

परिशिष्ट 'ग'

(भाग पाँच-नियम 16 तथा 18 देखें)

सेवा में,

कार्यालयाध्यक्ष का नाम,

मा. जनपद एवं सत न्यायाधीश

फैजाबाद (अधोघा)

उ० प्र०

विषय :- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।

महोदय,

मैं ज्ञान प्रकाश तिवारी मेरे पारिवारिक सदस्य (नाम) अम्बा

ने 15-03-2019 से 19.09.19 तक बैलीहीमिपा (बिमारी का नाम) के लिए

(दिनांक) से (दिनांक) तक राजीव गांधी केंद्र, गोरखी रोड

(चिकित्सालय का नाम) में उपचार करवाया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ :-

1. उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।
2. उपचारी चिकित्सक द्वारा विधिबत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (विल), बाउचर।
3. यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित है।

मेरे उपचारार्थ विशेष सचिव उ० प्र० शासन (कार्यालय का नाम)

के पत्र संख्या 377/दो-4-2019-53(2)/2018 दिनांक 21.08.19 द्वारा स्वीकृत ₹ 23,75,000/- के अग्रिम का सामायोजन करने के पश्चात् मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

अधिकारी / कर्मचारी का नाम :- ज्ञान प्रकाश तिवारी

पदनाम :- अपर जनपद व सत न्यायाधीश FIC-ग

तैनाती का स्थान :- फैजाबाद

दिनांक :- 21.12.2019

विषयक,

मुख्य चिकित्सा अधिकारी
अयोध्या।

सेवा में,

अध्यक्ष वित्त समिति /
अपर जिला एच सत्र न्यायाधीश,

कक्षा संख्या-08, जगपद न्यायालय फैजाबाद।

पत्रांक - मु0चि0अ0 / चिकित्सा प्रतिपूर्ति / 2019-20 / 3904 दिनांक-4/11/2019

विषय- श्री ज्ञान प्रकाश तिवारी अपर जिला न्यायाधीश की पुत्री कु0 अम्बा के चिकित्सा प्रतिपूर्ति विषयक।

महोदय,

उपरोक्त विषयक आपके पत्र संख्या-5656 दिनांक-9.10.2019 के सन्दर्भ में अवगत कराना है कि श्री ज्ञान प्रकाश तिवारी अपर जिला न्यायाधीश की पुत्री कु0 अम्बा द्वारा प्रदेश के अन्दर/बाहर के संस्थान-Rajiv Gandhi cancer institute and research centre sector-v, Robini delhi दिनांक 15.03.2019 से 19.09.2019 तक रोग थैलीसीनिया का उपचार कराया है। जिस पर कुल व्यय रूपया-2409288.00 तक की प्रतिपूर्ति का दावा प्रस्तुत किया गया है।

चिकित्सा अनुभाग-6 के शासनादेश संख्या 2367/पांच-6-11-1082/87 दिनांक 07/10-11-12 द्वारा प्राप्त अधिरूचना संख्या 2275/5-6711-1082-87 लखनऊ 20 सितम्बर 2011 में निहित प्रविधानों के अन्तर्गत कुल रूपया-2371139.00 (तैइस लाख इक्कहत्तर हजार एक सौ उन्तालिस रूपया मात्र)की देय धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है।

संदर्भित पत्र के साथ प्राप्त अभिलेख मूल रूप से संलग्न कर इस अनुरोध के साथ प्रेषित है कि यदि आवश्यक हो तो शासन के प्रशासनिक विभाग से नियमानुसार अपेक्षित स्वीकृत अपने स्तर से प्राप्त करें।

संलग्नक- समस्त बिल बाउचर मूल रूप में

भवदीय

मुख्य चिकित्सा अधिकारी
अयोध्या।


Self Request

परिशिष्ट 'ड'

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती उ लेडी अरेबा
पुत्री/पति/पत्नी श्री जी. ए. ए. ए. ए. निवासी R.D. F.C. II
आयु 7 वर्ष 6 माह C/o Court Fairbairn

रोग से पीड़ित है। इनका उपचार सर्जिकल नोटाची केमो हॉस्पिटल (चिकित्सालय का नाम)
में मरीज की अपरिहार्य परिस्थिति/अस्मत्सिक्तता को देखते हुये दिनांक 15.3.19 से शुरू किया गया।


चिकित्सक का नाम व मुहर
DR. RAYAZ AHMED
MD, DM Clinical Hematology (Vellore)
Consultant, Hemato-Oncology & BMT
R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
DMC Reg. No. 64002

Self-D Hostel
expelled

Certificate granted to Mrs./Mr./Miss Baby Amba Crno. 205927
 Wife/Son/Daughter of Mr. Gyan Prakash Triwari
 Employed in the A.O.S. Civil Court, Faizabad

CERTIFICATE "A"

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

- I, Dr. Dinesh Bhurani / Narendra Dogra / Rajesh Ahmad hereby certify :-
- (a) that I charged and received ₹ for consultations on (date to be given) at my consulting room..... at the residence of the patient.
 - (b) that I charged and received ₹ for administering intramuscular injections/subcutaneous on (date to be given) at my consulting room/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 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.	<u>List enclosed</u>	<u>882685</u>
4.		
5.		
6.		

- (e) That the patient is/was suffering from Thall Major and is/was under my treatment from 15/12/19 to 12/8/19
- (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 ₹ 882685 was incurred were necessary and were undertaken on my advice at R.G.C.I. & R.C., Delhi (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 [Signature]
 MD, DM (Gen. Med.)
 Name of the Hospital/Dispensary R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
 Dated
 R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
 RMC Reg. No. 84002

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 Amba wife/son/daughter of Mr./Miss Gyan Prakash Triwari employed in the A.O.S. Civil Court, Faizabad.

Self Attached
repeated

DETAIL OF VOUCHERS / EXAMINATION CHART

Patients, Name:- Baby Amba

Name of the Hospital:- Rajiv Gandhi Cancer Institute & Research Centre.

Period of Treatment:- 15/3/19 to 17/8/19

Sl. No.	Voucher No.	Date	Institute/ Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	54567	17-5-19	Rajiv Gandhi Institute	900-	0	900=-
2	55085	"	"	15905-	15905=-	
3-	55290	"	"	900-	-	900
4-	81954	10/6/19	"	1060-	1060=-	
5-	82713	10/6/19	"	3370-	3370=-	
6	82027	10/6/19	"	900-	-	900=-
7	70993	12/6/19	"	900-	-	900=-
8	133817	24/7/19	"	900-	-	900=-
9	134603	24/7/19	"	4415-	4415=-	
10	137738	27/7/19	"	900-	-	900=-
11	140994	30/7/19	"	2795-	2795=-	
12	141144	30/7/19	"	8565-	8565=-	
13	141903	30/7/19	"	5500-	5500=-	
14	141938	30/7/19	"	900-	-	900=-
15	334260	30/7/19	Lal Path Lab	520-	520=-	
16	2862	30/7/19	Rajiv Gandhi Institute	1100-	1100=-	
17	144946	2-8-19	Rajiv Gandhi Institute	942-	942=-	
18	144748	2-8-19	Rajiv Gandhi Institute	900-	900=-	900=-
19	145982	2-8-19	"	2630-	2630=-	
20	147079	3-8-19	"	2079-	2079=-	
21	3054	6-8-19	Rajiv Gandhi Institute	11475-	11475=-	
22	153379	9-8-19	Rajiv Gandhi Institute	132-	-	132
23	154120	9-8-19	"	2565-	2565	
24	3179	12-8-19	"	900-	900	
25	157707	13-8-19	"	302-	302=-	
26	161750	17-8-19	"	8565-	8565=-	
27-	497-	15/3/19		126000-	126000	
28	019	16/4/19		675000-	675000	
				126000	126000	
				675000	675000	

Signature
 DR. RAYAZ AHMED
 MD, DM (Oncology) (Vellore)
 Consultant, Hemato-Oncology & BMT
 Rajiv Gandhi Cancer Institute & Research Centre, Delhi-85

Self Attested & verified

882685 / 733200



**Rajiv Gandhi Cancer Institute
and Research Centre**

A Unit of Lokapriya Cancer Society
Registered under "Societies Registration Act 1860"
Sector-V, Rohini, Delhi - 110 085
Tel. 47022222 (30 Lines), 27051011 - 1015, Fax : 01-11-27051037



F/RECP/01-05-06



C. R. NO. 205927

Date 20/3/19

Patient's Name Baby Anka

Age/Sex 7/F

Doctor's Name Dr. Bhargava

PRESCRIPTION SLIP

Rx

① Tab. Deferset 750mg / 1000mg
OD

② Cap. Hyebera 500mg (3/7)
OD

(Mon / wed / Fri)

③ Tab. Falutic 5mg once a day

[Iron ferrous]

[CBC]

9958986127

Dr. Anbar

Self Administered
as per doctor

PLEASE TAKE PRIOR APPOINTMENT FOR NEXT VISIT



Shri Ram Hospital, Ayodhya, Faizabad

श्रीराम चिकित्सालय, अयोध्या, फैजाबाद



15 MAR 2019

Out Patient Department (OPD) Ticket

036621

Date: Department: OPD No.
 Patient name: डॉ. राजा तिवारी S,D,W/o: Age: 74s Sex: M/F/Trans
 Address:
 Chief complaint (s):

4 Malocclusion major

History of present illness:
 Past history /family history:
 Medical/Surgical history/known drug allergy:

General Physical Examination						
Ht _____ cm	Wt _____ kg	Temp _____ °F	Pulse _____ /min	BP _____ mmHg	RR _____ /min	
Pallor: Present /Absent	Icterus: Present /Absent	Oedema: Present /Absent	Cyanosis: Present /Absent	Dehydration: Mild/Mod/Severe		

Systemic Examination (CNS /CVS / Resp):

Local Examination (Abdominal / Chest / Resp):

h Refractive Error Excluded cause

Differential diagnosis	Treatment plan Rx
Investigations	<u>Dental</u> <u>Inties</u> <u>with glass & metal</u> <u>across</u>
Final diagnosis	<u>डॉ. एन. के. पाठक</u> <u>एम. डी. मेडिकल</u> <u>चिकित्सालय</u>

Self A.H. per
eye

ISO 9001
ISO 14001

ISO 9001
ISO 14001



RAJIV GANDHI CANCER INSTITUTE
AND RESEARCH CENTRE

A Project of
INDRA PRASHTHA CANCER
SOCIETY AND RESEARCH
CENTRE

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

C.R.No. : 205927

Patient Name : Amba

Age : 7 yr

Diagnosis : Thalassemia Major, Post Allo MUD PBSCT on 2/2/2019

Date: 24/07/2019

Sex: FEMALE

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+30 - to do

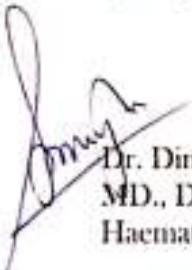
Infections

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

Day+22

1. Inj Cymvene 100mg iv in 100ml NS over 1 hour twice daily
2. Syp Cyclosporine 90mg twice a day
3. Tab Forcan 150mg / 100mg alternate day - 7 days
4. Tab Bactrim SS - 1OD [Mon/wed/Fri]
5. Syp Acivir 2.5ml thrice a day
6. Tab Pentids 200 twice a day
7. Tab Udiliv 150mg twice a day
8. Tab Rantac 150mg - 1/2 twice daily - 7 days
9. Tab Magnorate 500mg thrice a day
10. Syp Multivitamin 5ml once a day
11. Syp Calcimax 5ml once a day

Review on 27/7/19 with CBC, Creatinine, SGPT/SGOT, bilirubin, K+, Mg+2, LDH, cyclosporine level [1EDTA sample - 3ml extra]


Dr. Dinesh Bhurani/Rayaz Ahmed/Narendra/ Sumeet
MD., DM
Haemato-Oncologist

Self Attached
replied



ISO No. : FIMISC/08-04-01

CASH MEMO (Original Copy)

Receipt No	R/19-23/54567	Date	17-05-2019	Patient	BABYAMBA
CR No	205927			Age/Sex	7 Years/Female
Category	PRIMATE			Ref By	
Location	RCCI				
State Code	7				

Sl.No	Particulars	Unit	Amount (Rs)
1	OPD Consultation (Dr. Ganesha Bhatnari & Dr. Rajeev Arora)	1	900.00
			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 Cash 900.00)

Note : This Receipt is Valid Till 21-05-2019

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 3334921244. To update mobile no for future correspondence kindly contact our registration desk.

17-05-2019 10:28 am

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Signature

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*Self Attached
verified*

(2)

D: Director - 5, Rohini, Delhi - 110085. Tel: +91 11 4702 2222, 435114. DTAANI C440C12D. Email: info@rgci.org. Website: www.rgci.org

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

CASH MEMO (Original Copy)

Receipt No	R/19-20/55085	Date	17-05-2019	Patient	BABYAMBA
CR No	205927			Age/Sex	7 Years/Female
Category	PRIVATE			Ref By	
Location	RGCI				
State Code	7				

Sl	Particulars	Unit	Amount(Rs)
1	ECHO CARDIOGRAPHY/2D ECHO WITH COLOUR DOPPLER -C/554 [Dr. Nitin Aggarwal] DIRRGCI3567204	1	3200 00
2	E.C.G ECG [Dr. Dinesh Bhurani /Dr. Narendra Agrawal] DIRRGCI3567205	1	400 00
3	X - RAY CHEST PA (CR) C-308 [Dr. A K Chaturvedi / S A Rao] DIRRGCI3567206	1	520 00
4	PARANASAL SINUSES (CR) [Dr. A K Chaturvedi / S A Rao] DIRRGCI3567207	1	520 00
5	HAEMATOLOGY CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta]	1	475 00
6	APTT,FTTK (Whole blood citrate) [Dr. Anurag Mehta]	1	500 00
7	PRUTHI-C/104 TIME/ INR-C/83 (Whole blood citrate) [Dr. Anurag Mehta]	1	490 00
8	Blood Bank Anti A /Anti B antibody TITRATION [Dr. Anurag Mehta]	1	1545 00
9	BIOCHEMISTRY BLOOD GLUCOSE (R)(HK)-C/141 [Dr. Anurag Mehta]	1	150 00
10	KIDNEY FUNCTION TEST (INCLD SOD POTASSIUM)-C/174 [Dr. Anurag Mehta]	1	1185 00
11	IONIZED CALCIUM [Dr. Anurag Mehta]	1	500 00
12	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	575 00
13	SERUM PHOSPHORUS [Dr. Anurag Mehta]	1	280 00
14	LIVER FUNCTION TEST C/175 [Dr. Anurag Mehta]	1	1350 00
15	SERUM LDH [Dr. Anurag Mehta]	1	460 00
16	ELISA BASED TEST - SPECIAL SERUM FERRITIN -C/169 [Dr. Anurag Mehta]	1	1150 00
17	Blood Bank ABO RH/BLOOD GROUP & RH TYPE -C/109 [Dr. Anurag Mehta]	1	310 00
18	MICROBIOLOGY - SPECIAL CYTOMEGALO VIRUS IgM -C/262 [Dr. Anurag Mehta]	1	700 00
19	CYTOMEGALO VIRUS IgG -C/261 [Dr. Anurag Mehta]	1	750 00
20	ELISA/CHEMILUMINESCENCE/ EMIT BASED TESTS TSH(CHEM LUM) -C/198 [Dr. Anurag Mehta]	1	720 00
Gross Amount			15905 00
Amount Paid			15905 00



Received with thanks from / on-behalf of BABYAMBA an amount of Fifteen Thousand Nine Hundred And Five Rupees only (By Cash - 15905 00)

[Signature]
Signature

Note: You will receive log or related information to see Lab and Pathology Reports on your registered mobile no. 8004921346. To update mobile no for future correspondence kindly send an e-mail to registration dept.

Self Attached

17-05-2019 02:22 pm

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Rajiv Gandhi Cancer Institute and Research Centre

100, Sector 5, Rohini, Delhi - 110065
Phone: +91-11-4702 2222, Fax: +91-11-4702 2222

Accredited by



Green

3

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

CASH MEMO (Original Copy)

Receipt No	: R/19-20/56290	Date	: 17-05-2019	Patient	: BABY.AMBA
CR No	: 205927			Age/Sex	: 7 Years/Female
Category	: PRIVATE			Ref By	:
Location	: RGC				
State Code	: 7				

Sl.No	Particulars	Unit	Amount(Rs)
1	OPD Consultation (Dr. Puneet Ahuja)	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)

900
0

Note : This Receipt is Valid Till 23-05-2019

Signature

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17-05-2019 04:15 pm

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Created By : SANDHYA BHADURIA



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5/17/2019 4:30 PM

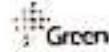
4



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A Unit of Indraprastha Cancer Society
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ISO No. : F/MISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	: R/19-20/01954	Date	: 10-06-2019	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	BED CHARGES WITH TELEVISION	2	100.00
2	ELECTRICITY /GENERATOR AND WATER CHARGES -05	2	300.00
3	HOUSE KEEPING & SECURITY CHARGES -05	2	200.00
4	LINEN & MISC. CHARGES - 05	2	200.00
5	MAINTENANCE CHARGES-5	2	200.00
Gross Amount			1060.00
Amount Paid			1060.00

Received with thanks from / on-behalf of BABY,AMBA . an amount of One Thousand Sixty Rupees only
(By Cash :1060.00)

Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8004921348.
To update mobile no for future correspondence, kindly contact our registration desk.

10-06-2019 11:24 am

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SUNIL_8511

Created By : SUNIL_8511



Self Attached report



5

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

CASH MEMO (Original Copy)

Receipt No	R/19-20/82713	Date	10-06-2019	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	LIVER FUNCTION TEST C/175 [Dr. Anurag Mehta] Blood Bank	1	1350.00
2	Anti A /Anti B antibody TITRATION [Dr. Anurag Mehta] HAEMATOLOGY	1	1545.00
3	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta]	1	475.00
Gross Amount			3370.00
Amount Paid			3370.00

Received with thanks from / on-behalf of BABYAMBA an amount of Three Thousand Three Hundred And Seventy Rupees only
(By Credit Card 3370.00, Credit Card No XXXXXXXX4425, Date 2019-06-10 Bank PNB Card Holder SELF)

Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8004921346
To update mobile no for future correspondence kindly contact our registration desk

10-06-2019 04:47 pm

Printed By TARUN
KUMAR DIWAKAR

Created By TARUN KUMAR DIWAKAR

*Self Attested
copy of Cash Memo*





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

CASH MEMO (Original Copy)

Receipt No	R/19-20/82027	Date	10-06-2019	Patient	BABYAMBHA
CR No	205927			Age/Sex	7 Years/Female
Category	PRIVATE			Rel By	
Location	RGCI				
State Code	7				

Sl.No	Particulars	Unit	Amount(Rs)
1	OPD Consultation (Dr. Dinesh Bhurani / Dr. Rayaz Ahmed)	1	900.00
Gross Amount			900.00
Amount Paid			900.00

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

Note : This Receipt is Valid Till 15-06-2019

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 5004921346. To update mobile no for future correspondence kindly contact our registration desk.

10-06-2019 11:46 am

Printed By SUNITA_2562

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900

Signature



Self-Attested
reported

Rajiv Gandhi Cancer Institute and Research Centre

Accredited By



NABH

D-18 Sector-5, Rohini, Delhi-110085, Tel: +91-11-4702-2222 GSTIN: 07AAAT16440C1Z0, Email ID: info@rgcric.org, Website: www.rgcric.org

CASH BILL (Original Copy)

Bill No B/19-20/70993
CR. No 205927
Category PRIVATE
Address H NO A-5 JUDGES COMPLEX
 RIVER BANK COLONY NEAR RESIDENCY
Location RGCIC

Date 12-05-2019
Patient BABYAMBA
Age/Sex 7 Y/F
Ref By Dr. Rajiv Chawla

Sl. No.	Department	Particulars	Unit	Amount (Rs)
1	ANAESTHESIA	PRE ANAESTHETIC CHARGES (O P D) (Dr. Rajiv Chawla)	1	900.00

Gross Amount 900.00
Amount Covered Under Advance 900.00

₹ 900.00 Hundred Rupees Only

Patient/Attendant

Signature

12-06-2019 11:41 am

Printed By B NARULA

900
0

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*Call attached
attached*





(B)

D: 10 Sector 5, Bhub. Delhi - 110064 (Tel: 491 11 4912, 2221) (Fax: 49114913) (E-mail: info@rgci.org, web@rgci.org)

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

CASH MEMO (Original Copy)

Receipt No	: R/19-20/133817	Date	: 24-07-2019	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	260.00
3	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	570.00
4	SERUM DIRECT BILIRUBIN (DPO) [Dr. Anurag Mehta]	1	165.00
5	SERUM TOTAL BILIRUBIN (DPO) [Dr. Anurag Mehta]	1	175.00
6	SGPT (IFCC WITH PP) AT 37 C)-CM154 [Dr. Anurag Mehta]	1	230.00
7	HAEMATOLOGY CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr. Anurag Mehta]	1	475.00
8	ELISA BASED TEST - SPECIAL PLASMA CYCLOSPORINE BY IMMUNOASSAY [Dr. Anurag Mehta]	1	2310.00
Gross Amount			4415.00
Amount Paid			4415.00

Received with thanks from / on-behalf of BABYAMBA an amount of Four Thousand Four Hundred And Fifteen Rupees only (By Cash - 4415.00)

[Signature]
Signature

*You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8299211451
** update mobile no for future correspondence kindly contact our registration desk.

24-07-2019 08:54 am

Printed By : B NARULA

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[Handwritten signature]





Rajiv Gandhi Cancer Institute and Research Centre

Central Board of Secondary Education
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Green

D - 16, Sector - 5, Rohini, Delhi - 110085 | Tel: +91-11-4762 2202 | GSTIN: 07AAAT0440C170 | Email ID: info@rgci.org | Website: www.rgci.org

ISO No. : FMISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	: R/19-20/134603	Date	: 24-07-2019	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	OPD Consultation [Dr. Dinosh Bhurani 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 Cash .900.00)

900
①

Note : This Receipt is Valid Till 30-07-2019

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.

Signature

[Signature]
 Created By SUNRA_2562

24-07-2019 01:51 pm

Printed By SUNITA_2562



Self-OH ready expected

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

CASH MEMO (Original Copy)

Receipt No	R/19-20/137738	Date	27-07-2019	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
2	BIOCHEMISTRY		
3	SERUM CREATININE [Dr. Anurag Mehta]	1	230 00
4	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	570 00
5	SERUM POTASSIUM [Dr. Anurag Mehta]	1	260 00
6	SERUM DIRECT BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	185 00
7	SERUM TOTAL BILRUBIN [DPD] [Dr. Anurag Mehta]	1	175 00
8	SGOT [Dr. Anurag Mehta]	1	230 00
9	SGPT [IFCC WITH PP] AT 37 C]-C/154 [Dr. Anurag Mehta]	1	230 00
	SERUM LDH [Dr. Anurag Mehta]	1	460 00
	Gross Amount		2795 00
	Amount Paid		2795 00

Received with thanks from / on-behalf of BABYAMBA an amount of Two Thousand Seven Hundred And Ninety-Five Rupees only (By Cash .2795.00)

Signature

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

27-07-2019 08:24 am

Printed By : B NARULA

Created By : B NARULA

Self Attended
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13/10 Sector 5, Gurgaon, Haryana - 122002 (India) TEL: 2002221111 FAX: 2002221111 www.rgci.org

ISO No. : FMISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	R/19-20/140994	Date	30-07-2019	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 LDH (Dr. Anurag Mehta)	1	450.00
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	HAEMATOLOGY CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA; (Dr. Anurag Mehta)	1	475.00
9	MOLECULAR DIAGNOSTIC Quantitative PCR for CMV (Dr. Anurag Mehta)	1	6000.00
Gross Amount			8565.00
Amount Paid			8565.00

Handwritten notes:
 - 60,000/- (written vertically on the left)
 - 1-4:05p (written next to items 1-4)
 - 2-2:00p (written next to item 8)
 - 2 after 9 working days (written next to item 9)

Received with thanks from / on-behalf of BABYAMBA an amount of Eight Thousand Five Hundred And Sixty-Five Rupees only (By Credit Card 8565.00, Credit Card No XXXXXXXX4425, Date 2019-07-30, Bank PNB, Card Holder 1)

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

Signature

30-07-2019 09:42 am

Printed By SANDHYA_BHADURIA

Created By SANDHYA_BHADURIA



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

CASH MEMO (Original Copy)

Receipt No	R/19-20/141144	Date	30-07-2019	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	BMT SEX MISMATCH X,Y [Dr. Anurag Mehta]	1	5500.00
		Gross Amount	5500.00
		Amount Paid	5500.00

Received with thanks from / on-behalf of BABYAMBA an amount of Five Thousand Five Hundred Rupees-only
(By Credit Card :5500.00, Credit Card No. XXXXXXXX4425, Date :2019-07-30, Bank :PNB, Card Holder :)

Signature

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

30-07-2019 10:25 am

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Self A Hospital updated



Rajiv Gandhi Cancer Institute and Research Centre

13



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

CASH MEMO (Original Copy)

Receipt No R/19-20/141903
CR No 205927
Category PRIVATE
Location RGCIC
State Code 7

Date 30-07-2019 Patient Age/Sex BABYAMBA 7 Years/Female
Ref By

SLNo	Particulars	Unit	Amount (₹)
1	OPD Consultation [Dr. Nish Bansal]	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 Cash 900.00)

900
0

Note: This Receipt is Valid Till 05-08-2019

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.

Signature

30-07-2019 03:38 pm

Printed By : MINI_8295

Created By : MINI_8295

Self A.H. Hestey
[Handwritten signature]





**Rajiv Gandhi Cancer Institute
and Research Centre**

14



D-15, Sector-15, Rohini, Delhi-110029. Tel: 011-26102201, 26102202, 26102203, 26102204, 26102205, 26102206, 26102207, 26102208, 26102209, 26102210, 26102211, 26102212, 26102213, 26102214, 26102215, 26102216, 26102217, 26102218, 26102219, 26102220, 26102221, 26102222, 26102223, 26102224, 26102225, 26102226, 26102227, 26102228, 26102229, 26102230, 26102231, 26102232, 26102233, 26102234, 26102235, 26102236, 26102237, 26102238, 26102239, 26102240, 26102241, 26102242, 26102243, 26102244, 26102245, 26102246, 26102247, 26102248, 26102249, 26102250, 26102251, 26102252, 26102253, 26102254, 26102255, 26102256, 26102257, 26102258, 26102259, 26102260, 26102261, 26102262, 26102263, 26102264, 26102265, 26102266, 26102267, 26102268, 26102269, 26102270, 26102271, 26102272, 26102273, 26102274, 26102275, 26102276, 26102277, 26102278, 26102279, 26102280, 26102281, 26102282, 26102283, 26102284, 26102285, 26102286, 26102287, 26102288, 26102289, 26102290, 26102291, 26102292, 26102293, 26102294, 26102295, 26102296, 26102297, 26102298, 26102299, 26102300

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

CASH MEMO (Original Copy)

Receipt No	: R/19-20/141938	Date	: 30-07-2019	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	CHEST PA (CR) C-306 (Dr. A K Chaturvedi / S A Rao) DIRRGCI3652015	1	520 00
Gross Amount			520 00
Amount Paid			520 00

Received with thanks from / on-behalf of BABYAMBA an amount of Five Hundred And Twenty Rupees only
(By Cash :520.00)

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.

30-07-2019 04:00 pm

Printed By VINOD_78

Created By VINOD_78

*Self Attested
Vinod*



ORIGINAL

KATV GANDHI MEDICALS

(16)

Ph. 4/32/311, 2/05/007, 991148-964

GET No: W4NLPK051K174 Bill No: 19(120) /13/A

CASH MEMO NO: 2862 DATE: 30/07/2019

NAME: AMBA FR: DR. KATV GANDHI MEDICALS INSTITUTE

ADDRESS:

Sl. No.	QTY	PKT	DESCRIPTION	BATCH	EXPIRY	UNIT	RATE	TAX	AMOUNT
1.	30	30	MANTAL 150MG	BR08369	11/20	12	23.18	18.00	23.18
2.	9	1TAB	FOLICAC 15MG TAB	SAR4974	10/20	12	12.04	15.00	99.54
3.	2	1TAB	FOLICAC 150MG TAB	WAE2861	05/20	12	12.04	15.00	24.90
4.	10	1PK	ACHT 250MG	9N8711	05/21	12	110.97	15.00	110.97
5.	1	1PK	MAKHA 500	Z664D180CB	05/20	12	65.00	15.00	65.00
6.	20	10 B	FANTOL 400	V089461	10/19	12	13.67	15.00	21.34
7.	1	1	HOSPITAL 6.1266 6.1266	085251	08/20	12	65.00	75.00	65.00
8.	10	10	ATACAL 10MG	0587721	12/21	12	31.00	14.00	33.00
9.	4	4 TABS	DRON-1000T	0587705	07/21	12	31.00	15.00	33.52
10.	1	1	BATTLE 70 mg	KAN4943	11/22	12	572.00	21.00	572.00

CHEMIST

MEDICINE SHOULD BE RETURN WITHIN 15 DAYS

ISSUE DETAILS

PAID BY 10 2 = 100.94

CGST : 36.48

SGST : 36.48



TOTAL AM : 1640.41
 LESS 10% : 164.04
 NET AMT. (10/01) : 1476.37

All disputes are subject to local jurisdiction. Goods once sold will not be taken back.

For KATV GANDHI MEDICALS

~~650~~

P.A.U.S. (Computer Generated Invoice)

Call ANA...
Handwritten notes in Urdu/Arabic script



**Rajiv Gandhi Cancer Institute
and Research Centre**

CGRI, Sector - 5, Feroze Dada, New Delhi - 110085
Tel: +91-11-4792 2222 / GSTIN: 07AAAD0349C1ZD Email: info@rgci.org | Website: www.rgci.org

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

CASH MEMO (Original Copy)

Receipt No	R/19-20/144946	Date	02-08-2019	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	OPD Consultation [Dr. Dinesh Bhurani / Dr. Rayaz Ahmed]	1	500.00
Gross Amount			500.00
Amount Paid			500.00

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

900
—
0

Note : This Receipt is Valid Till 08-08-2019

Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no: 529211401
To update mobile no for future correspondence kindly contact our registration desk

Signature
Created By: SUNITA_2562

Printed By: SUNITA_2562

02-08-2019 09:59 am



Signature

Dr. H. Saha - Retired, (M.D. in O.T.) - 2012-2014, (M.D. in O.T.) - 2014-2016, (M.D. in O.T.) - 2016-2018, (M.D. in O.T.) - 2018-2019

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

CASH MEMO (Original Copy)

Receipt No	R/19-20/144748	Date	02-08-2019	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	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 MAGNESIUM [Dr. Anurag Mehta]	1	570 00
4	SERUM POTASSIUM [Dr. Anurag Mehta]	1	260 00
5	SERUM TOTAL BILIRUBIN [DPD] [Dr. Anurag Mehta]	1	175 00
6	SGOT [Dr. Anurag Mehta]	1	230 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
Gross Amount			2630 00
Amount Paid			2630 00

8.30

12:30pm

2:30pm

[Signature]
Signature

Received with thanks from / on-behalf of BABYAMBA an amount of Two Thousand Six Hundred And Thirty Rupees only (By Credit Card 2630 00, Credit Card No XXXXXXXX4425 Date 2019-08-02 Bank PNB Card Holder Y)

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 8299211431 To update mobile no for future correspondence kindly contact our registration desk

02-08-2019 08:07 am

Printed By B NARULA

Created By B NARULA

*Self-Attended
by patient*





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

CASH MEMO (Original Copy)

Receipt No	R/19-20/145982	Date	02-08-2019	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	VITAMIN D 25 HYDROXY (Dr. Anurag Mehta	1	2079 00
Gross Amount			2079 00
Amount Paid			2079 00

Received with thanks from / on-behalf of BABYAMBA, an amount of Two Thousand Seventy-Nine Rupees only (By Credit Card 2079 00 Credit Card No XXXXXXXX4425 Date 2019-08-02, Bank PNB, Card Holder: Y)

Signature

Note: You will receive login related information to see Lab and Radiology Reports on your registered mobile no 3290211481. To update mobile no for future correspondence, kindly contact our registration desk.

02-08-2019 05:09 pm

Printed By : VINOD_78

Created By : VINOD_78

Self Payment



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

CASH MEMO (Original Copy)

Receipt No
R No
Category
Location
State Code

R/19-20/147079
205927
PRIVATE
RGCI
7

Date 03-08-2019

Patient BABYAMBA
Age/Sex 7 Years/Female
Ref By

Sl.No	Particulars	Unit	Amount(Rs)
1	SERUM IGG LEVELS [Dr Anurag Mehta]		500.00
2	BIOCHEMISTRY		
3	SERUM CREATININE [Dr Anurag Mehta]		230.00
4	SERUM POTASSIUM [Dr Anurag Mehta]		250.00
5	SERUM MAGNESIUM [Dr Anurag Mehta]		570.00
6	SERUM DIRECT BILIRUBIN [DPD] [Dr Anurag Mehta]		165.00
7	SERUM TOTAL BILRUBIN [DPD] [Dr Anurag Mehta]		175.00
8	SGPT [IFCC WITH PP] AT 37 C-C/154 [Dr Anurag Mehta]		230.00
9	SERUM LDH [Dr Anurag Mehta]		450.00
10	ELISA BASED TEST - SPECIAL		2310.00
11	PLASMA CYCLOSPORINE BY IMMUNOASSAY [Dr Anurag Mehta]		475.00
	HAEMATOLOGY		
	CBC (HEMOGRAM COMPLETE)-C/71 (Whole blood EDTA) [Dr Anurag Mehta]		6090.00
	MOLECULAR DIAGNOSTIC		
	Quantitative PCR for CMV [Dr Anurag Mehta]		11475.00
	Gross Amount		11475.00
	Amount Paid		11475.00

Handwritten notes in the 'Unit' column:
 - Next day evening (next to item 1)
 - 8:40 (next to item 9)
 - 12:40 (next to item 10)
 - Next day evening (next to item 11)

Received with thanks from / on-behalf of BABYAMBA an amount of Eleven Thousand Four Hundred And Seventy-Five Rupees only (By Credit Card 11475.00, Credit Card No XXXXXXXX4425, Date 2019-08-03 Bank PNB Card Holder SELF)

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

03-08-2019 02:54 pm

Printed By B NARULA

Created By B NARULA

Self Attached
repeated



ORIGINAL

B-3 751 OPP ANANDKAR HOSPITAL DATE NO-5 SEF-8, KAJIV, DELHI-110083

Ph. 4/527315, 27954697, 9811469964

21

GST No: ATANLF42651R17B

P.L.No.: NW/12/41/17/19

CASH MEMO NO.: 7254

DATE: 06/08/2019

NAME: AMBA (705927)

Pr. For Dr. KAJIV GANDHI CANCER INSTITUTE

ADDRESS:

Sr.	QTY.	PAK	DESCRIPTION	BATCH	EXPIRY	GST% RATE	DISC	AMOUNT
1.	34	15	UD1 IV 150 MG	02094307	05/21	5	197.57 20.00	595.04

476
~~344~~ Ex
 132
 CHEMIST



MEDICINE SHOULD BE RETURN WITHIN 15 DAYS

INCL. GST DETAILS

453.36 x 5 20 22.66	COST : 11.33
	GST : 11.33
TOTAL AMT :	595.04
LESS DIS :	19.01
Net Amt. (R/R) :	476.00

All disputes are subject to Delhi Jurisdiction.
Goods once sold will not be taken back.

For KAJIV GANDHI MEDICINE

E.A.O.S. (Computer Generated Invoice)

Self @ Home
 verified

22

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

CASH MEMO (Original Copy)

Receipt No : R/19-20/153379
CR No : 205927
Category : PRIVATE
Location : RGCI
State Code : 7

Date : 09-08-2019
Patient : BABY AMBA
Age/Sex : 7 Years/Female
Ref By :

Sl.No	Particulars	Unit	Amount(Rs)
1	SERUM CREATININE [Dr. Anurag Mehta]	1	230.00
2	SERUM MAGNESIUM [Dr. Anurag Mehta]	1	570.00
3	SERUM POTASSIUM [Dr. Anurag Mehta]	1	260.00
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
8	HAEMATOLOGY 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]
Signature

Note: You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no 9299211481. To update mobile no for future correspondence kindly contact our registration desk.

09-08-2019 08:00 am

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Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Maharashtra Cancer Society
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ISO No. : FMISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	: RH19-20/154120	Date	: 09-08-2019	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	OPD Consultation (Dr. Dinesh Shrivastava / 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 Cash: 900.00)

Note : This Receipt is Valid Till 15-09-2019

NOTE: You will receive login related information to see Lab and Radiology Reports on your registered mobile no 8790114611. To update mobile no for future correspondence kindly contact our registration desk.

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900/0

09-08-2019 01:23 pm



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24

RATV BANDHI MEDICOS
B-3/61 UPP AMBEDKAR HOSPITAL GATE NO-3 SECT-6, KANUNGI, DELHI-110085.
Ph. 4/52/315, 2705889/9811489964

ESI No: A7ANLPR2B51W3ZK

D.L.No.: NW(1214) /13/R

CASH MEMO NO.: 5179

DATE: 12/08/2019

NAME: AMMA (205977)

Pr. By: Dr. RATV BANDHI CANCER INSTITUTE

ADDRESS:

Sl.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	EST% RATE	DISC	AMOUNT
1.	1	110ML	LINEPRAFIN PLUS	6YPR4055407	03/22	12	184.92 20.00	184.92
2.	30	30	KANTAL 150MG	DW38169	11/20	12	23.18 20.00	23.18
3.	16	4CAP.	FONCAN 50MG CAP.	SAB3/03	07/21	12	42.35 20.00	169.40

CHEMIST



MEDICINE SHOULD BE RETURN WITHIN 15

1500 HOURS

269.65 X 12 % = 32.36

CGST : 16.18

SGST : 16.18

TOTAL AMT: 371.50

LESS DIS : 75.50

Net Amt. (N/A) : 302.00

All disputes are subject to Delhi Jurisdiction.

Goods once sold will not be taken back.

For RATV BANDHI MEDICOS

Computer generated invoice

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25

D-16, Sector-5, Rohini, Delhi-110005 (Tel: +91-11-4702 2222) GSTIN: 07AAAT01440020 (Email: info@rgci.org, Adm@rgci.org, adm@rgci.org)

SO No. : FMISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	: R/19-20/157707	Date	: 13-08-2019	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	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 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	
MOLECULAR DIAGNOSTIC				
9	Quantitative PCR for CMV [Dr. Anurag Mehta]	1	600.00	
			Gross Amount	8565.00
			Amount Paid	8565.00

Received with thanks from / on-behalf of BABY AMBA an amount of Eight Thousand Five Hundred And Sixty-Five Rupees only (By Cash: 8565.00)

[Handwritten Signature]
Signature

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*Self A. Mehta
represented*



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and Research Centre**

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ISO No. : FMISC/09-04-01

CASH MEMO (Original Copy)

Receipt No	: R/19-20/161750	Date	: 17-06-2019	Patient	: BABYAMBA
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 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
8	HAEMATOLOGY CBC (HEMOGRAM COMPLETE)-C/11 (with blood EDTA) [Dr. Anurag Mehta]	1	475.00
Cross 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

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17-06-2019 07:35 am

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Self Dr. Anurag Mehta



(27)

Datri Blood Stem Cell Donors Registry
Module No: 1207 & 1208, 12th Floor, Tidel Bio Park -
Phase II, CSIR Road, Taramani
Chennai, Tamilnadu 600113 IN
+91 44 40795303
finance@datri.org
www.datri.org
CIN: U85190TN2009NPL070883

Invoice



INVOICE TO
Rajiv Gandhi Cancer Institute & Research
Centre (RGCI), New Delhi
Dr. Dinesh Bhutani
Chief of Hemato-Oncology Services &
Senior Bone Marrow Transplant Specialist
Rajiv Gandhi Cancer Institute & Research
Centre (RGCI)
Sector - 5, Rohini
New Delhi - 110 085
State Code: 07

INVOICE NO	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
DATRI 2018-19-459	15/03/2019	INR 126,000.00	22/03/2019	Net 7	

PATIENT NAME/ID	GRID NO	DONOR ID
BABY AMBA	B486 0000 0904 9031 512	90490315

NO	ACTIVITY	DESCRIPTION	AMOUNT
1	Confirmatory Typing - Domestic	Services related to Confirmatory Typing	11,000.00
2	Confirmatory Typing - Domestic	Expenses related to Datri professional & donor towards CT	25,000.00
3	IDM - Domestic	Services related to Infectious Disease Markers and Pre-screening for the donor	40,000.00
4	IDM - Domestic	Expenses related to Datri professional and donor towards IDM's	50,000.00

WIRE TRANSFER DETAILS BALANCE DUE **INR 126,000.00**

Account Name: Datri Blood Stem Cell Donors Registry
Account No: 00054400001189
Bank Name: Yes Bank Ltd
Branch: Nungambakkam, Chennai - 600034
IFS Code: YESB0000005
Swift Code: YESBINBBXXX

NOTE - Mode of Payment - Cheque / Demand draft in favor of DATRI BLOOD STEM CELL DONORS REGISTRY or you can wire transfer the monies. PLEASE AVOID CASH DEPOSITS

FOR INTERNATIONAL CUSTOMERS - CORRESPONDING BANK DETAILS IN USA

Bank Name: JP Morgan Chase Bank
Account No: 765902317
Swift Code: CHASUS33
ABA Routing No: 021000021

PAYMENT MUST BE FREE OF ALL BANK CHARGES

DR. RAYAZ AHMED
MD, DM Clinical Hematology (Vellore)
Consultant, Hemato-Oncology & BMT
R.G.C.I. & R.C., Sec-5, Rohini, Delhi-85
PMC Reg. No. 8-999A

Self @ Hb level expected

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Datri Blood Stem Cell Donors Registry
Module No: 1207 & 1208, 12th Floor, Ticeel Bio Park -
Phase II, CSIR Road, Taramani
Chennai, Tamilnadu - 600113 IN
+91 44 40795303
finance@datri.org
www.datri.org
CIN: U85190TN2009NPL070883

Invoice



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INVOICE TO
Rajiv Gandhi Cancer Institute & Research
Centre (RGCI), New Delhi
Dr. Dinesh Bhanani
Chief of Hemato-Oncology Services &
Senior Bone Marrow Transplant Specialist
Rajiv Gandhi Cancer Institute & Research
Centre (RGCI)
Sector - 5, Rohini
New Delhi - 110 085
State Code: 07
PLACE OF SUPPLY
07 - Delhi

INVOICE NO.	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
DATRI/2019-20/019	16/04/2019	INR 675,000.00	23/04/2019	Net 7	

PATIENT NAME/ID	GRID NO	DONOR ID
Baby Amba	8486 0000 0904 9031 512	90490315

NO	ACTIVITY	DESCRIPTION	AMOUNT
1	PBSC - Domestic	Services related to Mobilization & Phsc Collection including product transport	500,000.00
2	PBSC - Domestic	Expenses related to Datri professional & donor towards Mobilization & Phsc Collection including product transport.	175,000.00

WIRE TRANSFER DETAILS BALANCE DUE **INR 675,000.00**

Account Name: Datri Blood Stem Cell Donors Registry
Account No: 0058400001189
Bank Name: Yes Bank Ltd
Branch: Nungambakkam, Chennai - 600034
IFS Code: YESB0000095
Swift Code: YESHINBBXXX

NOTE - Mode of Payment - Cheque / Demand draft in favor of DATRI BLOOD STEM CELL DONORS REGISTRY or you can wire transfer the money. PLEASE AVOID CASH DEPOSITS

FOR INTERNATIONAL CUSTOMERS -
CORRESPONDING BANK DETAILS IN USA

Bank Name: JP Morgan Chase Bank
Account No: 265902317
Swift Code: CHASUS33
ABA Routing No: 021000021

PAYMENT MUST BE FREE OF ALL BANK CHARGES

[Handwritten Signature]
DR. RAYAZ AHMED
MD, DM Clinical Hematology (Vellore)
Consultant, Hemato-Oncology & BMT
R.G.C.I. & R.C., Sec-V, Rohini, Delhi-85
DMC Reg. No: B9002

[Handwritten Signature]
Self A-Hospital

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