## **B. P. Form No. 197**

## Bengal Form No 5326

## FROM A.

Daily register of diet supplied to the patients in the police hospital
Date19
(Regulation 1034.)

1	2	3		5				
Item number	Name	rank	Class of	Signature of				
			Full	Half	Milk	Spoon	Extra (Details to be given)	medical officer.
	total							

Memo. Of articles required

	Rice	Atta	Dal	Vegetable	Salt	Oil	Condiments	Sago	Sugar	Tea	Milk	Fuel or charcoal	Meat	Fish	Eggs	Bread
Full diets* Half diets* Milk diets* Spoon diets* Extra* Total	Ch	Ch	Ch	Ch	K	K	K	Ch	K	K	S.C h	S.C h	Ch	Ch	No	No

Total number of	each class	of diet	should	be filled	in from	the ho	rizontal	total	colur	nn of
the upper part of	the form.									
_	•	_								

To contractor for supply.	

Sub-Assistant Surgeron

Received the above articles in good condition.

Sub-Assistant Surgeron