

Form No. 1 (Part A)

Name of the patient: _____ Sex: _____ Age: _____ Date of admission: _____

Address: _____

History of Present Illness: _____
 Past History: _____
 Family History: _____
 Social History: _____
 Allergies: _____

Sl. No.	Date	Examination	Observations	Diagnosis	Treatment
1					
2					
3					
4					
5					

Signature of the Doctor: _____
 Name: _____
 Designation: _____
 Institution: _____



Test Form (Section 1)

Name: _____ Roll No: _____ Date: _____

Section: _____

1. The following are the names of the members of the committee. Write the full name of the member who is the Chairman of the committee.

Mr. A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

2. Write the full name of the member who is the Secretary of the committee.

3. Write the full name of the member who is the Treasurer of the committee.



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Form Report (Appendix 2)

Form Name **Form Code** **Form Title** **Form Description** **Form Number** **Form Version**

Form Author **Form Date** **Form Status**

Form Reviewer **Form Approval** **Form Approval Date**

Form Name	Form Code	Form Title	Form Description	Form Number	Form Version

This report is generated by the system and is used for monitoring the performance of the system. It provides a detailed view of the system's performance over a period of time. The data is collected from the system logs and is used to identify any issues or trends. The report is generated automatically and is available to the system administrators.

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