

प्रेषक,

मुख्य चिकित्सा अधिकारी,  
कुशीनगर।

सेवामें,

पीठासीन अधिकारी,  
मोटर वाहन दुर्घटना

दावा न्यायाधिकरण

कुशीनगर।

सं०:मु०चि०अ० / चि०प्र०पूर्ति / 2022-23 / 7814

दिनांक: 23/01/23

विषय:-चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपरोक्त विषयक के सम्बन्ध में आपके पत्र संख्या- 2/22प्र.रि.सी.टी./कुशी.०.....  
दिनांक: 21.11.2023.....के सन्दर्भ में अवगत कराना है कि आपके अधिष्ठान में कार्यरत/सेवा  
निवृत्त कर्मचारी श्री/श्रीमती/कु०/डॉ०..... जमशेद अली.....के  
द्वार स्वयं/पुत्र/पुत्री/पति/पत्नी/पिता/माता के इलाज पर हुए व्यय से सम्बन्धित दवाओं के  
बिल एवं वाउचर का अवलोकन किया गया।

उक्त के परिप्रेक्ष्य में चिकित्सा प्रतिपूर्ति दावों का तकनीकी परीक्षण कर अनिवार्यता प्रमाण  
पत्र पर देय धनराशि रू० 6520/- (रू० छः हजार पांच सौ बीस रुपये)  
मात्र) इंगित करते हुए तदनुसार अनिवार्यता प्रमाण पत्र को प्रतिहस्ताक्षरित कर दावे को मूल रूप  
में समस्त बिल/बाउचर्स इस पत्र के साथ संलग्न कर आवश्यक कार्यवाही हेतु प्रेषित है। एस०जी०  
पी०जी०आई०, लखनऊ/के०जी०एम०यू०, लखनऊ/एम्स, नई दिल्ली के रेट अनुसार कटौती की  
गयी है।

चिकित्सा अनुभाग-6 के शासनादेश संख्या-2275/5-06-11-1082/87 दिनांक:20  
सितम्बर, 2011 एवं उत्तर प्रदेश सेवक (चिकित्सा परिचर्या प्रथम संशोधन) नियमावली संख्या-474  
/-6-14-1082/87 टीसी दिनांक:04.03.2014 में दिये गये निहित प्राविधानों के संज्ञान लेते हुए  
दावे का भुगतान नियमानुसार करने का कष्ट करें।

संलग्नक-उपरोक्तानुसार समस्त बिल बाउचर्स मूलरूप में।

भवदीय,

मुख्य चिकित्सा अधिकारी,  
कुशीनगर।

## APPENDIX VIII Form of Certificates A - B

Certificate granted to Mrs./Mr./Miss Shahin Sitara w/o Sh. Jamshed Ali, P.O.  
M.A.C.T. KHUSHINAGAR PADRAUNA.

### CERTIFICATE "A"

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

1. Dr. VAIKUNTH AGGARWAL hereby certify,
- (a) That the charged and received Rs.-----for consultation on -----(dated to be given ) at my consulting room at the residence of patient.
- (b) That I charged and received Rs.....for administering .....intra-muscular-injections on .....sub-cutaneous at my consulting room.....at the residence of the patient.
- (c) that the injections administered were for immunising or prophylactic purposes. Were not.
- (d) that the patient has under treatment at hospital/my consulting room and the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in condition of the patient. The medicines are not stocked in the v.....v. for supply to private patients,.....(name of the hospital) and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily/ foods, tonics or.

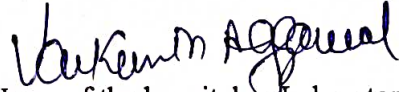
SL.	NAME OF MEDICINES	PRICE	
1	Bill No 1971/22-23 Dt. 06-12-2022	14000=00	3154
2	Bill No T032356 Dt. 02-12-2022	520=00	8000-
3			
4			
	Total	14520=00	8000

(e) That the patient is/was suffering from and is/was under my treatment from 02-12-2022 to 06-12-2022

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

(g) That the X-Ray, Laboratory test, etc. for which on expenditure of Rs...../- was incurred were necessary and were undertaken on my advice at Shanti Madan Hospital M 2N.

NOTE-

  
 (Name of the hospital or Laboratory)  
 Dr. Vaikunth Aggarwal  
 B.D.S., M.D.S.  
 Endodontist

p(h) That referred the patient to Dr.....for specialist consultation and then  
the necessary approval of the.....(Name of the Chief).....  
.....as required under the rules (Administrative Medical Officer of state)  
(i) that the patient did not required hospitalisation.....required.

Date...19-12-2022

*Vaikunth Aggarwal*  
Signature & Designation  
Medical Officer and Incharge  
Dispensary to which attached  
Dr. Vaikunth Aggarwal  
B.D.S., M.D.S.  
Endodontist

N.B.:Certificates not applicable should be struck off.  
Certificates(a) is compulsory and must be filled my by the Medical officer in all cases.

COUNTERSIGNED  
*Passed for Rs 6520=00*  
*(Rs. Six Thousand five hundred)*  
*(Twenty only)*  
*Vaikunth Aggarwal*  
Medical-superintendent Aggarwal  
hospital  
B.D.S., M.D.S.  
Endodontist

I Certify that the patient has been under treatment at the ----- and that the  
facilities provided were the minimum which were essential for the patient's treatment.

Place: MZN.

Dated: 19.12.2022

*[Signature]*  
मुख्याधिकारी  
कुसागर  
.....Medical Superintendent of  
Dr. Vaikunth Aggarwal  
hospital  
B.D.S., M.D.S.  
Endodontist

'Health TO All Who Enter Here'

# SHANTI MADAN HOSPITAL

(A Unit of Hans Nursing Home Pvt. Ltd.)  
244, Civil Lines North, Muzaffarnagar 251001, (U.P.)  
Ph. No. 0131-2646211

## CASH RECEIPT

Receipt No. : 1971/22-23  
Reg No. : 13  
Patient Name : Mrs. Sahin  
Doctor Name : Dr. Vaikunth Agarwal  
UHID No : 202212086

Date : 06/Dec/2023:05 pm  
Age/Sex : 48 Yrs. /Female  
Narration :  
Mobile : 9457861266

SNo	Lab. Tests / Inj. & Dressing / Disposable	Rate ₹
1	Root Canal Treatment	6000
2	CAD CAM CROWN	8000

**Total** : 14000

**Net Payment** : 14,000

**Paid** : 14000

: FOURTEEN THOUSAND RUPEES ONLY

*Vaikunth Agarwal*  
(Auth. Signature)  
Dr. Vaikunth Agarwal  
B.D.S., M.D.S.  
Endodontist

34

3000 -  
3000

~~6000~~

TAX INVOICE

S.M. DISPENSARY | No. : T032356  
 1, CIVIL LINES NORTH,  
 MUZAFFARNAGAR.  
 Phone : 9837037026  
 GSTIN : 09ACHPD7523J1Z1  
 Licence No. : MOZ-2018/20-21/00042,

| Date: 02-12-2022  
 | Name: SHAHIN SITARA  
 | Add.:  
 | Dr. : CDR VAINKUNTH AGGARWAL  
 | TIME : 14:13

PARTICULARS	BATCH	HSN	EXP.	M.R.P.	QTY.	DIS%	GST%	AMOUNT
1 AUGMENTIN VIAL	NT1476	3004	8/23	140.97	1	0.00	12.00	140.97
2 ALERKIM INJ	AS22067	3004	8/24	5.22	1	0.00	12.00	5.22
3 DYNAPAR AQ-INJ	D23S413	3004	2/24	33.46	1	0.00	12.00	33.46
4 SPORIDEX CV375	DFD3604A	3004	7/24	24.00	6	0.00	12.00	144.00
5 BECOGOLD M TAB	BGF-1184	2016	4/23	15.00	3	0.00	18.00	45.00
6 SERENA-DP	IDT-1070	3004	4/24	8.60	9	0.00	12.00	77.40
7 YPAL-DSR TAB	IDC-212	3004	8/23	8.90	6	0.00	12.00	53.40
8 Despo- 10 ML	217103NC1	3004	3/27	8.00	1	0.00	12.00	8.00
9 Despo-2 ML	235021NGI	3004	7/27	3.00	3	0.00	12.00	9.00
10 KETOF DT	WNH0069	3004	4/24	7.98	4	0.00	12.00	31.92

11\*\* GET WELL SOON \*\*

CLASS	TOTAL	DISC.	TAXABLE	GST	TOTAL	=	548.37
GST 5.0%	0.00	0.00	0.00	0.00	DIS AMT.	=	28.52
GST 12.0%	503.37	26.18	426.05	51.14	NET TOTAL	=	519.85
GST 18.0%	45.00	2.34	36.16	6.50	ROUND OFF	=	0.15
GST 28.0%	0.00	0.00	0.00	0.00	GRAND TOTAL	=	520.00

Rs. Five Hundred Twenty Only  
 All disputes subject to MUZAFFARNAGAR Jurisdiction only  
 \*Items Damage, Without Batch No. & Exp  
 will not take back. for S.M.DISPENSARY  
 \*Please consult your prescriber before use

*Signature*  
 Dr. Vainkunt Aggarwal  
 B.D.S., M.D.S.  
 Endodontist

# SHANTI MADAN HOSPITAL

Always caring, Always here.

**Dr. Vaikunth Aggarwal**  
B.D.S., M.D.S.  
Root Canal Specialist & Implantologist

Dental

J. No. RMEE1901351

Sugar

B.P.

Blood Thinners

Allergic to any Medication

**Dr. Saloni Aggarwal**  
B.D.S., PGDHA  
(Apollo Hospital Delhi)  
Dental Surgeon



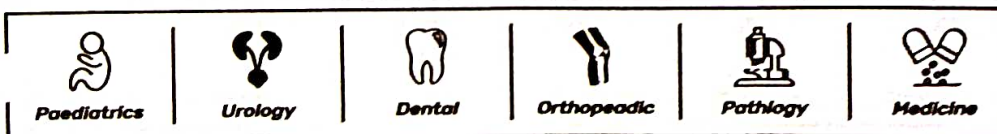
0/12/2022

## Emergency Certificate

This is to certify that Mrs. Seeha Satara, Age 48 years  
P/O Shanti Nagar, Civil Court Campes, Muzaffarnagar Distt  
a severe pain & swelling on lower front tooth region.  
and emergency procedure on tooth number (57)

*Vaikunth Aggarwal*  
Dr. Vaikunth Aggarwal  
B.D.S., M.D.S.  
Endodontist

Specialised in single sitting RCT.  
Implant supported fixed prosthesis



Saturday  
Evening Closed

Not for medico legal purpose

A Multi-Speciality Modern Hospital

Timings : Morning : 10:30 am to 3:00 p.m. | Evening: 6.00 p.m. to 8:00 p.m.

Valid for 15 Days

244, North Civil Lines, Opp. Thana Civil Lines, Muzaffarnagar (U.P.)

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Root Canal Specialist & Implantologist

Dental

No. RMEE1901351

DHIS = 2022/2008

**Dr. Saloni Aggarwal**  
B.D.S., PGDHA  
(Apollo Hospital Delhi)  
Dental Surgeon



Sugar  
B.P.  
Blood Thinners  
Allergic to any Medication

Mrs Sahin Age - 48.  
Shaher

2/12/22

OM

~~AST~~

Del - P... (65)

Spl

Spl

Repl

(65)

Wood - 06/12

(R)

Spondylo...

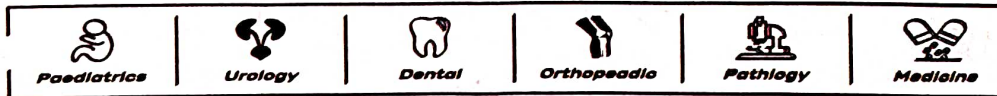
Repl

R...  
H...

130

Specialised in single sitting RCT.  
Implant supported fixed prosthesis

Saturday  
Evening Closed  
Not for medico legal purpose



A Multi-Speciality Modern Hospital

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9760 25 4747 | 9634 18 3737 @ shantimadanhospital.com info.shantimadan@gmail.com

# SHANTI MADAN

## HOSPITAL

Always caring, Always here.

**Dr. Vaikunth Aggarwal**

B.D.S., M.D.S.

Root Canal Specialist & Implantologist

Dental

**Dr. Saloni Aggarwal**

B.D.S., PGDHA

(Apollo Hospital Delhi)

Dental Surgeon



No. RME1901351

Blood Thinners

Allergic to any Medication

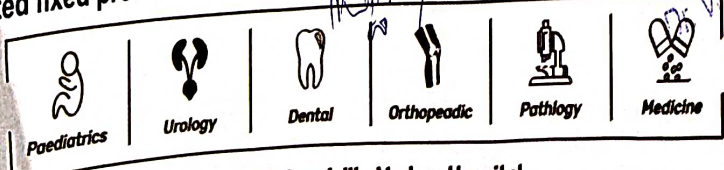
2/12/2022

Shahin Sitara Ag - 48 years  
 Patient Complains Pain & Swelling in Lower Back tooth  
 on examination - grossly decayed tooth  
 Root canal treatment  
 in crown  
 emergency session  
 10/11/2022

Dr. Vaikunth Aggarwal  
 B.D.S., M.D.S.  
 Endodontist

24/12/2022  
 Dr. Vaikunth Aggarwal  
 B.D.S., M.D.S.  
 Endodontist

Specialised in single sitting RCT.  
 Implant supported fixed prosthesis



Saturday  
 Evening Closed

Not for medico legal purpose

A Multi-Speciality Modern Hospital

Valid for 15 Days

Timings : Morning : 10:30 am to 3:00 p.m. | Evening: 6:00 p.m. to 8:00 p.m.

244, North Civil Lines, Opp. Thana Civil Lines, Muzaffarnagar (U.P.)

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21/12/2021

Bmt done + Mineral ds (657)

Case report ds (657)

*Dr. Vaikunth Aggarwal*  
Dr. Vaikunth Aggarwal  
B.D.S., M.D.S.  
Endodontist

21/12/2021

Case report ds (657)

*Dr. Vaikunth Aggarwal*  
Dr. Vaikunth Aggarwal  
B.D.S., M.D.S.  
Endodontist

tuolent charges as follows

Root canal treatment  $\frac{1 \text{ pt}}{657} \times 3000 \times 2 = 6000$

CAD CAM Crown  $\frac{657}{657} = 4000 \times 2 = 8000$   
14000

Recd 14000 Rs with my

*Dr. Vaikunth Aggarwal*  
Dr. Vaikunth Aggarwal  
B.D.S., M.D.S.  
Endodontist

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B.D.S., M.D.S.  
Endodontist