

कार्यालय मुख्य चिकित्सा अधिकारी, बलरामपुर

पत्रांक: चिकि०प्रति०पूर्ति/2019-20/143

दिनांक- 19/11/19

पुंगरी अधिकारी (लेखा)

जनपद - शायालप,

बलरामपुर

आपके पत्र संख्या 210..... दिनांक 31/11/19.
के संदर्भ में सूचित करना है कि श्री सुरेश सिंह..... के पुत्री.....
उपचार पर व्यय की जांच कर ली गयी है जांचोपरान्त रू०..... 6,54,200.
18,471.00
रू० 25,219.00

(रू०-पुत्री (4) हजार तो रू० 3-11).....)मात्र
प्रतिहस्ताक्षर कर वापस किया जाता है।

संलग्नक:- उपरोक्तानुसार।


मुख्य चिकित्सा अधिकारी
बलरामपुर

Photo copy attested.


DISTRICT JUDGE
BALRAMPUR

Certificate granted to Mrs/Mr/Miss *Sri Surendra Singh*
 Wife/Son/Daughter of Sri *Dwarika Singh*

CERTIFICATE-A

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

I Dr. *Kamlesh Chandra* hereby certify-

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

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

That the patient has been under treatment at *Memorial 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	31-05-19	<i>Titan Company Limited</i>	<i>BBV0044569</i>	<i>18477.00</i>
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15			<i>Total</i>	<i>18477.00</i>
16				
17				

*Receipt of Rs = 18477.00
 Rs = Eighteen thousand four hundred and seventy seven only
 of*

That the patient is/was suffering from *Myopia with Presbyopia* 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.

Dr. Kamlesh Chandra 08/07/2019.
 Signature & Designation of
 the Medical Officer in charge
 of the hospital.

Photo copy attested.
Surender 16/8/2019
**DISTRICT JUDGE
 BALRAMPUR**

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
Date ... 8/3/19

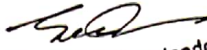

Medical Superintendent
Chief Medical Officer
Memorial Hospital
Balrampur

Photo copy attested


16/1/2019
DISTRICT JUDGE
BALRAMPUR

डालें वोट बूथ पर जायें
लोकतंत्र का पर्व मनायें

महाराजा भगवती प्रसाद सिंह मेमोरियल
जिला चिकित्सालय, बलरामपुर



वाह्य रोगी टिकट

(केवल पन्द्रह दिन के लिए मान्य)

पंजीकरण संख्या 36421

दिनांक 20-11-19

रोगी का नाम..... Surendra Singh आयु 56.5 लिंग.....
पिता/पति का नाम..... S/o Smt. Suresh Chandra Singh
पता..... No. 10, Taji Jag, Kalkaji, B.L.P.
रोग निदान..... डाक्टर का नाम.....

दिनांक	उपचार
10/11/19	RE -4.50 Dsph -0.25 Dph 100 b/b LE -5.50 Dsph -0.25 Dph 100 b/b Ad both eyes for reading +2.25 Dsph N16 left eye for early +2.25 Dsph N16 2 10/11/19

आवादी का बड़ता बोझ, साधन घटते जाते रोज

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

संयम से रहें, एड्स से बचें

Photo copy attested.

Sunder
16/11/2019
DISTRICT JUDGE
BALRAMPUR

Order No : TLMG047285

TITAN COMPANY LIMITED
TAX INVOICE
ORIGINAL

Invoice No : BBV0044569
Invoice Date: 31/05/2019

From
TITAN COMPANY LIMITED
Nagar Mahapalika No 16(31/41)
Mahatma Gandhi Marg
Hazratganj
LUCKNOW - 226001
PhoneNo:0522-4066102 Email:tlmg@titan.co.in
GSTIN No 09AAACT5131A2ZU
State code 9 / Uttar Pradesh

To
CBV0028472
MR. SURENDRA SINGH
Type Iv/I , District Judge Awas
Balrampur
+91-9451585372
Unified Loyalty No.: 700141010863
State Code : 9 / Uttar Pradesh

S.No	Item Code	Item Description	HISN Code	Qty	Unit Price	Amount	Discount %	Discount Amount	NetAmount
1	FRB5268511950	F - Rayban							
2	ZTPTRHG	Lens Rx White Titan	9003	1	6390.00	6390.00	15.00	958.50	5431.50
3	ZTPTRHG	Lens Rx White Titan	9001	1	7247.50	7247.50	10.00	724.75	6522.75
	Round Off		9001	1	7247.50	7247.50	10.00	724.75	6522.75
	Total								0.00
Promotions Applied : Rs.2408.00									
						20885.00		2408.00	18477.00

Invoice Amount(value/in words): 18477.0/EIGHTEEN THOUSAND FOUR HUNDRED SEVENTY SEVEN RUPEES ONLY
Adv.No 1 : ABV0034932, Credit card:18475.00, Taxable Val. : 0.0, SGST(0%) : 0.0,CGST(0%) : 0.0,IGST(0%) : 0.0
Fitting Charges Free. Comfort Call Timings : 10/06/2019 15:30:05 (24-Hours)
E&OE

Tax summary							
S.No	Taxable val.	SGST		CGST		IGST	
		Rate	Amount	Rate	Amount	Rate	Amount
1	4849.55	6.00	290.97	6.00	290.97		
2	5823.88	6.00	349.43	6.00	349.43		
3	5823.88	6.00	349.43	6.00	349.43		
Total	16497.31		989.83		989.83		

TITAN EYE PLUS
FOR THE P.B.S. TRAIL

For Titan Company Limited
Authorised Signatory

Registered Office -
3 SIPCOT INDUSTRIAL COMPLEX HOSUR -635 126 - CIN NO. L74999TZ1984PLC001456
For any concerns or feedback, please call TOLL FREE no. 1800 4198000 or email titaney+ @titan.co.in. Please visit our website
www. titaneyplus.com for more details/information.

Handwritten signature
31/07/2019
SP. Eye Surgeon
Memorial Hospital
Balrampur

Photo copy attested.
Handwritten signature
16/11/2019

DISTRICT JUDGE
BALRAMPUR