

कार्यालय मुख्य चिकित्सा अधिकारी, बलरामपुर

पत्रांक: चिकि०प्रति०पूर्ति / 2019-20 / 143

दिनांक- 19/11/19

प्रभारी अधिकारी (लेखा)

जनपद न्यायालय,

बलरामपुर

आपके पत्र संख्या 210 दिनांक 21/11/19

के संदर्भ में सूचित करना है कि श्री सुरेश सिंह के पुत्री

उपचार पर व्यय की जांच कर ली गयी है जांचोपरान्त रू० 6742.00

18477.00

रू० 25219.00

(रू०-पच्चीस हजार दो सौ अन्नीस) मात्र

प्रतिहस्ताक्षर कर वापस किया जाता है।

संलग्नक:- उपरोक्तानुसार।

मुख्य चिकित्सा अधिकारी  
बलरामपुर

Certificate granted to Mrs/Mr/Miss *Shri 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)

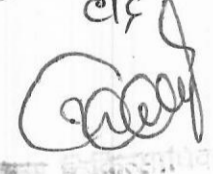
I Dr. *Kamlesh Chandra* hereby certify-

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 .....  
 intcamucular /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				
16				
17			<i>Total-</i>	<i>18477.00</i>

*Receipt Rs = 18477.00*  
*(Rs = Eighteen thousand four hundred and seventy seven only)*  
*CIF*  
  
*4*

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.

*Dudy 08/07/2019.*  
 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 - *Balaram*

Date .... *8/2/19*

  
Medical Superintendent  
Chief Medical Superintendent  
Memorial Hospital  
..... Balaram Hospital

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..... सुरेन्द्रा सिंह आयु 56.5 लिंग.....  
पिता/पति का नाम..... S/o Sd/ Sd/ Sd/ Singh.....  
पता..... No. Tainagar Kalamani B.I.P.  
रोग निदान..... डाक्टर का नाम.....

दिनांक	उपचार
	Um < RE -4.50 Dsp2 -0.25 Dsp 100 6/6 LE -5.50 Dsp2 -0.25 Dsp 100 6/6 Ad <sup>right</sup> eyes for reading +2.25 Dsp M16 left eye for reading +2.25 Dsp M16  20/11/19

आबादी का बढ़ता बोझ, साधन घटते जाते रोज

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

संयम से रहें, एड्स से बचें



A TATA Enterprise

<b>TITAN COMPANY LIMITED</b> <b>TAX INVOICE</b> <b>ORIGINAL</b>		Invoice No : BBV0044569 Invoice Date: 31/05/2019							
Sales Order No : TLMG047285									
<b>From</b> TITAN COMPANY LIMITED Nagar Mahapalika No 16(31/41) Mahatma Gandhi Marg Hazratganj LUCKNOW - 226001 PhoneNo:0522-4066102 Email:timg@titan.co.in GSTIN No:09AAACT5131A2ZU State code : 9 / Uttar Pradesh	<b>To</b> CBV0028472 MR. SURENDRA SINGH Type Iv/1 , District Judge Awas Balrampur +91-9451585372 Unified Loyalty No.: 700141010863 State Code : 9 / Uttar Pradesh								
S.No	Item Code	Item Description	HSN Code	Qty	Unit Price	Amount	Discount %	Discount Amount	NetAmount
1	FRB5268511950	F - Rayban	9003	1	6390.00	6390.00	15.00	958.50	5431.50
2	ZTPTRHG	Lens Rx White Titan	9001	1	7247.50	7247.50	10.00	724.75	6522.75
3	ZTPTRHG	Lens Rx White Titan	9001	1	7247.50	7247.50	10.00	724.75	6522.75
	Round Off								0.00
	Total			3		20885.00		2408.00	18477.00
<b>Promotions Applied : Rs.2408.00</b> 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				
<b>Total</b>	<b>16497.31</b>		<b>989.83</b>		<b>989.83</b>				
<b>TITAN EYE PLUS</b> FREE COMFORT LENS TRAIL & FREE HOME DELIVERY 02-4066102 For Titan Company Limited Authorised Signatory Terms and Conditions Overleaf									
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 titaneye+@titan.co.in. Please visit our website www. titaneyepius.com for more details/information.									