

प्रेषक,

सचिन कुमार दीक्षित,  
सिविल जज (जू०डि०),/न्यायिक मजिस्ट्रेट,  
छिबरामऊ, कन्नौज।

सेवा में,

माननीय जनपद न्यायाधीश,  
जनपद- कन्नौज।

संदर्भ:- माननीय उच्च न्यायालय इलाहाबाद द्वारा निर्गत परिपत्र संख्या 515/IV-  
3135/Admin A-1 Sec /Dated 11.01.2016.

बिषय: प्रार्थी की पत्नी की डिलीवरी में हुए व्यय की चिकित्सीय प्रतिपूर्ति के संबंध में।

आदरणीय महोदय,

ससम्मान निवेदन है कि प्रार्थी की पत्नी नूपुर द्विवेदी की प्रथम डिलीवरी Aastha  
Maternity & Laparoscopy Center लखनऊ में डा० सुमिता आरोरा के चिकित्सीय  
परामर्श के अनुसार संपन्न हुई। चिकित्सीय सलाह पर मेरे द्वारा कुल मु०-67,253.57/-रूपये  
व्यय किये गये।

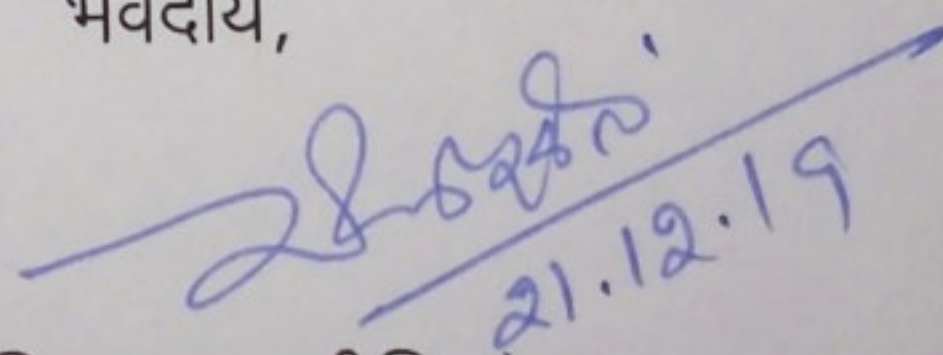
अतः माननीय महोदय से सादर अनुरोध है कि मेरे द्वारा किये गए व्यय की चिकित्सीय  
प्रतिपूर्ति हेतु समुचित आदेश पारित करने की कृपा करे।

माननीय महोदय की महान कृपा होगी।

सादर।

दिनांक: 21.12.2019

भवदीय,

  
(सचिन कुमार दीक्षित),

सिविल जज (जू०डि०),/ न्यायिक मजिस्ट्रेट,  
छिबरामऊ, कन्नौज।

संलग्नक-

01. चिकित्सीय परामर्श पर्चा,
02. माननीय जनपद न्यायाधीश महोदय को दी गई सूचना की प्रति
03. बिल की मूल प्रति,

प्रेषक,

सचिन कुमार दीक्षित,  
सिविल जज (जू०डि०), / न्यायिक मजिस्ट्रेट,  
छिबरामऊ, कन्नौज।

सेवा में,

माननीय जनपद न्यायाधीश,  
जनपद- कन्नौज।

बिषय: पत्नी की चिकित्सा हेतु उपार्जित अवकाश ग्रहण करने के सम्बन्ध में।

आदरणीय महोदय,

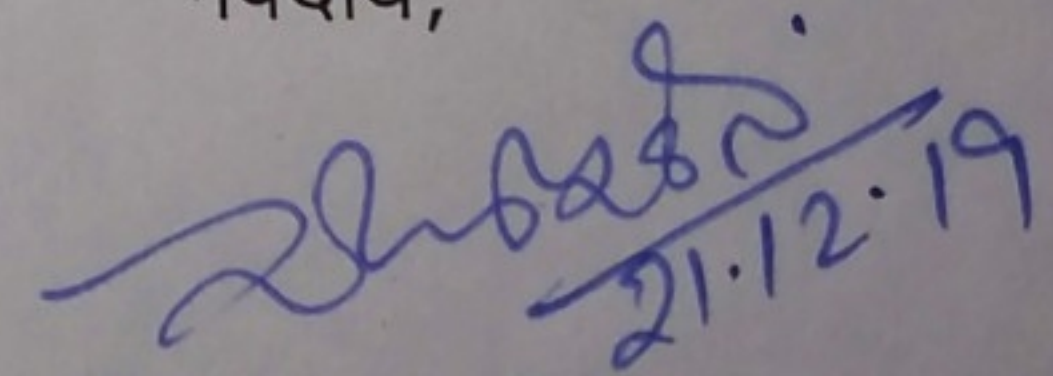
ससम्मान निवेदन है कि प्रार्थी को अपनी गर्भवती पत्नी का स्वास्थ्य अचानक बिगड़ जाने के कारण दिनांक 21.09.2019 को उपार्जित अवकाश लेकर आपातकालीन चिकित्साधिकारी, जिला संयुक्त चिकित्सालय, कन्नौज की सलाह पर लखनऊ स्थित Aastha Maternity & Laparoscopy Center में एडमिट कराना पड़ा था। तत्कालीन परिस्थितियां ऐसी थी कि प्रार्थी माननीय महोदय को लिखित में सूचना प्रेषित नहीं कर पाया था। प्रार्थी इस हेतु अत्यंत क्षमा प्रार्थी है।

अतः माननीय महोदय की सेवा में सूचना सादर प्रेषित है।

सादर।

दिनांक: 21.12.2019

भवदीय,



(सचिन कुमार दीक्षित),

सिविल जज (जू०डि०), / न्यायिक मजिस्ट्रेट,  
छिबरामऊ, कन्नौज।



# DISTRICT COMBINED HOSPITAL, KANNAUJ

## जिला संयुक्त चिकित्सालय, कन्नौज



Out Patient Department (OPD) Ticket

Date 21.09.19 Department..... OPD No. 77171

Patient Name : उपु २ सिनेदी S, D, W/o : ..... Age 31 Sex : M/F/Trans

Address : .....

Chief complaint(s) :

History of Present illness :

Amurorechia 9 months

Past history/ family history :

Medical/ Surgical history/ Known drug allergy :

### General Physical Examination

Ht.....cm	Wt.....cm	Temp. <u>N</u> deg.F	Pulse <u>80</u> /min	BP <u>140/90</u> mmHg	RR <u>18</u> /min.
Pallor- Present / Absent	Icterus- Present / Absent	Oedema- Present / Absent	Cyanosis- Present / Absent	Dehydration-Mild/ Mod/Severe	

### Systemic Examination

CNS:

CVS: S<sub>1</sub>-S<sub>2</sub> N

Resp: N

### Local Examination

Today LMO os  
Not Hear so

Abdominal

Chest:

Resp:

Differential diagnosis :

Adv  
OPD  
RBS  
MIV  
HbsAg  
VDR  
BT  
Bladder  
Herp  
USG (WholAbw)  
EKG  
CX-ray PA

Treatment plan :

Rx

Referred to Higher center for further treatments & Managements.

E.M.O.  
C.D.H., Kannauj

चिकित्सा व्यय की प्रतिपूर्ति हेतु  
**CERTIFICATE 'B'**

(To be completed in the case of patients who are admitted to Hospital for treatment)

Certified granted to Mrs./Mr./Miss. Nadpur Dwivedi  
Wife/Son/Daughter of Mr. Sachin Kumar Dixit  
employed in the Civil Court Kannauj.

**PART 'A'**

(To be signed by the Medical Officer in charge of the case at the Hospital)

1. Dr. Sumita Arora hereby certify:-

- (a) That the patient was admitted to the hospital on the advice of Dr. Sumita Arora  
.....(Name of medical officer)  
(b) That the patient has been under treatment at Aastha Maternity & Laparoscopy Centre, Ashiyana, Lucknow and that the under mentioned medicines prescribed by me in this connection were essential for the recovery / preventions of serious deterioration in the condition of the patient.

2. The medicines are not stocked in the Aastha Maternity & Laparoscopy Centre for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily food, toilet etc.

Sr.No	Receipt No/ Voucher No	Particulars of Receipt/Voucher	Date	Amount
1.	437			65000/-
2.	1767		23/9/19	2253.57/-

*(Signature)*  
**DR. SUMITA ARORA**  
M.D (Obs. & Gynae)  
Reg. No. 40643  
Aastha Maternity & Laparoscopy Centers

- (a) That the injections administered were/ were not for immunizing or prophylactic purposes.
- (b) That the patient is / was suffering from 27-03-2019 and is / was under my treatment from 22-09-2019-25-09-2019 to 25-03-2017 to 26-03-2017
- (c) That the x-ray, MRI, Physiotherapy, Laboratory tests etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at 1.....(Name of Hospital or Laboratory).
- (d) 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.

Signature & Designation Medical Officer  
In-charge of the case at the Hospital

Reg. No. 40643  
Aastha Maternity & Laparoscopy Centers

Dated 22/10/18

**Part-B**

Certified that the patient has been under treatment at the Aastha Maternity & Laparoscopy Centre (Hospital) and that the services of the special nurse, for which an expenditure of Rs. .... was incurred vide bill and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of patient.

DR. SUMITA ARORA

Signature & Designation Medical Officer  
In-charge of the case at the Hospital

M.D. (Obs. & Gynae)  
Reg. No. 40643  
Aastha Maternity & Laparoscopy Centers

Date 22/10/18

**COUNTERSIGNED**

I certify that the patient has been under treatment at the Aastha Maternity & Laparoscopy Centre (Hospital) and that the facilities provided were the minimum which were essential for the patient's treatment.

.....Medical Superintendent

DR. SUMITA ARORA Hospital.

M.D (Obs. & Gynae)  
Reg. No. 40643  
Aastha Maternity & Laparoscopy Centers

**BILL/RECEIPT**

**AASTHA MATERNITY  
& LAPAROSCOPY CENTRE**

A-1654, 1655, Sector-I, L.D.A. Colony,  
On Road to Vishal Mega Mart,  
Near Aashiana Chauraha, Lucknow.  
Ph. : 0522-4070369

Bill No. **437**

Case No. 19/540 Date ..... Ward No. Delux 101 Bed No. ....  
Date of Admission 22.09.19 Date of Discharge 25.09.19  
Doctor's Name Dr. Sumita Arora  
Name of Patient Nadpur Dwivedi Age 31 yrs Sex Female  
Address Railvihar Colony, Aashiyana, Lucknow  
Phone No. .... Mobile No. 8009949900

S. No.	P A R T I C U L A R S	AMOUNT	
		Rs.	P.
1.	Registration Fee.....	200 =	
2.	Bed Charges..... <u>6000 x 2</u>	12000 =	
3.	Nursing Charges..... <u>600 x 2</u>	1200 =	
4.	Professional/Visit Charges..... <u>1000 x 2</u>	2000 =	
5.	O.T. Charges/Labour Room.....	5500 =	
6.	Gases.....	1400 =	
7.	O2 Charges.....		
8.	Operation Fee.....	10000 =	
9.	Anaesthetist Fee.....	5500 =	
10.	Assistant Fee.....	5000 =	
11.	Baby Care.....		
12.	O. T. Medicines <u>+ ward medicine</u>	12200 =	
13.	Dressing Charges.....		
14.	Phototherapy.....		
15.	Blood Transfusion Charges.....		
16.	Birth Certificate.....		
17.	Pathology/ECG.....		
18.	X-Ray Charges.....		
19.	Miscellaneous.....		
20.	Paediatrician Charges.....	2000 =	
21.	Physiotherapist Charges.....		
<b>Total Rs.</b>		<u>65000 =</u>	
Less Advance Receipt No. ....		Rs.	

**DR. SUMITA ARORA**  
M.D. (Ob. & Gynae)  
Reg. No. 40643  
Aastha Maternity & Laparoscopy Centre

Please pay in cash.

Total Rupees Sixty Five Thousand Only  
Sign. of Patient/Relative [Signature]

**AASTHA MATERNITY AND  
LAPAROSCOPY CENTRE**  
Signature of Administrator  
A-1654, 1655, Sector-I,  
LDA COLONY, KANPUR ROAD  
LUCKNOW-226012

# M/S AASTHA PHARMACY

A-1654, 1655, Sector-'I', L.D.A. Kanpur Road, Lucknow

GST No. - 09ABAPA2619N1ZR

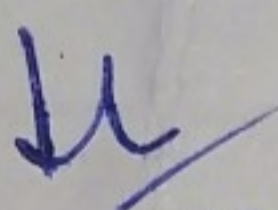
Ph. : 0522-4070369

Date : 23/9/19

Bill No. 1767

Patient's Name ..... Neeraj Dwivedi .....

Doctor's Name ..... Dr. Sumita Arora .....

HSN Code	Qty.	Products Name	B. No. Exp. Dt.	Value
	1/ing	Rhoelone 30mg	A10019003 1/21	2243-57
	1/Pcc	Nipoo 3mlsyrinj	1812471 18/23	10.00
 <b>DR. SUMITA ARORA</b> M.D (Obs. & Gynae) Reg. No. 40643 Aastha Maternity & Laparoscopy Centras				
			<b>TOTAL</b>	2253-57

Total Value in Words Rs. .... Two Thousand Two Hundred

..... fifty three and fifty seven  
paise only

\* Medicines once sold will not be returned  
 \* All disputes are subject to Lucknow jurisdiction .

Signature 