11/09. Is. CCWS P/B.	Ladis Lunghi.	04 mtrs.	04 mtrs.	14/11/09.	Mr. Apshana Bibi. W/O. Late. The Great Andamanese of S/I.		Issued at spt. ward. during hospitalisation and one day before to their proceeding to Chennai for further treatment
	Cotton duppatta.	02 Nos.	02 Nos.				
	Gaucha. ordinary.	02 Nos.	02 Nos.	14/11/09.			

Social Worker (H.Q.)
A A J V S
Port Blair.

25.11.09