



**All India Institute of Medical Sciences, New Delhi**  
**REIMBURSEMENT CERTIFICATE FOR INDOOR PATIENT (ESSENTIALITY CERTIFICATE 'B')**  
 (To be filled by the concern Physician/Surgeon)

A. 1. Name of the treating Doctor: NR DAS Unit: G.I. Surgery  
 2. Name of the patient: Amrita Chandhary w/o Vinay Chandhary ADJ  
 3. Address of the patient: Dkt. Court No. D/A  
 4. Period of treatment from: 21-7-2018 To 05-08-2018

B. I Dr. NR DAS hereby certify that the above mentioned patient is/was suffering from ca. colon and under my treatment & care from 21-7-18 to 05-08-2018 at All India Institute of Medical Sciences Hospital and that the under mentioned Drugs/lab test/X-Ray prescribed by me in this connection were essential for the recovery of serious deterioration of the patient.

C. The medicines are not stocked in the A.I.I.M.S. Hospital/Dispensary for supply to the patient.

S.No.	Name and Nature of Charges	Amount
1.	Hospital charges Bill	76404/2
2.	Drugs purchase from outside	2
3.	X-ray from outside Hospital	2
4.	Lab test done from outside	2
5.	Misc (Item)	2
Total		76404/2

List Attached as Annexure "A"  
 Amount in words: Seventy seven thousand four hundred four only (77504)  
Seventy seven thousand four hundred four only

Name & Signature of Treating Surgeon/Physician  
 (Pl. write name in Block letters)

I certify that the service of the special nurse / attendant for which an expenditure of Rs. 77504/- incurred vide bills and receipts attached were essential for the recovery / prevention of serious deterioration on the condition of the patient.

Signature of Medical Officer Incharge

I certify that the Patient has been under treatment at the A.I.I.M.S. Hospital and thus facilities provided were the minimum which were essential for treatment.

No.:  
 Date: 26/00  
 Place: 3/12/19

[Signature]  
 MEDICAL SUPERINTENDENT  
 A.I.I.M.S. HOSPITAL

**DECLARATION**

I certify that I am not beneficiary to the C.G.H.S. or my case is referred by C.G.H.S. I hereby declare the statement in this form are true to the best of my knowledge and belief and that our person for whom medical expenditure was incurred is wholly upon me.

[Signature]  
 Signature of the Govt. Servant &



**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
Ansari Nagar, New Delhi-110029

Phones } 26588506  
          } 26588700

Receipt No.: ACCOLN15-1877102/201819  
Received From: Original Hospital Receipt  
OPD/IRD No.: MRS. AMITA CHAUDHARY - Age 45 Yrs @ Slno. 18  
ON ACCOUNT OF Date: 16.06.2018 (OPD)

Dated: 11.07.2018  
Patient Type: General  
Room No.:



Sl No.	Service Name	Quantity	Rate	Net Amount
1	ADVANCE - ONE ADMISSION FOR RESERVE B WITH OPD	20	2200.00	2200.00

Payment Mode: Cash  
INR (Rs.): 22000.00  
Rs. in Words: Rupees Twenty Two Thousand Only

MR. SANJAY SINGLE WINDOWS



Rajjohani Medicos  
Shambu

- 98,7 3,760 6.64

OPW-4th

code free - 406

For GST Billing Software MSB Ep. 81-20-8000, 4465500, 20200300

ORIGINAL

**GST INVOICE/CASH MEMO**

**RAJNANI PHARMACEUTICALS**

Chemist & Druggist,  
32/1-2, MANGEMATI YARUF SARAI,  
NEW DELHI-110016  
Phone : 9717679047, 9013816727  
D.L.No. : S(1826)14 R/W  
GST No. : 07AAHFT3328LZ3  
CITY : PACH POKHILLARIS  
50-000 IPC a FREESTYLE OPTIMUM T

Inv. No. : RT-0011400  
Name: ANITA CHAUDHARY  
Add. : 406/P/D

Dr. : ALIMS

M.S.P. BATCH  
24.00 4500167782 4/19 12.0 15.00 0.00 750.00

DATE : 21/07/2018

Rs. Seven Hundred Fifty Only

All disputes subject to DELHI Jurisdiction only  
Medicines without Batch No. & Exp.  
will not be taken back.

PLEASE PAY = 750.00

for RAJNANI PHARMACEUTICALS

Please consult Dr. Before using the medicines  
E & D.E.

GST INVOICE

Page No: 1 of 1

**Pioneer Medicos**

CHEMISTS & DRUGGIST

Shop No. 582, Gate No-2, Saketjung Hospital, OPP. ARMS  
New Delhi - 110025 Ph. 011-26175037

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GST No: 07AAFPQ287A1Z

D.L. No.: G(1110)13-R

CASH MEMO NO **80450**

DATE: **30/07/2018**

NAME: **ANITA CHOUHARY**

Pr. By: **Dr. ALIMS**

ADDRESS:

S.NO	QTY	PACK	DESCRIPTION	BATCH	EXP. DATE	RATE	AMOUNT
1.	1	30 TAB	TENVIR TAB	GFR0007	02/21	1000.00	1000.0
2.	70	1450	AUTIKIN CAPS	R20-18272H	09/19	102.34	102.1
3.	12	6'S	TREXAXA-500MG TAB.	KT4227A	09/20	99.29	198.5
4.	10	10	ACTAPID 100MG TAB	U800001	11/19	190.00	190.0
5.	4	124	CABGOLIN-0.25MG TAB	8952629	10/19	160.00	160.0

1296.75 x 12 % = 155.60  
189.12 x 5 % = 9.46

PAID \$1 82.53  
GST 82.53

TOTAL AMT 1550.94  
LESS GST 1651.00  
NET AMT (INR)

All quantities are subject to Dem. Inspection  
Weights of Medicines are inclusive of all taxes  
Goods once purchased, can be returned in 30  
days after 2 days with date original bill  
C.S.O.P.

**MOHIT**  
for PIONEER MEDICOS

Contact: 011-26175037



अरु भाउ आउ वलु संउ अस्पताल  
A.I.I.M.S. HOSPITAL

30/7/18

PRESCRIPTION SLIP

Name :-

Mrs Anita Choudhary

UHID. No. ....

O.P.D./Ward

OPD 10/406

Rx.

- T. Tenuir 300g - 1pk.
- T. Actin - 10
- T. Trenaxa 500g - 10
- T. Actapre - 10
- T. Cabergoline tabs 0.25g - 10

2

ORIGINAL

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BSF INVOICE/CASH MEMO

TO: RT 001333

✓

PLEASE PAY 27500.00

A



ISP File

http://92.168.15... example.com/.../.../...



**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**Ansari Nagar, New Delhi-110029**

Phone) 26588500  
26588700

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Type No: 2018018001780

Receipt No.:  
Received From:  
OPD/MBD No.:  
ON ACCOUNT OF

ACCOUNTS 140309201819  
(Original Hospital Receipt)  
MRS. ANITA CHAUHARY, Age: 45 Yrs 0 Moon 15  
Days  
10386269 (OPD)

Dated:  
Patient Type:  
Room No. 1  
General

Sl No.	Service Name	Quantity	Rate	Net Amount
Printed on 10/01/2018 13:22:50 PM				

Payment Mode:  
INR (Rs.):  
Rs. In Words

Cash  
20000.0  
Rupees Twenty Thousand Only

MRS ANITA CHAUHARY