

कार्यालय मुख्य चिकित्सा अधिकारी, बलरामपुर

पत्रांक: चिकि०प्रति०पूर्ति / 2019-20 /

दिनांक- ०५/११/१९

.....  
प्रभारी अधिकारी (लेडी)

.....  
जनपद - थायलप,

.....  
बलरामपुर

आपके पत्र संख्या..... दिनांक २१/११/१९  
के संदर्भ में सूचित करना है कि श्री कुमारी कुमारी के व्यय  
उपचार पर व्यय की जांच कर ली गयी है जांचोपरान्त रू० १०५०५-००

(रू०- १०५०५-००) मात्र  
प्रतिहस्ताक्षर कर वापस किया जाता है।

संलग्नक:- उपरोक्तानुसार।

.....  
मुख्य चिकित्सा अधिकारी  
✓ बलरामपुर

Certificate granted to Mrs/Mr/Miss **Km. Meena Kumari**  
 Wife/Son/Daughter of **Late Dwarika Singh**  
 Dependent on **Sri Surendra Singh**

**CERTIFICATE-A**

(To be completed in the case of patients who are not admitted to hospital for treatment)

I Dr. **Kamblesh Chaudie** hereby certify-

That I charged/received Rs (Nil) for consultations on (Nil)  
 .....at my consulting room/at the residence for the patient.

That I charged received Rs (Nil) for administering .....  
 intacamucular /sub cutaneous injections on between ..... to ..... at my  
 consulting room/at the residence of the patient.

That the patient has been under treatment at **D.H. Balrampur** hospital/my  
 consulting room and that the under, mentioned medicines prescribed by me in this  
 connection were essential stocked in the (name of the hospital) ..... for  
 the supply to private patients and do not include proprietary preparations for which  
 cheaper substances of equal therapeutic value are available not preparations which are  
 primarily foods, toilets and disinfectants.

Sr.No	Date	Store/Hospital	Receipt No	Amount
1	18.07.19	TITAN EYE PLUS	TEP-8173FE	10405.00
2			F2-1	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15		Total	-	10405.00

That the patient is/was suffering from Myopia BB .....and is/was under  
 my treatment from

That the patient is/was not given prenatal or postnatal treatment.

That the X-ray, laboratory test etc. for which an expenditure of Rs. ....  
 was incurred were necessary and were undertaken on my advice at .....

That I referred the patient Dr. ....for specialist consultation and  
 that the necessary approval of the ..... as required under the rules  
 was obtained.

That the patient did not require/required under the rules for hospitalisation

(i) I am not drawing any NPA/NPP.

Verified Rs = 10405.00  
 (Rs = Ten thousand four hundred five only)  
 CIS

**विकिसाधिकारी**  
**बलरामपुर**

Signature & Designation of  
 the Medical Officer in charge  
 of the case at the hospital.

**COUNTERSIGNED**

I certify that the patient has been under treatment at the hospital and that the facilities provided were minimum which were essential for patients treatment.

Place - *Balrampur*  
*26/8/19*

Date .....



Medical Superintendent  
Chief Medical Superintendent  
Memorial Hospital  
Balrampur

महाराजा भगवती प्रसाद सिंह मेमोरियल  
जिला चिकित्सालय, बलरामपुर



वाह्य रोगी टिकट

(केवल पन्द्रह दिन के लिए मान्य)

पंजीकरण संख्या 35894

दिनांक 18-4-19

रोगी का नाम कु मीना कुमारी आयु 60 लिंग

पिता/पति का नाम स्व. कृष्ण सिंह

पता राजमार्ग बलरामपुर

रोग निदान डॉक्टर का नाम

दिनांक	उपचार
	<p>clo ↓ of Vn for Destena correction - RB - <math>\frac{-3.00 \text{ sph}}{-0.25 \text{ Dayl at } 170^\circ}</math> 6/6 WE = <math>-2.75 \text{ sph}</math> 6/6 ✓</p>

आबादी का बढ़ता वाडा, साधन घटते जाते रोज

गर्म में लड़का-लड़की का पता करना- गैर कानूनी है

संयम से रहें, एड्स से बचें

**TITAN eyepius**  
live the new

Customer ID: C7B0017621  
Invoice No: TEP-8173FEF2-1  
Invoice Date: 18/07/2019  
ERP #: ETEP042475

Courier: Delhivery



2365810197396

**BILLED FROM**

TITAN COMPANY LIMITED,  
ETEP - EYEWEAR DIVISION WAREHOUSE,  
SNO 125, KIADB INDUSTRIAL AREA,  
CHIKKABALLAPUR,  
KARNATAKA - 562101  
Phone - 18004199110  
GST: 29AAACT5131A1ZT

**SHIPPING DETAILS**

Meena Kumari C/O Surendra Singh  
Type4/1, District Judge Awaas, Civil  
Court campus  
Balrampur, Uttar Pradesh, 271201,  
Mobile Number: 9667889688

Order No.: TEP-8173FEF2

S. No	SKU Code	Product Description	HSN Code	Qty	MRP (In Rs)	Discount %	Discount (In Rs)	Net Amount (In Rs)														
1	TH1471AA	Tommy Hilfiger Frame	9003	1	₹ 6269.00	0.00%	₹ 0.00	₹ 6269.00														
2		Lens Rx White Titan	9001	1	₹ 4136.00	0.00%	₹ 0.00	₹ 4136.00														
		<table border="1"> <thead> <tr> <th>XTP16RW</th> <th>SPH</th> <th>CYN</th> <th>AXIS</th> <th>PD</th> </tr> </thead> <tbody> <tr> <td>LEFT EYE</td> <td>-2.75</td> <td>0</td> <td>0</td> <td rowspan="2">59</td> </tr> <tr> <td>RIGHT EYE</td> <td>-3</td> <td>-0.25</td> <td>170</td> </tr> </tbody> </table>		XTP16RW	SPH	CYN	AXIS	PD	LEFT EYE	-2.75	0	0	59	RIGHT EYE	-3	-0.25	170					
XTP16RW	SPH	CYN	AXIS	PD																		
LEFT EYE	-2.75	0	0	59																		
RIGHT EYE	-3	-0.25	170																			
Cash on Delivery Charges (Inclusive of tax)								₹ 100.00														
Credits Applied								₹ 10405.00														
<b>Grand Total</b>					₹ 10405.00		₹ 0.00	₹ 0.00														
Rupees Zero only																						

Tax Summary			
S. No.	Taxable val.	IGST	
		Rate	Amount
1	₹ 5597.32	12.00%	₹ 671.68
2	₹ 3692.86	12.00%	₹ 443.14
COD charge	₹ 178.57		₹ -78.57
Total	₹ 9468.75		₹ 1038.25

**Payment Details:**

Mode : No Payment Information Required  
Advance : ₹ 0.00  
Balance Receivable : ₹ 0.00

**Billing details:**

Meena Kumari  
Type4/1, District Judge Awaas, , Civil  
Court campus, Balrampur  
Uttar Pradesh-271201  
Mobile Number: 9667889688

**Disclaimer:** Please refer the Warranty Card attached with the mail for a specific brand or product warranties.

Registered Address: No.3, SIPCOT INDUSTRIAL COMPLEX, HOSUR-635126 - CIN NO.L74999TZ1984PLC001456

Call Us : 1800-419-9110 (Toll Free)

Email Us : contactus@titaneyepius.com

For more details on our policies, please visit <https://www.titaneyepius.com/our-policies>

*Vanpial*  
जिला अधिका निर्यत्रण अधिकारी  
ननपद-बलरामपुर