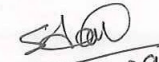


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AME OF THE FIRM DENT No. 2 DATE II. No. 2 DATE	NAME OF THE ITEMS	QUANTITY.	QUANTITY ISSUED.	DATE OF ISSUE.	NAME OF THE PATIENT	SIGNATURE OF THE DUTY STAFF	REMARKS. IF ANY.
1-61 359. 14/11/09. 8944. 25/11/09. 18. CCWS P/B.	Lodis Lungli. Cotton duppatta- Gancha. ordinary.	04 mbs. 02 Nos. 02 Nos.	04 mbs. 02 Nos. 02 Nos.	14/11/09. / 14/11/09.	Mr. Apshama Bibi. W/O. M/co. The Great Andamanese of S.I.	  Social Worker (H.Q.) AAJVS Port Blair.	Issued at spl. ward. during hospitalisation and one day before to their proceeding to Chennai for further treatment  25.11.09