

परिशिष्ट 'ड'

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती Baby Anubha Sr. 201925
 पुत्र/पति/पत्नी श्री Ayan Prakash Tiwari
 आयु 7 वर्ष 6 month
Thall Major / M.D. BMT
 रोग से पीड़ित है। इनका उपचार RACI & RC (चिकित्सालय का नाम)
 में मरीज की अपरिहार्य परिस्थिति/असमर्थता को देखते हुये दिनांक से शुरू किया गया।


 DR. RAJIV KUMAR नाम व मुहर
 MD, DM Clinical Hematology (Vellore)
 Consultant, Hemato-Oncology & BMT
 R.C.I. & R.C., Sec.-V, Rohini, Delhi-65
 MHA Reg: 119/2005

*Self attested
 copy*

Certificate granted to Mrs./Mr./Miss Baby Anba Gms 205927
 Wife/Son/Daughter of Mr. Gyan Prakash Triwani
 Employed in the... ADJ Civil Court Faizabad

CERTIFICATE "A"

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

- I, Dr. Dinush Shurani / Narendra Agrawal / Rajay Ahmed hereby certify :-
- (a) that I charged and received ₹ for consultations on (date to be given) at my consulting room.....
 - (b) that I charged and received ₹ for administering (date to be given) intramuscular injections/subcutaneous on at the residence of the patient.
 - (c) That the injections administered were for/were not for immunizing or prophylactic purposes.
 - (d) That the patient has been under treatment at R.G.C. & R.C. hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations, which are primarily foods, toilets or disinfection.

S.N.	Name of medicines	Prices
1.		
2.		
3.		
4.	<u>List Enclosed</u>	<u>63,255/-</u>
5.		
6.		

- (e) That the patient is/was suffering from Thall major / MUD Transplant PMT from 12.12.19 to 06.01.19 and is/was under my treatment Continuing
- (f) That the patient is/was not given prenatal or postnatal treatment.
- (g) That the X-ray laboratory test, etc. for which an expenditure of ₹ 63,255/- was incurred were necessary and were undertaken on my advice at R.G.C. & R.C. (Name of hospital or laboratory)
- (h) That I referred the patient to Dr. for specialist consultation and that the necessary approval of the (Name of the Chief Administrative Medical Officer of the State), as required under the rules was obtained.
- (i) That the patient did not require/required hospitalization.

Signature & Designation of the Medical Officer
DR. RAJAY AHMED
 Name of the Hospital R.G.C. & R.C. (Vellore)
 Dated
 Consultant, Hemato-Oncology & BMT
 R.G.C.I. & R.C., Sec-V, Rahni, Delhi-85
 DMC REG: 113/2/002

N.B. :- Certificate not applicable should be struck off. Certificate (a) is Compulsory and must be filled in by the Medical Officer in all cases.

Certificate granted to Mr./Miss Baby Anba wife/son/daughter of
 Mr./Miss Gyan Prakash Triwani employed in the ADJ Civil Court Faizabad

*Self History
 appended*

DETAILS OF VOUCHERS/EXAMINATION CHART

Patient Name:-

Name of the Hospital:-

Period of Treatment:-

Sl no	Voucher no	Date	Institute/Chems Name	Amount	Payable amount	Non payable amount
1.	257027	20/8/19	RGCIRC	1100 = 00	1100	
2.	169182	23/8/19	"	2565 = 00	2565 = 00	
3.	257032	03/9/19	"	1100 = 00		
4.	181815	03/9/19	"	14065 = 00	14065 = 00	
5.	183238	04/9/19	"	350 = 00	350 = 00	
6.	146271	29/8/19	"	9300 = 00	9300 = 00	
7.	71365	29/8/19	"	1861 = 00	1861 = 00	
8.	71371	29/8/19	"	284 = 00	284 = 00	
9.	146310	29/8/19	"	2625 = 00	2625 = 00	
10.	3113	29/8/19	"	2075 = 00		2075
11.	176482	29/8/19	"	900 = 00		900
12.	175061	20/8/19	"	8565 = 00	8565 = 00	
13.	185736	06/9/19	"	2565 = 00	2565 = 00	
14.	186088	06/9/19	"	900 = 00		900 = 00
15.	403808	17/8/19	"	15000 = 00	15000 = 00	
Total				63255 = 00	59380 = 00	3875 = 00

Total - 63255

Handwritten signature

DR. RAJAZ AHMED
 MD, DM Clinical Hematology & Oncology
 Consultant, Hemato-Oncology & BMT
 R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
 DMC Reg: No: 84002

मुख्य चिकित्सा अधिकारी
 जगद-जयपुर

Self Administered
 - 20/8/19

10091
10092

ISO 9001
ISO 14001



BABY GANDHI CANCER INSTITUTE
AND RESEARCH CENTRE

A Division of
INDIAN JOURNAL OF CANCER
SOCIETY AND RESEARCH
CENTRE

Sector - V, Elnagar Dabbu - 110003
Tel: 4363333, 4363330 Fax: 91 11 4363333
E-mail: info@bgiindia.net

C.R.No. : 205927

Date: 23/08/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PB SCT on 02/07/2019
CMV+/*

PRESCRIPTION SLIP
DESCRIPTION

Transplant related

E.coli UTI

VOD [day+10 - resolved with supportive care]

Engraftment syndrome [day+12 - received iv steroids]

Graft [Chimerism]

Day+28 - 100% Donor

Infections

CMV reactivation [day+18] - on iv ganciclovir since 20.7.19, 6.8.19 - Negative
IgG levels - 1168 mg/dl [day+15], day+34 - 993

Day+52

1. Syp Cyclosporine 70 mg twice a day
2. Tab Forcan 100 mg once day
3. Tab Bactrim SS - 1OD [Mon/wed/Fri]
4. Syp Acivir 2.5 ml thrice a day
5. Tab Pentids 200 twice a day
6. Tab Udiliv 150 mg twice a day
7. Tab Rantac 150 mg - 1/2 twice daily
8. Tab Magnorate 500 mg thrice a day
9. Syp Calcimax 5ml once a day
10. Tab. Folvite 5 mg once daily
11. Calcirol sachet 60000 U weekly

Review on 28/08/19 with CBC, Creatinine, SGPT, BilirubinT/D, K+, Mg+2, LDH,
cyclosporine level _{9 CMV}

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumcet/Faran/Vishvdeep
MD., DM
Haemato-Oncologist

VISHVDEEP KHUSHOO
DM-CLINICAL HEMATOLOGY
(CMV VELLORE)
Consultant Hematology
DMC-87016

Self Attached
[Handwritten signature]

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RAJIV GANDHI CANCER INSTITUTE
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SOCIETY AND RESEARCH
CENTRE

Sector - V, Rohini, Delhi - 110085
Tel.: 47022222-47022230 Fax: 91-11-47022237
E-mail: rcrc@rci.net

C.R.No. : 205927

Date: 02/09/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019
CMV+/-

PRESCRIPTION SLIP

DESCRIPTION

Transplant related

E.coli UTI

VOD [day+10 - resolved with supportive care]

Engraftment syndrome [day+12 - received iv steroids]

Graft [Chimerism]

Day+28 - 100% Donor

GVHD - Upper GI GVHD Grade 2 - conservative (Improved)

Infections

CMV reactivation [day+18] - on iv ganciclovir since 20.7.19, 6.8.19 - Negative

IgG levels - 1168 mg/dl [day+15], day+34 - 993

Day+65

1. Syp Cyclosporine 90 mg twice a day
2. Tab Forcan 100 mg once day
3. Tab Bactrim SS - 1OD [Mon/wed/Fri]
4. Syp Acivir 2.5 ml thrice a day
5. Tab Pentids 200 twice a day
6. Tab Udilitiv 150 mg twice a day
7. Tab Magnaheal 500 mg thrice a day
8. Syp Calcimax 5ml once a day
9. Tab. Folvite 5 mg once daily
10. Calciorol sachet 60000 U weekly
11. Tab. Domeridone 5 mg thrice daily
12. Tab. Emeset 4 mg thrice daily
13. Tab. Pantop 20 mg twice daily

EBV, chimerism

Give CSA + Routine samples tomorrow

Review on **06/08/19** with CBC, Creatinine, SGPT, BilirubinT/D, K+, Mg+2, LDH, cyclosporine level

Vishwdeep
Dr. Dinesh Bhuram/Rayaz Ahmed/Narendra/ Sumeet/Faran/Vishwdeep
MD., DM

VISHVDEEP KHUSHOO
DM-CLINICAL HEMATOLOGY
(CMV VELLORE)
Consultant Hematology
DMC-67015

*Self assistance
expected*

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CENTRE

Sector - V, Rohini, Delhi- 110085
Tel. 47022222-47022230 Fax: 91-11-47022237
E-mail: rgscrc@eth.net

C.R.No. : 205927

Date: 03/09/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019
CMV+/-

PRESCRIPTION SLIP
DESCRIPTION

Transplant related

E.coli UTI

VOD [day+10 - resolved with supportive care]

Engraftment syndrome [day+12 - received iv steroids]

Graft [Chimerism]

Day+28 - 100% Donor

GVHD - Upper GI GVHD Grade 2 - conservative (Improved)

Infections

CMV reactivation [day+18] - on iv ganciclovir since 20.7.19, 6.8.19 - Negative
IgG levels - 1168 mg/dl [day+15], day+34 - 993

Day+66

1. Syp Cyclosporine 90 mg twice a day
2. Tab Forean 100 mg once day
3. Tab Bactrim SS - 10D [Mon/wed/Fri]
4. Syp Acivir 2.5 ml thrice a day
5. Tab Pentids 200 twice a day
6. Tab Udiliv 150 mg twice a day
7. Tab Magnaheal 500 mg thrice a day
8. Syp Calcimax 5ml once a day
9. Tab. Folvite 5 mg once daily
10. Calcirol sachet 60000 U weekly
11. Tab. Domeridone 5 mg thrice daily
12. Tab. Emeset 4 mg thrice daily
13. Tab. Pantop 20 mg twice daily

Stool for opportunistic parasites

Chase EBV, chimerism, CSA

Review on 06/09/19 with CBC, Creatinine, SGPT, BilirubinT/D, K+, Mg+2, LDH,
cyclosporine level

Vishvdeep

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Suneeet Faran/Vishvdeep
MD., DM
Haemato-Oncologist

*Self Administered
- updated*

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CENTRE

Sector - V, Rohini, Delhi-110085
Tel. 47022222-47022230 Fax: 91-11-47022237
E-mail: rgcicc@eth.net

C.R.No. : 205927

Date: 06/09/2019

Patient Name : Amba

Age : 7 yr

Sex: FEMALE

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 02/07/2019
CMV+/-

PRESCRIPTION SLIP
DESCRIPTION

Transplant related

E.coli UTI

VOD [day+10 - resolved with supportive care]

Engraftment syndrome [day+12 - received iv steroids]

Graft [Chimerism]

Day+28 and 60- 100% Donor

GVHD - Upper GI GVHD Grade 2 - conservative (Improved)

Infections

CMV reactivation [day+18] - on iv ganciclovir since 20.7.19, 6.8.19 - Negative
IgG levels - 1168 mg/dl [day+15], day+34 - 993

Day+66

1. Syp Cyclosporine 80 mg twice a day
2. Tab Forcan 100 mg once day
3. Tab Bactrim SS - 1OD [Mon/wed/Fri]
4. Syp Acivir 2.5 ml thrice a day
5. Tab Pentids 200 twice a day
6. Tab Udiliv 150 mg twice a day
7. Tab Magnaheal 500 mg thrice a day
8. Syp Calcimax 5ml once a day
9. Tab. Folvite 5 mg once daily
10. Calcirol sachet 60000 U weekly
11. Tab. Emeset 4 mg thrice daily
12. Tab. Pantop 20 mg twice daily
13. Tab Nizonide 250 mg twice a day till 7/9/19 morning
14. Mucaine gel 5 ml SOS
15. Inj MgSO4 3 gm in 100 ml NS, IV over 5 hours daily x 3 days

Chase EBV

Review on 11/09/19 with CBC, Creatinine, SGPT, BilirubinT/D, K+, Mg+2, LDH,
cyclosporine level

Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumeet/Faran/Vishvdeep

*Self A.H. →
eyebrow*

ml

CASH CARRY RECEIPT

18

Dr. Lal Path Labs Ltd.

19

Name of Courier Boy Tirathu Roy
S. No. 257027 Dated 20/8/19
Name of Collection Centre/Pickup-Point Rajiv Gandhi Hospital
pt. Amber
the sum of Rupees 1100



Rs. 1100/-

Signature
Cash Received by [Signature]
Full Name in
Block Letters (

Cash given by [Signature]

*Self Assistance
not needed*

CASH CARRY RECEIPT

18

Dr. Lal Path Labs Ltd.

19

Name of Courier Boy *Tirathu Roy*
S. No. **257032**
Date: **3/9/19**
Name of Collection Centre/Pickup-Point *Rajiv Gandhi Hospital*
pf - - Amba
the sum of Rupees **1100/-**



Rs. 1100/-

Signature
Cash Received by *[Signature]*
If Name in Block Letters (

Cash given by *[Signature]*

*2019 09 03
11:00 AM*



ISO No. : F/MISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	R/19-20/169182	Date	23-08-2019	Patient	BABYAMBA
CR No	205927			Age/Sex	7 Years/Female
Category	PRIVATE			Ref By	
Location	RGCI				
State Code	7				

Sl.No	Particulars	Unit	Amount(Rs)
1	SERUM CREATININE [Dr. Anurag Mehta]	1	230.00
2	SERUM POTASSIUM [Dr. Anurag Mehta]	1	250.00
3	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	570.00
4	SERUM DIRECT BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	165.00
5	SERUM TOTAL BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	175.00
6	SGPT [IFCC WITH PP] AT 37 C]-C/154 [Dr. Anurag Mehta]	1	230.00
7	SERUM LDH [Dr. Anurag Mehta]	1	460.00
	HAEMATOLOGY		
8	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta]	1	475.00
		Grand Amount	2565.00
		Amount Paid	2565.00

Received with thanks from / on-behalf of BABYAMBA an amount of Two Thousand Five Hundred And Sixty-Five Rupees only (By Cash 2565.00)

[Signature]
Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8296211481
To update mobile no for future correspondence kindly contact our registration desk.

23-08-2019 08:32 am

Printed By : SUNIL_8511

Created By : SUNIL_8511

*out of history
repeated*

*cut of test
repeated*





**Rajiv Gandhi Cancer Institute
and Research Centre**

Accredited by



Green

D-19, Sector-5, Rohini, Delhi-110005, Tel: 491-1111 Fax: 493-0330, 05716-07554916000000 Email: rci@rgci.org Website: www.rgci.org

ISO No. : F/MISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	R/19-20/181815	Date	03-09-2019	Patient	: BABYAMBA
CR No	205927			Age/Sex	: 7 Years/Female
Category	PRIVATE			Ref By	
Location	RGCI				
State Code	7				

Sl.No	Particulars	Unit	Amount(Rs)
1	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta]	1	475.00
BIOCHEMISTRY			
2	SERUM CREATININE [Dr. Anurag Mehta]	1	230.00
3	SERUM POTASSIUM [Dr. Anurag Mehta]	1	260.00
4	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	570.00
5	SERUM TOTAL BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	175.00
6	SERUM DIRECT BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	165.00
7	SGPT (IFCC WITH PP) AT 37 C]-C/154 [Dr. Anurag Mehta]	1	230.00
8	SERUM LDH [Dr. Anurag Mehta]	1	460.00
MOLECULAR DIAGNOSTIC			
9	EBV Quantitative PCR [Dr. Anurag Mehta]	1	6000.00
10	BMT SEX MISMATCH X, Y [Dr. Anurag Mehta]	1	5500.00
Gross Amount			14065.00
Amount Paid			14065.00

Received with thanks from / on-behalf of BABYAMBA . an amount of Fourteen Thousand Sixty-Five Rupees only (By Cash :14065.00)

Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no B299211481. To update mobile no for future correspondence kindly contact our registration desk.

03-09-2019 09:06 am

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SANISHMT

Created By SANISHMT

*cut attestation
re-validated*



9/3/2019 9:23 AM



ISO No. : F/MISC/09-04-01

CASH MEMO (Original Copy)

Receipt No : R/19-20/183238 Date : 04-09-2019 Patient : BABYAMBA .
 CR No : 205927 Age/Sex : 7 Years/Female
 Category : PRIVATE Ref By :
 Location : RGC
 State Code : 7

Sl.No	Particulars	Unit	Amount(Rs)
1	STAIN FOR CRYPTOSPORADIUM [Dr. Anurag Mehta.]	1	350.00
Gross Amount			350.00
Amount Paid			350.00

Received with thanks from / on-behalf of BABYAMBA . an amount of Three Hundred And Fifty Rupees only
 (By Credit Card :350.00, Credit Card No. : XXXXXXXX4763, Date :2019-09-04, Bank :State Bank of India, Card Holder :S)

Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8299211481
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04-09-2019 10.13 am

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SANISHMT

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Call-011-47022222





**Rajiv Gandhi Cancer Institute
and Research Centre**

Accredited By



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D-18, Sector-5, Indira Park, New Delhi-110085 | Tel: +91 11 4702 2222 | GSTIN: CTAART0440C1Z0 | Email: info@rgci.org | Website: www.rgci.org

CASH BILL (Original Copy)

Bill No. : B/19-20/146271

Date : 29-08-2019

Patient : BABY AMBA .

CR. No. : 205927

Age/Sex : 7 Y/F

Category : PRIVATE

Ref By : Dr. Nilin Gupta / Tarun Kumar

Address : H.NO. A-5 JUDGES COMPLEX

RIVER BANK COLONY NEAR RESIDENCY

Location : RGCI

Sl. No.	Department	Particulars	Unit	Amount(Rs)
MINOR OT PROCEDURES				
1		ENDOSCOPY-C/1194[Dr. Nitin Gupta / Tarun Kumar]	1	7500.00
HISTO PATHOL. & CYTOLOGY				
2		HISTOPATH SPECIMEN/REVIEW, BLOCKS 1 TO 2[Dr. Nitin Gupta / Tarun Kumar]	1	1800.00
Gross Amount				9300.00
Amount Covered Under Advance				9300.00

Nine Thousand Three Hundred Rupees Only.

.....
Patient/Attendant

.....
Signature

29-08-2019 02:13 pm

Printed By : SEEMA_6352

Created By : SEEMA_6352

*cut Histology
specimen*



• Bill Details

Care Recipient Name : AMBA

Bill Number : POR/19-20/71365

Consultant Name : Dr. Dinesh Bhurani . Dr Rayaz Ahmed . .

Care Recipient Id : 205927

Bill Date : 29-08-2019 14:15:26

Corporate : RGCI PRIVATE

Sl No.	Item Code	Item	Quantity	Unit	Price	Batch Number	Expiry Date	Amount
1	DSP-S-026	SYRINGE DISPOSABLE 5 ML. WITH NEEDLE-HMD	1.00	NOS	4.43	926051SL2	31-05-2024	4.43
2	DSP-S-239	SINGLE USE BIOPSY FORCEPS	1.00	NOS	1792.00	22630256	09-09-2021	1792.00
3	DSP-M-084	MOUTH GUARD ADULT DISPOSABLE	1.00	NOS	65.00	G1009	30-06-2020	65.00

Grand Total : 1861.43

Final Amount : 1861.43

Amount Paid : 0.00

Current Receivable : 0.00



*Self-Authenticating
Signature*

Bill Details

Care Recipient Name : AMBA .
Bill Number : POR/19-20/71371
Consultant Name : Dr. Dinesh Bhurani . Dr.Rayaz Ahmed ..

Care Recipient Id : 205927
Bill Date : 29-08-2019 14:21:51
Corporate : RGC1 PRIVATE

Sl No.	Item Code	Item	Quantity	Unit	Price	Batch Number	Expiry Date	Amount
1	MED-A-002	ATROPINE INJ (NEON)	1.00	AMP	3.75	KP38044	28-02-2021	3.75
2	MED-P-039	PROFOL SPIVA 1 % 10 ML	1.00	VIA	170.02	A0B1099	30-09-2020	170.02
3	MED-E-017	EFIPRES (EPHEDRINE) 30MG/1ML (NEON)	1.00	AMP	22.85	1231028	30-04-2020	22.85
4	DSP-E-148	ECG ELECTRODES ADULT (MEDICO ELECTRODE)	5.00	NOS	6.92	02219L01AAAA	31-12-2020	34.60
5	DSP-O-014	OXYGEN FACE MASK(PAED)	1.00	NOS	53.33	GRM19C140	28-02-2023	53.33

Grand Total : 284.53
Final Amount : 284.53
Amount Paid : 0.00
Current Receivable : 0.00



*Self Attended
Rayaz Ahmed*



Rajiv Gandhi Cancer Institute and Research Centre

Address: H.No. A-5 Judges Complex, River Bank Colony Near Residency, Sector-5, Preeti Park, Delhi-110085

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D-18, Sector-5, Preeti Park, Delhi-110085 | Tel: +91 11 4700 2222 | GSTIN: 07AAATE0440L2D | Email: info@rgci.org | Website: www.rgci.org

CASH BILL (Original Copy)

Bill No. : B/19-20/148310
 CR. No. : 205927
 Category : PRIVATE
 Address : H.NO. A-5 JUDGES COMPLEX
 RIVER BANK COLONY NEAR RESIDENCY
 Location : RGC

Date : 29-08-2019
 Patient : BABYAMBA
 Age/Sex : 7 Y/F
 Ref By : Dr. Rajiv Chawla

Sl. No.	Department	Particulars	Unit	Amount(Rs)	
MINOR OT PROCEDURES					
1		ENDOSCOPY (ANAES. CHRGS)[Dr. Rajiv Chawla]	1	2625.00	
				Gross Amount	2625.00
				Amount Covered Under Advance	2625.00

Two Thousand Six Hundred And Twenty-Five Rupees Only

Patient/Attendant: _____ Signature: _____
 29-08-2019 02:34 pm Printed By : SEEMA_6352 Created By : SEEMA_6352

*Self Attended
patient*





Rajiv Gandhi Cancer Institute and Research Centre

SI Unit of Integrated Health Care Security
Registered Under Companies Registration Act 1956

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D-18, Sector-5, Rohini, Delhi-110085 | Tel: +91-11-4700 2222 | GSTIN: 07AAAT0440C1ZD | Email ID: info@rgcic.org | Website: www.rgic.org

ISO No. : F/MISC/09-04-05

Receipt (Original Copy)

Receipt No	: SR/19-20/3113	Date	: 29-08-2019	Patient	: BABY.AMBA
CR Id	: 205927			Age/Sex	: 7 Years/Female
Category	: PRIVATE [Cash]			Location	: RGCIC
Address	: H.NO. A-5 JUDGES COMPLEX RIVER BANK COLONY NEAR RESIDENCY				

Particulars	Amount(Rs)
OP Advance Fee	2075.00
Total Amount	2075.00

Received with thanks from / on-behalf of BABY.AMBA : an amount of Two Thousand Seventy-Five Rupees only (By Credit Card :2075.00, Credit Card No. : XXXXXXXX4763,Date :2019-08-29,Bank :State Bank of India,Card Holder :S)

Remarks :

Signature

29-08-2019 02:31 pm

Printed By : SANISHMT

Created By : SANISHMT

-2075
0

Sept 9 Hyderabad





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ISO No. : F/MISC/09-04-01

CASH MEMO (Original Copy)

Receipt No : R/19-20/176482 Date : 29-08-2019 Patient : BABY.AMBA .
 CR No : 205927 Age/Sex : 7 Years/Female
 Category : PRIVATE Ref By :
 Location : RGCI
 State Code : 7

Sl.No	Particulars	Unit	Amount(Rs)
1	PRE ANAESTHETIC CHARGES (O.P.D) [Dr Rajiv Chawla]	1	900.00
Gross Amount			900.00
Amount Paid			900.00

Received with thanks from / on-behalf of BABY.AMBA . an amount of Nine Hundred Rupees only (By Cash :900.00)

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 Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8299211481. To update mobile no for future correspondence kindly contact our registration desk

29-08-2019 10:43 am

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**Rajiv Gandhi Cancer Institute
and Research Centre**

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CASH MEMO (Original Copy)

Receipt No	R/19-20/175061	Date	28-08-2019	Patient	BABYAMBA
CR No	205927			Age/Sex	7 Years/Female
Category	PRIVATE			Ref By	
Location	RGCI				
State Code	7				

SLNo	Particulars	Unit	Amount(Rs)
1	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta]	1	475.00
	BIOCHEMISTRY		
2	SERUM CREATININE [Dr. Anurag Mehta]	1	230.00
3	SERUM POTASSIUM [Dr. Anurag Mehta]	1	260.00
4	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	570.00
5	SERUM DIRECT BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	165.00
6	SERUM TOTAL BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	175.00
7	SGPT (IFCC WITH PP) AT 37 C)-C/154 [Dr. Anurag Mehta]	1	230.00
8	SERUM LDH [Dr. Anurag Mehta]	1	450.00
9	MOLECULAR DIAGNOSTIC Quantitative PCR for CMV [Dr. Anurag Mehta .]	1	6000.00
	Gross Amount		8565.00
	Amount Paid		8565.00

Received with thanks from / on-behalf of BABYAMBA an amount of Eight Thousand Five Hundred And Sixty-Five Rupees/only (By Cash 8565 00)

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ISO No. : F/MISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	: R/19-20/185735	Date	: 06-09-2019	Patient	: BABY,AMBA .
CR No	: 205927	Age/Sex	: 7 Years/Female	Ref By	:
Category	: PRIVATE				
Location	: RGCI				
State Code	: 7				

Sl.No	Particulars	Unit	Amount(Rs)
1	SERUM CREATININE [Dr. Anurag Mehta .]	1	230.00
2	SERUM POTASSIUM [Dr. Anurag Mehta .]	1	260.00
3	SERUM MAGNESIUM [Dr. Anurag Mehta .]	1	570.00
4	SERUM TOTAL BILIRUBIN [DPD] [Dr. Anurag Mehta .]	1	175.00
5	SERUM DIRECT BILIRUBIN [OPD] [Dr. Anurag Mehta .]	1	165.00
6	SGPT [IFCC WITH PP] AT 37 C]-C/154 [Dr. Anurag Mehta .]	1	230.00
7	SERUM LDH [Dr. Anurag Mehta .]	1	460.00
	HAEMATOLOGY		
8	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta .]	1	475.00
Gross Amount			2565.00
Amount Paid			2565.00

Received with thanks from / on-behalf of BABY,AMBA . an amount of Two Thousand Five Hundred And Sixty-Five Rupees only
(By Cash :2565.00)


Signature

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*Self Billed by
Dr. Anurag Mehta*





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ISO No. : F/MISC09-04-01

CASH MEMO (Original Copy)

Receipt No	R/19-20/188088	Date	08-09-2019	Patient	BABYAMBA
CR No	205927			Age/Sex	7 Years/Female
Category	PRIVATE			Ref By	
Location	RGCIC				
State Code	7				

SLNo	Particulars	Unit	Amount(Rs)
1	OPD Consultation (Dr. Divesh Bhasani, Dr.Rayaz Ahmed . .)	1	900.00
Gross Amount			900.00
Amount Paid			900.00

Received with thanks from / on-behalf of BABYAMBA an amount of Nine Hundred Rupees only
 (By Credit Card:900.00, Credit Card No: XXXXXXXX4763, Date: 2019-09-08, Bank: ALLAHABAD BANK, Card Holder: .)

Note : This Receipt is Valid Till 12-09-2019

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08-09-2019 11:35 am

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*Self. Anshu
my father*



Sir Ganga Ram Hospital

RAJINDER NAGAR, NEW DELHI-110060

PHONE : 25750000 Fax : 25861002

GSTIN No.: 07AABTS4366E1ZH, HOSPITAL PAN No.: AABTS 4366E

SIR GANGA RAM HOSPITAL CENTRAL INVESTIGATION CENTRE BILL CUM RECEIPT

(To download your Lab. Reports online, please visit www.sgrh.com and click on 'Patient Portal')

Reg. No. : 2601583	Bill No. : 2019-2020/CA/0/0403808
OPD No. : OP09214485	Bill Date. : 17/08/2019 07:31PM
Name : MISS AMBA	Sex : Female
Age. : 7 Y	Internal Ref: EXTERNAL DOCTOR
Address : C/O RAJIV GANDHI CANCER HOSPITAL RUHINI SECTOR 5 DELHI 110085	Hosp/PSU Ref: RAJIV GANDHI CANCER RESEARCH INSTITUTE
Phone : 8299211481	External Ref:
Location : CENTRAL INVESTIGATION CENTRE	GSTIN : 07AABTS4366E1ZH SAC Code : 999316

No.	Particulars	Unit	Price	Amount
1	RAPID BIOFIRE GASTROINTESTINAL PANEL	1	15000.00	15000.00

Total : 15000.00
Amount Paid : 15000.00

(Received a sum of Rupees Fifteen Thousand only)

Payment Details

Sr No	Mode	Particulars	Amount
1	Cash		15000.00
Total			15000.00

*Self Aided
Hospital*



[Signature]
Signature
(Sachin Sharma)

For Cancellation / Refund of the Bill, any identity Proof in the form of Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory



Sir Ganga Ram Hospital

2

RAJINDER NAGAR, NEW DELHI-110060

PHONE : 25750000, Fax : 25861002

GSTIN No.: 07AABTS4366E1ZH, HOSPITAL PAN No.: AABTS 4366E

(To download your Lab. Reports online, please visit www.sgrh.com and click on 'Patient Portal')

Reg. No. : 2577089
 UPD No. : 0P02084074
 Name : MISS BABY ANNA
 Age : 7 Y
 Address : C/O RAJIV GANDHI
 CANCER HOSPITAL
 ROHINI SECTOR 5
 DELHI 110085
 Phone : 7999582253
 Location : CENTRAL INVESTIGATION
 CENTRE

Bill No. : 2019-2020/CA/0/0295505
 Bill Date : 12/07/2019 12:41PM
 Sex : Female
 Internal Ref: EXTERNAL DOCTOR
 Hosp/PSU Ref: RAJIV GANDHI CANCER
 RESEARCH INSTITUTE

External Ref:

GSTIN : 07AABTS4366E1ZH
 SAC Code : 999316

No.	Particulars	Unit	Price	Amount
1	RAPID BIOFIRE RESPIRATORY PANEL	1	15000.00	15000.00

Total : 15000.00
 Amount Paid : 15000.00

(Received a sum of Rupees Fifteen Thousand only)

Payment Details

Sr No	Mode	Particulars	Amount
1	Cash		15000.00
Total			15000.00



Signature
 (Deepanshi)

For Cancellation / Return of the Bill, any identity Proof in the form of Photo ID, Aadhar Card, Pan Card, Driving License, Passport is mandatory

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expedited*