

FORM B

Monthly abstract of cost of diet payable by patients in the Police Hospital during the month  
of.....

(Regulation 1034,1180 and 1188)

Serial No.	Name and Rank	Period in hospital		Total number of days in hospital	Total number of days dieted in hospital	Amount deductible from the pay of each patient.	Remarks.
		From	To				

.....District

Civil Surgeon

The .....19

Certified to be correct

Sub-Assistant Surgeon.

Superintendent of Police