

प्रेषक,

राघवेन्द्र, एच.जे.एस.,
जनपद न्यायाधीश,
गाजीपुर।

सेवा में,

श्री दुर्गेश,
निबन्धक,
केन्द्रीय प्रशासनिक अधिकरण,
35, महात्मा गाँधी मार्ग,
इलाहाबाद।

पत्रांक सं० 915/80

दिनांक 20-08-2020

विषय— चिकित्सा प्रतिपूर्ति व्यय दावा प्रेषित किये जाने के सम्बन्ध में।

महोदय,

उपरोक्त विषयक अवगत कराना है कि आपके द्वारा जनपद न्यायालय गाजीपुर में कार्यकाल की अवधि में अपनी माता श्रीमती ज्ञानती देवी के इलाज से सम्बन्धित चिकित्सा प्रतिपूर्ति व्यय दावा रू० 2,41,195/ (रू० दो लाख इकतालीस हजार एक सौ पन्चानबे) मात्र भुगतान हेतु प्रस्तुत किया गया था। इस कार्यालय के पत्र सं० 80/ पन्द्रह दिनांक 18.03.2020 द्वारा उक्त चिकित्सा प्रतिपूर्ति व्यय दावा मुख्य चिकित्साधिकारी गाजीपुर को तकनीकी परीक्षण एवं प्रतिहस्ताक्षरित किये जाने हेतु प्रेषित किया गया था। मुख्य चिकित्साधिकारी गाजीपुर द्वारा अपने पत्र सं० मु०चि०अ०चि०प्रति०/ 2020-21/1901 दिनांक 15.07.2020 द्वारा यह आपत्ति लगायी गयी है कि प्रस्तुत चिकित्सा प्रतिपूर्ति बिल में राजकीय चिकित्सालय द्वारा रेफर स्लिप संलग्न नहीं है। अतः मूल रूप से वापस की जाती है।

अतः आपके द्वारा प्रस्तुत चिकित्सा प्रतिपूर्ति व्यय दावा रू० 2,41,195/ (रू० दो लाख इकतालीस हजार एक सौ पन्चानबे) मूल रूप में वापस करते हुए अनुरोध है कि उक्त कमियों को दूर कर अपने कार्यालयाध्यक्ष को दावा भुगतान हेतु प्रस्तुत करने का कष्ट करें।

संलग्नक—चिकित्सा प्रतिपूर्ति व्यय दावा मूल।

भवदीय

(राघवेन्द्र)

जनपद न्यायाधीश,
गाजीपुर।

19/08/20

प्रेषक,

मुख्य चिकित्साधिकारी,
गाजीपुर।

सेवा में,

अध्यक्ष विद्यापीठ समिति /
प्रधान न्यायाधीश
परिवार न्यायालय गाजीपुर

पत्रांक- मु0चि0अ0/चिकि0प्रति0/2020-21/1901

दिनांक 15/07/2020


विषय-उपचार के चिकित्सा बिल बाउचर का परीक्षण में पायी गयी कमियों के सम्बन्ध में।
महोदय,

उपरोक्त आपके पत्र सं०- 80/87 दिनांक 18/03/2020

..... के कम में श्री/श्रीमती दुर्गेशा अग्रवाल एवं सती मायादीश के
स्वयं/माता/पिता/पुत्र का अग्रवाल कैलाशहरि हॉस्पिटल मेयझ, जनपद गौतम बुद्ध नगर
.....में कराया गया है, जिनका चिकित्सा प्रतिपूर्ति दावा रू० 2,41,195 के तकनीकी परीक्षण
में कमियाँ पायी गयी है। समस्त प्रपत्र मूल रूप में संलग्न कर आपकी सेवा में सादर प्रेषित है।

अतः आपसे अनुरोध है कि उक्त कमियों का निराकरण समस्त बिल बाउचर मूल रूप में
इस कार्यालय को प्रेषित करने का कष्ट करें, जिससे दावा का तकनीकी परीक्षण कर प्रेषित किया जा
सकें।

संलग्नक उपरोक्तानुसार।


मुख्य चिकित्साधिकारी,
गाजीपुर।

प्रेषक,

गुलाब सिंह-॥, (एच.जे.एस.)
अध्यक्ष, वित्तीय समिति,
प्रधान न्यायाधीश,
परिवार न्यायालय, गाजीपुर।

सेवा में,

मुख्य चिकित्साधिकारी,
गाजीपुर।

पत्रांक सं०- 80/88 /दिनांक- 18.03.2020.

विषय-श्री दुर्गेश अपर जिला एवं सत्र न्यायाधीश/फास्ट ट्रैक कोर्ट-
गाजीपुर द्वारा प्रस्तुत चिकित्सा प्रतिपूर्ति व्यय दावा रू० 2,41,195/- के
तकनीकी परीक्षण एवं प्रतिहस्ताक्षरित किये जाने के सम्बन्ध में।

महोदय,

उपरोक्त विषयक मुझे यह कहना है कि श्री दुर्गेश अपर जिला एवं सत्र
न्यायाधीश/फास्ट ट्रैक कोर्ट-॥, गाजीपुर द्वारा अपनी माता श्रीमती ज्ञानती देवी का
इलाज कराये जाने के उपरान्त अपना चिकित्सा प्रतिपूर्ति व्यय दावा रू० 2,41,195/-
भुगतान हेतु प्रस्तुत किया गया है।

श्री दुर्गेश द्वारा इसके समर्थन में चिकित्सा संस्थान द्वारा जारी किया गया
अनिवार्यता प्रमाण-पत्र-ए, बी एवं मूल बिल बाउचर प्रस्तुत किया गया है, जो
चिकित्सा संस्थान के चिकित्सक द्वारा सत्यापित किये गये हैं।

अतएव श्री दुर्गेश द्वारा प्रस्तुत किये गये चिकित्सा प्रतिपूर्ति व्यय दावे को
मूल रूप में प्रेषित करते हुए अनुरोध है कि दावे के तकनीकी परीक्षण उपरान्त इसे
भुगतान हेतु सत्यापित एवं प्रतिहस्ताक्षरित कर अधोहस्ताक्षरी को प्रेषित करने का
कष्ट करे।

संलग्नक- चिकित्सा प्रति प्रतिपूर्ति
दावा मूल रूप में-300000/-

भवदीय,

(गुलाब सिंह-॥)

अध्यक्ष, वित्तीय समिति/

प्रधान न्यायाधीश,
परिवार न्यायालय, गाजीपुर।

9.5.2018/23
28/3/20

सेवा में- मुख्य चिकित्साधिकारी
गाजीपुर

पत्रांक- पु०नि० पु०जी०/2020-21/20 दिनांक-15-3-2020
महोदय- डाकगृह पराना है कि प्रस्तुत प्रतिपूर्ति बिल में राजकीय
चिकित्सालय द्वारा रेफर रखिये संलग्न नहीं है। अतः मूल
रूप से वापस की जाये।

15/3/2020
मुख्य चिकित्सालय
गाजीपुर

श्रीमान अध्यक्ष,
वित्तीय समिति,
जनपद न्यायालय,
गाजीपुर।

महोदय,

सादर निवेदन है कि श्री दुर्गेश अपर जिला एवं सत्र न्यायाधीश/ फास्ट टैक कोर्ट-1, गाजीपुर द्वारा अपनी माताजी श्रीमती ज्ञानती देवी के इलाज से सम्बन्धित चिकित्सा प्रतिपूर्ति व्यय दावा रू0 2,41,195/ (रू0 दो लाख इकतालीस हजार एक सौ पन्चानबे) मात्र भुगतान हेतु माननीय जनपद न्यायाधीश गाजीपुर के समक्ष प्रस्तुत किया गया है। जिसे तकनीकी परीक्षण एवं प्रतिहस्ताक्षरित किये जाने हेतु मुख्य चिकित्साधिकारी गाजीपुर को प्रेषित किया जाना आवश्यक है।

अतः श्रीमान जी से विनम्र निवेदन है कि अधिकारी महोदय द्वारा प्रस्तुत चिकित्सा प्रतिपूर्ति व्यय दावा को मुख्य चिकित्साधिकारी गाजीपुर को प्रेषित किये जाने हेतु आदेशित करने की कृपा करें।

Janu 1

निवेदित,

बिल लिपिक,
जनपद न्यायालय गाजीपुर।

Permitted
16/03/20

प्रेषक,

दुर्गेश,
अपर जिला एवं सत्र न्यायाधीश/
फास्ट ट्रेक कोर्ट कक्ष सं०-१,
गाजीपुर।

सेवा में,

माननीय जनपद न्यायाधीश,
गाजीपुर।

विषय-चिकित्सा प्रतिपूर्ति व्यय भुगतान किये जाने के सम्बन्ध में।

महोदय,

उपर्युक्त विषय के सम्बन्ध में सादर निवेदन है कि मेरी माता जी श्रीमती ज्ञानती देवी का इलाज कैलाश हास्पिटल खुर्जा बुलन्दशहर एवं कैलाश हास्पिटल एवं हर्ट इन्सिट्यूट नोएडा एवं अखिल भारतीय संस्थान नई दिल्ली में हुआ है। उनके इलाज में कुल रू० 2,41,195/ खर्च हुआ है। मेरी माता जी मेरे उपर पूर्णरूप से आश्रित हैं। शासनादेश के अनुसार उनके इलाज पर हुए व्यय की प्रतिपूर्ति किये जाने का प्राविधान है।

अतः श्रीमान जी से विनम्र निवेदन है कि मुझे मेरी माता जी श्रीमती ज्ञानती देवी के इलाज में व्यय की गयी धनराशि रू० 2,41,195/ की प्रतिपूर्ति करने की कृपा करें।

संलग्नक-

चिकित्सा प्रतिपूर्ति व्यय
दावा मूल रूप में।

भवदीय

(दुर्गेश)

अपर जिला एवं सत्र न्यायाधीश/
फास्ट ट्रेक कोर्ट कक्ष सं०-१,
गाजीपुर।

24-08-2019

0
Send to Lt commishner
concerns for report
and further order.

24-08-2019


जनपद न्यायाधीश
गाजीपुर

प्रकाश रूप में है, मुचीवर्ष के लिए जाकर
सम्बन्धित प्रतिपूर्ति पत्रा के सागर
दिनांक 25.9.19 को Bill of
की लागत के सागर सिवा है

प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु0 शान्ती पांडेय
 पुत्र/पुत्री/पत्नी माता श्री दुर्गा आयु 60 वर्ष
CKD रोग से पीड़ित है।
 इनका इलाज कैलाश - अस्पताल खुर्जा में मरीज की आकस्मिक
 परिस्थिति को देखते हुए दिनांक DEC 2018 से शुरू किया गया।

Bills attached


 Dr. Anand Prakash
 05/08/2018
 चिकित्सक के हस्ताक्षर व मुहर
 ANAND PRAKASH
 (M.B.B.S. MHA)
 Medical Superintendent
 Reg. No. UP-048092
 KAILASH HOSPITAL, KHURJA
 Bulandshahr, U.P.-203131

CERTIFICATE-B

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

The granted to the Mr. Gyanti Pandey

^{Mother} Son / Daughter / Wife of Mr. / Mrs. Durgesh

Employed in the Distt Court Gurgaon

PART-A

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

I Dr _____ here by certify:-

(a) that the patient was admitted to hospital on my advice/the advice of
Dr _____ (Name of Medical Officer)

(b) that the patient has been under treatment at _____ and that the under mentioned medicines presented 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 _____ for supply to private patient and do not include proprietary preparation for which cheaper substances of equal therapeutical value are available not prepration which are primarily foods, toieltl of disinfectants.

Sl. No.	Name of Medicines	Price
---------	-------------------	-------

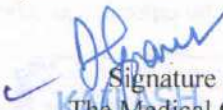
Bill Attached

DR. AVINASH PRAKASH
(M.B.B.S., M.D.)
Medical Superintendent
Reg. No. UP-02313

The injection administered were/ were for immunizing _____ or promiactic purpose. That the patient is/ were suffering from _____ and is/was under my treatment from 17-01-19 to 17-01-2019.


(e) That the x-ray, laboratory tests, etc for which and expediture of Rs. _____ was incurred were necessary and were under taken on my advice at _____ (name of hospital or labortary)

(f) That called in Dr _____ - for especial communication and that the necessary approval of the _____ of _____ (name of the chief administrative medical office of the state as required the rule was obtained.)


Signature and designation
The Medical Officer Incharge.
In the case at the Hospital
Plot No. 105, Wazirpur Road
Khurja, Bulandsahar, U.P.-203131

PART-B

I certify that the patient has been under treatment at the _____ hospital & the services of the special nurses, for which an expenditure of Rs. _____ was incurred vide bill & receipts attached were essential for the recovery/ prevention of serious deteriorating the condition of the patient.



Signature and designation
The Medical Officer Incharge.
In the case at the Hospital
Plot No. 105, Wazirpur Road
Khurja, Bulandsahar, U.P.-203131

COUNTERSIGNED

I certify that the patient has been under treatment at t he _____ Hospital and that the facility provided were minimum which were essential for the patient treatment

Place: _____

Date: _____


Dr. AVINASH PRAKASH
(M.B.B.S, MHA)
Medical Superintendent
Reg. No. UP-048092
KALASH HOSPITAL, KHURJA

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

Ph. : 05738-2555
 999999880
 Extn. 542, 543

(KAILASH HOSPITAL)
 203, WAZIDPUR, G.T. ROAD, KHURJA, DIST: BULANDSHAHR, (U.P.) 203131

Invoice No. CAIK18763423
 Place of Supply U.P (09)
 Patient Name RAN
 Address

Date 17-01-2019 Time : 06:30 PM
 Phone No.
 Card No. Indent No.:
 Consultant CASUALTY MEDICAL OFFICER

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IG
3	1x15	ULTRACET TAB	9069	N1025	08/20	33.60	0	30	6%+1.8	6%+1.8	

बिना बिल के रवाना नहीं होगी।
PAID
 दवाइयों के बिना रवाना नहीं जायेंगी

KAILASH HOSPITAL.

Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131

Items 1 Amount 33.60

Disc. 0.00

(+/-) -0.60

Rupees Thirty Three Only.

Net Amt. 33.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
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 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

RETAIL INVOICE / CASH MEMO / BILL

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(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-255555
9999998807
Extn. 542, 543

GSTIN : 09AAACU7133M1ZZ
CIN : U85110DL1998PLC092382
D.L. No. : BSC/2016/20/00031
D.L. No. : BSC/2016/21/00031

Invoice No. CAIK18/83422
Place of Supply U.P (09)
Patient Name BYANTI PANDAY
Address

Date 17-01-2019 Time : 08:13 PM
Phone No.
Card No.
Consultant CASUALTY MEDICAL OFFICER
Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------	------

2		1230 TABPRAZDRESS XL 2.5 TAB	9079	EST0933	09/20	16.03	0	14.31	6%+0.86	6%+0.86	
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बिना किल के चार्ज वापिस नही होगी।
बिना किल के चार्ज वापिस नही होगी।

KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.T. Road
Khurja, Bulandshahr, U.P.-203131

*** CASH INVOICE ***

Items 1

Amount 16.03

Disc.

(+/-) -0.03

Net Amt. 16.00

Rupees Sixteen Only.

Price of medicine are inclusive of all taxes.
Goods once sold will not be taken back.
Subject to Bulandshahr jurisdiction.
E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382



KAILASH HOSPITAL

(A UNIT OF KAILASH HEALTHCARE LTD.)

8

Plot No. -203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131, Tel.: 05738-255555, Mob: +91 9999998807
Fax: 05738-252333, E-mail: kailash.khurja@kailashhospital.com, Web-site : www.kailashhospital.com

DATE : 17/Jan/2019

MRD NO. : IPD/18K/4511
Name : GYANTI PANDEY
ADDRESS : -, KHURJA, CIVIL COURT , DISTT-BULANDSHAHR, UP

Narration : D/C BILL

Received with thanks Rs. : 2,050.00
(RUPEES TWO THOUSAND FIFTY ONLY)

BY: CASH

Cash Tender : 2050
FOR Kailash Hospital
HARI KASH SHARMA

Refund Amount - :

Note:-Refund, if any, will be made against surrender of original receipt

PAID

KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.T. Road
Khurja, Bulandshahar, U.P.-203131

17/Jan/2019

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

CIN : U74899DL1993PLC054864

Corporate Office : H-33, Sector - 27, Noida - 201301, U.P., Tel.: 0120-2466666, Fax : 0120-2552323



KAILASH HOSPITAL

(A unit of Kailash Healthcare Ltd.)

9

Plot No - 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131
 Mobile No.: 9999998804, Tel - 05738-255555, Fax - 05738-252333
 E-mail: kailash.khurja@kailashhospital.com Web-site: www.kailashhospital.com

FINAL BILL

Bill No : IPD/K/18/3563 UHID: 126565 Dated : 17/Jan/2019
 MRD No : IPD/18K/4511 Sex/Age : Female / 60-1
 Patient : GYANTI PANDEY
 C/O : W/O LAXMI KANT PANDEY
 Address : -, KHURJA, CIVIL COURT ,
 DISTT-BULANDSHAHR,UP
 PhoneNo : 8299003408
 D.O.A. : 17/Jan/2019 14:18:57
 D.O.D. : 17/Jan/2019 16:50:09

DESCRIPTION

AMOUNT(In Rs.)

Non-Surgical Procedures

DIALYSIS- SINGLE PERSON (Package) (Sch.No:NA*)
 Dr.RAVINDRA SINGH BHADORIA (NEPHROLOGIST-MD, DNB) 2,050.00
 Amount: 2,050.00
 SAC-999311 Bill Amount: 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

GSTIN:09AABCK8840N1ZY

PAN No. AABCK8840N

TAN No. DELK02514B

Payment Summary:

Bill Amount:	2,050.00
Total Receivable:	2,050.00
Receipts:	
17/Jan/2019 CV/18KI/4286	2,050.00 E/C BILL
Total Receipts:	2,050.00
Net Receivable:	0.00

Prepared By : VEER SINGH
 E.&O.E.
 Check Out Time is 11:00 AM

Checked By : HARI PRAKASH SHARMA Settlement By : HARI PRAKASH SHARMA

PAID
 KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131

ESSENTIALITY CERTIFICATE
CERTIFICATE-A

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

Certificate granted to Mrs/Mr/Miss Geantia Pandey
Mother wife/son/daughter of
Mr. Durgesh employed in
the Distt Court Comptroller

Dr. hereby certify.

- (a) That I charged and received Rs. for..... consultations on.....(dates to be given) at my consulting room/ at the residence of patient/at hospital.
- (b) That I charged and received DT..... for administering.....intro-venous/intro-muscular/Subcutaneous injections on(date to be given) at hospitals at my consulting room/ at the residence of of the patient.
- (c) That the injection administered were not/were not 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 use for the recovery/prevention of serious, deterioration in the condition of the patient he medicines are not stocked in the..... (name of the hospital) for supply to private patient and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primarily/foods toilets or disinfectants.

S.No. NAME OF MEDICINES (IN BLOCK LETTERS) QUANTITY : PRICE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Bill Attached

.....
That the patient is/was not given pre-natal or post-natal treatment.

That the x-ray, laboratory test, etc for which an expenditure of Rs.....
was incurred were necessary and are undertaken on my advice a.....
.....(Name of hospital or Laboratory).

That I referred the patient to Dr.....of specialist
consultation and that the necessary approval of the.....
.....
(Name of the Chief Administrative officer of the state) as requires under the rules was
obtained

That the patient did not required/ reducers hospitalization.

.....
✓ Signature & Diesignation of the
Medical officer & Name of the hospital &
Dispensary to which attached

KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.I. Road
Khurja, Bulandsahar, U.P.-203131

Certificate is not applicable should be struck off. Certificate (a) in compulsory and most be
filled in by the Medical officer in all cases.

COUNTERSIGNED

(Medical superintendent.....Hospital)

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

✓ MEDICAL SUPERINTENDENT

.....
Dr. Avinash
0508204

.....hospital
Dr. AVINASH PRAKASH
(M.B.B.S., MHA)
Medical Superintendent
Reg. No. UP-048092
KAILASH HOSPITAL, KHURJA
Bulandshahr, U.P.-203131

2-Diagnosis-

3-Name of Hospital-

4-Period/Duration-

Srl. no	Vr. No	Date	Name of chemist/ institute	Total Amount	Deductions	Net Pass Amount
1.	4998	09.3.19	Kailash Hospital	1850-		
2.	73351	09.3.19	Uma Medicare LTD	07-		
3.	4213	09.3.19	Kailash Hospital	1850-		
4.	459	10.3.19	Bhushan Medical	698-		
5.	5060	12.3.19	Kailash Hospital	1850-		
6	74404	"	Uma Medicare	34-		
7	74431	"	" "	372-		
8	5143	14.3.19	Kailash Hospital	1850-		
9	26107	19.3.19	" "	145-		
10	75790	"	Uma Medicare LTD	34-		
11	75838	"	" " "	10-		
12	5190	24.3.19	Kailash Hospital	1850-		
13	-	-	Life Pharmacy	753-		
14	69217	27.3.19	Jagdamba Chemist	730-		
15	5236	28.3.19	Kailash Hospital	1850-		
16	77732	"	Uma Medicare LTD	167-		
17	77668	29.3.19	" " "	34-		
18	0028	01.4.19	Kailash Hospital	499-		
19	0351	05.4.19	" "	105-		
20	124857	"	" "	130-		
21	0063	5.4.19	" "	130-		
22	0003	1.4.19	" "	1850-		
23	72281	-	Uma Medicare LTD	34-		
24	574	3.4.19	Jagdamba Chemist	1610-		
25	0062	5.4.19	Kailash Hospital	1850-		
26	1024	5.4.19	Uma Medicare LTD	157-		
27	1342	6.4.19	" "	159-		
28	1501	7.4.19	Jagdamba chemist	1650-		
29	1695	8.4.19	Uma Medicare LTD	14-		

30.	0116	8.4.19	Kailash Hospital	1850-		
31.	0159	11.4.19	" "	1850-		
32.	2984	15.4.19	Uma Medicare	06-		
33.	0214	"	Kailash Hospital	1850-		
34.	0247	18.4.19	" "	1850-		
35.	4375	22.4.19	Uma Medicare	34-		
36.	4476	22.4.19	" "	10-		
37.	0297	"	Kailash Hospital	1850-		
38.	0337	25.4.19	" "	1850-		
39.	5118	"	Uma Medicare	34-		
40.	1211	08.4.19	" "			
41.	9027	13.5.19	Jagdamba chemist			
42.	000563	28.5.19				
42.	244518	24.10.18	Anurupa Medics	19-		

[Signature]
KAILASH HOSPITAL
 Plot No. 202, Wazirpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131



KAILASH HOSPITAL

(A Unit of KAILASH HEALTHCARE LTD.)

Plot No.-203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131

Mobile No. : 9999998804, Tel. : 05738-255555

Email : kailash.khurja@kailashhospital.com Website : www.kailashhospital.com

(12)

FINAL BILL

Bill No : IPD/K/18/4213 UHID: 124857 Dated : 09/Mar/2019
 MRD No : IPD/18K/5153 Sex/Age : Female / 60-5
 Patient : GYANTI PANDEY
 C/O : W/O LAXMI KANT PANDEY
 Address : C-69, SECTOR-23, NOIDA

PhoneNo : 9315007796
 D.O.A. : 09/Mar/2019 14:15:14
 D.O.D. : 09/Mar/2019 18:04:47

Remarks : 200/-DIS. BY DR.AVINASH PRAKASH

DESCRIPTION

AMOUNT(In Rs.)

DESCRIPTION	AMOUNT(In Rs.)
Non-Surgical Procedures	
DIALYSIS- SINGLE PERSON (Package) (Sch.No:NA*)	2,050.00
Dr.RAVINDRA SINGH BHADORIA (NEPHROLOGIST-MD, DNB)	2,050.00
Amount:	2,050.00
Less Discount:	200.00
SAC-999311 Bill Amount:	1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

GSTIN:09AABCK8840N1ZY

PAN No. AABCK8840N

TAN No. DELK02514B

Payment Summary:			
Bill Amount:		1,850.00	
Total Receivable:		1,850.00	
Receipts:			
09/Mar/2019	CV/18KI/4998	1,850.00	ADV
Total Receipts:		1,850.00	
Net Receivable:		0.00	

Prepared By : VEER SINGH
 E.&O.E.
 Check Out Time is 11:00 AM

Checked By : HARI PRAKASH SHARMA

Settlement By : HARI PRAKASH SHARMA

PAID



KAILASH HOSPITAL

(A UNIT OF KAILASH HEALTHCARE LTD.)

Plot No. -203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131, Tel.: 05738-255555, Mob: +91 9999998807
Fax: 05738-252333, E-mail: kailash.khurja@kailashhospital.com, Web-site: www.kailashhospital.com

Receipt NO. : CV/18K/4978
MRD NO. : IPD/18K/5153
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 09/Mar/2019

Narration : ADV

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850
FOR Kailash Hospital

Refund Amount - :

HARI PRAKASH SHARMA

Note:-Refund, if any, will be made against surrender of original receipt

KAILASH HO
Plot No. 203, Wazidpur
Khurja, Bulandshahar,

09/Mar/2019

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

CIN : U74899DL1993PLC054864

Corporate Office : H-33, Sector - 27, Noida - 201301, U.P., Tel.: 0120-2466666, Fax : 0120-2552323

GSTIN : 09AAACU7133M1ZZ
CIN : U85110DL1998PLC092382
D.L. No. : BSC/2016/20/00031
D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(14)

Ph. : 05738-259999988
Extn. 542, 543

(KAILASH HOSPITAL)
203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No. CAIK18/73551
Place of Supply U.P.(09)
Patient Name S152 GYANTI PANDEY C/O SENARAL
Address

Date 09-03-2019 Time : 05:54 PM
Phone No.
Card No. Indent No.:
Consultant KH

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------

1	3ML	OPTINEURON INJ	9852	A18491VP	02/20	7.60	0	6.79	6% = 0.41	6% = 0.41
---	-----	----------------	------	----------	-------	------	---	------	-----------	-----------

बिना रिटर्न के वापिस नहीं होंगी।
दवाईयाँ केवल 1 दिन के अन्दर वापिस ली जायेंगी


KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.T. Road
Khurja, Bulandsahar, U.P.-203131

*** CASH INVOICE ***

Items	Amount	Disc.	(+/-)
	7.60	0.00	0.00
Rupees Seven Only.			Net Amt. 7.60

Price of medicine are inclusive of all taxes.
Goods once sold will not be taken back.
Subject to Bulandshahr jurisdiction.
E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE

CIN: U85110DL1998PLC092382



Printed by Naina Printer 9810434607, 9711267588

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DIST. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-2555
 999999880
 Extn. 542, 543

17

Invoice No. CAIK18/74404
 Place of Supply U.P.(09)
 Patient Name 5208 MOHD. WASEEM C/O GENAKAL
 Address

Date 13-03-2019 Time: 05:29 PM
 Phone No.
 Card No.
 Consultant KH Indent No.:

L-250
0918

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1		DUOLIN RESPULES	9099	9N81371	09/20	11.64	0	10.39	6%=0.62	6%=0.62	
1	2ML	RUDECORT KESP 0.5MG	9099	9A84738	09/20	22.39	0	19.99	6%=1.2	6%=1.2	

Printed by Naina Printer 9810434607, 9711267588

बिना बिल के वापस नहीं होगी।
PAID
 वापसी के लिए बिल के अंक वापस लौ जायेगी

*** CASH INVOICE ***

KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr (U.P.) 203131

Items 2 Amount 34.03 Disc 0.00

Rupees Thirty Four Only.

Net Amt. 34.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

CIN: U85110DL1998PLC092382

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

DINESH
 For UMA MEDICARE LTD.

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-255
 9999988
 Extn. 542, 543

18

Invoice No. CAIK18/74431
 Place of Supply U.P.(09)
 Patient Name GAYTRI PANDEY
 Address

Date 13-03-2019 Time : 08:55 PM
 Phone No.
 Card No.
 Consultant CASUALTY MEDICAL OFFICER
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IG
1	3ML	NEXIRON INJ	5090	IISAC1118	07/20	215.80	0	192.68	6%=11.56	6%=11.56	
1	1*1	CARNISURE INJ	9099	CAA90001	12/20	149.50	0	133.48	6%=8.01	6%=8.01	
1	3ML	OPTINEURON INJ	9052	A18491VP	02/20	7.60	0	6.79	6%=0.41	6%=0.41	

*** CASH INVOICE ***

KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131

Items	3	Amount	372.90	Disc.	0.00	(+/-)	0.90	Net Amt.	372.00
-------	---	--------	--------	-------	------	-------	------	----------	--------

Rupees Three Hundred Seventy Two Only.

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

D.L. MLN - 105295, 105296
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

+ JAGDAMBA CHEMIST +

19

GREDIT CARD
ACCEPTED

17/7, Main Market Yusuf Sarai, N.Delhi-16 Email: jagdambachemist531@gmail.com

ALL DAYS
OPEN

MEDICINES SURGICALS & ANTI-CANCER DRUG

HELP LINE NO. : 26165517, 49027722, 9971074405, 9312480015

* In case you find any inadvertent error in the price charged.
* Please bring this cash mem for refund of difference.

Bill No. : 66644
Patient : GYANTI PANDEY
Address : AIIMS
Prescribed by :

Date : 15/03/19
Time : 01:54 PM

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
10	LOBUN-FORTE CAP.	30049099	12.0	19001	06/20	768.00
1	IROFER-5MLINJ	3004	12.0	IS12C	10/20	100.00
2	WEPOX-10000IU INJ.	3004	12.0	DT10643	07/20	1300.00



CUTING & FRIDGE ITEM NO RETURN
WHATSAPP-964329111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	1,830.41	CGST 6%	109.83	SGST 6%	109.83
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	

CGST Total 109.83
SGST Total 109.83

MRP TOTAL 2,168.00
DIS. AMT. 117.94
PAID AMT. 2,050.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free Home Delivery, Condition Apply*

FOR : JAGDAMBA CHEMIST

INDIAN PAPERS Ph: 25274765, 25274766



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131
Tel.: 05738-255555, Mob.: +91 9999998804, 07
Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

20

Receipt NO. : CV/18KI/5143
MRD NO. : IPD/18K/5279
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 19/Mar/2019

Narration : ADV

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850
FOR Kailash Hospital

Refund Amount - :

MAHESH SHAND SHARMA

Note:-Refund, if any, will be made against surrender of original receipt

KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.T. Road,
Khurja, Bulandshahar, U.P.-203131

19/Mar/2019

15:2

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588



19/03/2019 03:02 PM [O-0032]



6079605
GYANTI PANDEY

HOSPITAL

ash Healthcare Ltd.)
/NH-91, Khurja, Bulandshahar, U.P.-203131
Mob. : +91 9999998804, 07
Website: www.kailashhospital.com

21

LABORATORY

UHTD : 126565 DATE 19/03/2019 (15:01) BILL NO - LAB/K/18/26
NAME : GYANTI PANDEY SEX: Female AGE: 60-3
ADDRESS : -, KHURJA, CIVIL COURT , DI Claim No
Req No. : 6079605 PHONE NO. : 8299003408
REFERRED BY: Dr. RAVINDRA SINGH

Sr No. Laboratory Charges

1. UREA (BLOOD)	KKL16-413*
2. CREATININE	KKL16-119*

Bill Amount

GSTIN:09AABCK8840N1ZY SAC-999316

Amount Payable

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Change Returned	Am
19/03/2019	CV/18KL/9401	By Cash	500	355	1
Total Received :					1
Net Recivable :					1

19/03/19 15:01 For Kailash Hospital

-This Bill is valid for 3 days only.
-Refund, if any, will be made against surrender of original receipt only.

KAILASH HOSP
Plot No. 203, Wazidpur G
Khurja, Bulandsahar, U.P.

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 U.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

22

Ph. : 05738-2555
 999999880
 Extn. 542, 543

Invoice No. CAIKL18/75780
 Place of Supply U.P (09)
 Patient Name 5279 GYANTI PANDAY C/O GENERAL
 Address

Date 19-03-2019 Time : 03:08 PM
 Phone No.
 Card No. Indent No.:
 Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IG
1	1	DUOLIN RESPULES	9099	SN81371	09/20	11.64	0	10.39	6%=0.62	6%=0.62	
1	2ML	BUDERORT NFSP 0.5MG	9099	SAB4738	09/20	22.39	0	19.99	6%=1.2	6%=1.2	

दिना बिल के साथे काफ़ी नहीं होगी।
PAID
 रकम का भुगतान करने से जबरन बिल को प्रायंगी

[Signature]
KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P. 203131

*** CASH INVOICE ***

Items	Amount	Disc	(+/-)	Net Amt.
2	34.03	0.00	-0.03	34.00

Rupees Thirty Four Only.

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

L-250
0918

Printed by Naina Printer 9810434607, 9711267588

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

23

Ph. : 05738-2999998
 Extn. 542, 543

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No. CAIK18/75838
 Place of Supply U.P.(09)
 Patient Name GYANVI PANDEY
 Address

Date 19-03-2019
 Phone No.
 Card No.
 Consultant CASUALTY MEDICAL OFFICER

Time : 07:26 PM

Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST
4	1	TREAD AID WASH PROOF	1090	NH1823	04/21	10.00	0	8.93	6%=0.54	6%=0.54

बिना तिल के दवाई गरिब नही होती।
PAID
 दवाई के बिना गरिब के अन्दर दारिद्र्य लौ चलेगी

*** CASH INVOICE ***

KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P. 203131

Items	Amount	Disc.
1	10.00	0.00

Mupees Ten Only.

Net Amt. 10.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

CIN: U85110DL1998PLC092382

For UMA MEDICARE LTD.

Printed by Naina Printer 9810434607, 9711267588



KAILASH HOSPITAL Provisional Report

24

Plot No.-203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr, U.P.-203131
Mobile No. : 999998804, Tel. : 05738-255555
Email : kailash.khurja@kailashhospital.com Website : www.kailashhospital.com

O-0032

UHID : 126565	No. : LAB/18K/12303	Date: 19/03/2019
Name : Ms. GYANTI PANDEY	Request Number : 6079605	
Sex : F Age : 60 YEARS 3 MONTHS	Registered : 19/03/2019 03:02:47PM	
Referred By : Dr.RAVINDRA SINGH BHADORIA	Sample Collected : 19/03/2019 03:08:27PM	
Collected At : Lab	Reported :	

Investigation	Result	Unit	Biological Ref Interval
UREA (BLOOD) (SERUM)			
UREA Urease & Glutamate dehydrogenase Method	: 166.9	mg/dl	16.6 - 48.5
CREATININE (SERUM) (SERUM)			
SERUM CREATININE Kinetic -Jaffe Method, rate blanked & compensated	: 9.62	mg/dL	0.50 - 0.90

Dr. Ritu Vohra M.D. Group Director Lab Medicine	Dr. Saloni Sehgal, M.D. Microbiologist Head Of Department
---	---

-----End of Report-----

NOTE : -* If the result of the test is alarming or unexpected ,the patient is advised to contact the Laboratory immediately.
* The lab report is not the diagnosis , it represents only an opinion. Kindly contact your doctor for interpretation, diagnosis and treatment. Not valid for medico legal purposes. * Report is electronically validated.

Lab Technician



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel.: 05738-255555, Mob.: +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

25

Receipt NO. : CV/18KI/5190
MRD NO. : IPD/18K/5332
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 24/Mar/2019

Narration : ADV.

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850
FOR Kailash Hospital

Refund Amount - :

VINEET KUMAR SHARMA

Note:-Refund, if any, will be made against surrender of original receipt

[Handwritten signature]
24/3/2019

KAILASH
Plot No. 203, W
Khurja, Buland

24/Mar/2019

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588

(Return Policy) Return Wit: in 7 Days only.

GST INVOICE

MR. GYANTI PANDAY

LIFE PHARMACY

Shop No. -4, A-Block, Sector 23, Noida (UP)
Mob. ☎ 9999787846, 9999103046

Invoice No.

Date

Name S K BEHURA

26

Add.

Mob.

Dr.

• GSTIN. 10TAB ONDERO 5MG TAB
• D.L. NO. UP16210000127

BATCH NO.	EXP.	MRP	DIS. %	AMOUNT
AA4305A	04/21	468.00	0.0	468.00
KHR11A	06/20	80.30	0.0	80.30
BA81184	03/21	125.96	0.0	125.96

PKG.	DESCRIPTION	BATCH NO.	EXP.	MRP	DIS. %	AMOUNT
10	10 TAB DYTOR 20 MG TAB	BA81184	03/21	125.96	0.0	125.96



13

572.56 X 12 % = 80.70

Seven Hundred Fifty Three Only

753.26
753.00

Rs.

PLEASE PAY
R. OFF

- ◆ All disputes subject to G.B. Nagar Jurisdiction only.
- ◆ Cutting & losse strip will not be taken back

For LIFE PHARMACY



Shiv-S # 96 18080

D.L. MLN - 105295, 105296
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

+ JAGDAMBA CHEMIST +

27

CREDIT CARD
ACCEPTED

17/7, Main Market Yusuf Sarai, N.Delhi-16 Email: jagdambachemist531@gmail.com

ALL DAYS
OPEN

MEDICINES SURGICALS & ANTI-CANCER DRUG
HELP LINE NO. : 26165517, 49027722, 9971074405, 9312480015

* In case you find any inadvertent error in the price charged,
* Please bring this cash mem for refund of difference.

Bill No. : 69217
Patient : BYANTI PANDEY
Address : AIIMS
Prescribed by :

Date : 27/03/19
Time : 06:06 PM

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
2	IFROFER-5MLINJ	3004	12.0	1812C	11/20	180.00
20	KETOSTERIL-TAB.	30049099	5.0	18R1433	03/21	550.00



CUTTING & FRIDGE ITEM NO RETURN
WHATSAPP-9643291111

Taxable 5%	523.81	CGST 2.5%	13.10	SGST 2.5%	13.10
Taxable 12%	160.71	CGST 6%	9.65	SGST 6%	9.65
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	

CGST Total 22.74
SGST Total 22.74

MRP TOTAL 730.00
DIS. AMT.
PAID AMT. 730.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free Home Delivery, Condition Apply*

FOR : JAGDAMBA CHEMIST



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131
Tel. : 05738-255555, Mob. : +91 9999998804, 07
Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

Receipt NO. : CV/18KI/5236 DATE : 28/Mar/2019
MRD NO. : IPD/18K/5387
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

Narration : ADV.

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - 1850

Refund Amount - :

FOR Kailash Hospital

VINEET KUMAR SHARMA

Note:-Refund, *1850* will be made against surrender of original receipt
28/3/2019

KAILASH H
Plot No. 203, Wazid
Khurja, Bulandsaha

28/Mar/2019

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588



GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

Ph. : 05738-2555
 999999880
 Extn. 542, 543

(KAILASH HOSPITAL)
 203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

29

Invoice No. SAIR/18/77752
 Place of Supply U.P (09)
 Patient Name 5587 GYANTI PANDEY C/O GENERAL
 Address

Date 28-03-2019 Time : 04:51 PM
 Phone No.
 Card No. CASUALTY MEDICAL OFFICE
 Consultant Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IG
1	1	CANNISURE Oint	3052	A18491V4	02/20	7.60	0	6.79	6% = 0.41	6% = 0.41	
3	1	OPTINEURON INT	3052	A18491V4	02/20	7.60	0	6.79	6% = 0.41	6% = 0.41	
1	1	BAND AID WASH PROOF	1090	MH1923	04/21	10.00	0	8.93	6% = 0.54	6% = 0.54	

बिना बिल के रवाई वापिस नही होगी।
PAID
 रवाईयों केवल 1 महीने के अन्दर वापिस ली जायेगी

KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, (U.P.) 203131

*** CASH INVOICE ***

Items	3	Amount.	Disc
-------	---	---------	------

Rupees One Hundred Sixty Seven Only.

Net Amt. 167.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

DINESH
 For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

30

Ph. : 05738-25
 99999988
 Extn. 542, 543

(KAILASH HOSPITAL)
 203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No.

ORIGINAL COPY Main S Date 218214

Time :

Place of Supply CAIKR/18/77663

Phone No. -03-2019

01:17 PM

Patient Name U.P.(69)

Card No.

Indent No.:

Address 5387 GYANTI PANDEY C/O GENERAL

Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST
------	------	-------------	-----	-----------	--------	--------	-------	---------	------	------

1	1	DUOLIN RESPULES	9099	SN81371	09/20	11.64	0	10.39	6%=0.62	6%=0.62
1	2ML	BUDECORT RESP 0.5MG	9099	SA84738	09/20	22.39	0	19.99	6%=1.2	6%=1.2

बिना बिल के दवाई वापिस नहीं होगी।
PAID
 दवाइयों केवल। भरीने के बचर प्रतिक ही जायेगी

[Signature]
KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandsahar, U.P. 203131

*** CASH INVOICE ***

Items	Amount	Disc.	Net Amt.
2	34.03	0.00	-0.03
			34.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

01/04/2019 09:17 AM [C-0010]



6080519
GYANTI PANDEY

60/F

KAILASH HOSPITAL

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o. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

31

LABORATORY

CLIP : 126565 DATE : 01/04/2019 (09:13) BILL NO - LAB/K/19/00
NAME : GYANTI PANDEY SFX: Female AGE: 60-4

ADDRESS : -, KHURJA, CIVIL COURT, D1 CLAIM NO :
Req No. : 6080519 PHONE NO. : B299003409

REFERRED BY: HEALTH CHECK UP

Sr No. Laboratory Charges

1. SILVER HEALTH CHECK UP

NA%

- BLOOD GROUPING & RH TYPING
- BLOOD SUGAR (FASTING)
- COMPLETE BLOOD COUNT (C.B.C)
- ESR (Westergrens) AUTOMATED
- KIDNEY FUNCTION TEST (KFT)
- LIPID PROFILE
- LIVER FUNCTION TEST

URINE ROUTINE (AUTOMATED) *SNR*

[Signature]
KAILASH HOSPITAL

Plot No. 203, Wazidpur, G.T. Road,
Khurja, Bulandshahar, U.P.

GSTIN:09AA8CK8840N1ZY

SAC-999316

Bill Amount

Amount Payable

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

Sr - 27, Noida - 201301 U.P.

Tel.: 0120-246 66 66



05/04/2019 02:28 PM [O-0025]



6080842
GYANTI PANDEY

60/F

KAILASH HOSPITAL

of Kailash Healthcare Ltd.)

G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

88-255555, Mob. +91 9999998804, 07

@kailashhospital.com Website: www.kailashhospital.com

SEX: Female AGE: 60-4

NAME : GYANTI PANDEY

ADDRESS : -, KHURJA, CIVIL COURT, DI
Req No. : 6080842

Claim No

PHONE NO. : 8299003408

REFERRED BY: Dr. RAVINDRA SINGH B

Sr No. Laboratory Charges

1. POTASSIUM

KKI16-322*

Bill Amount

Discount

Amount Payable

BSTIN:09AABCK8840N12Y

SAC-999316

RECEIPT

Receipt No
05/04/2019CV/19KL/0139

Payment Type	Cash	Tendered	Returned	Am
By Cash	105	0		1
Total Received :				1
Net Receivable :				

Remarks: 20% LESS O/B M.S.SIR BY PH.DIALYSIS
05/04/19 14:26 For Kailash Hospital.

-This Bill is valid for 3 days only.

-Refund, if any, will be made against surrender of original receipt only.

KAILASH HOSPITAL
Plot No. 203, Wazirpur, G.T.
Khurja, Bulandshahar, U.P.-2

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

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KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr

Tel. : 05738-255555, Mob: 91-9999998804

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

05/04/2019 10:22 AM [W-0009]



6080813

PATIENT NAME: GYANTI PANDEY

PHID : 124857

WARD No.: IPD/15K/106B

PATIENT NAME:

GYANTI PANDEY

REFERRED BY: Dr. RAVI

SEX: Female

AGE: 60-6

ADDRESS: C-69, SECTOR-23, NOIDA
NOIDA

Req No: 6080813

Ward/Bed: CASUALTY/CASUALTY 04

Sr No.	Laboratory Charges	Amount
1	POTASSIUM	130.00

KKL16-322*

Balance Payable 130.00

05/04/19 10:19

For

Kailash Hos

[Signature]
KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
 Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
 Tel.: 0120-246 66 66

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KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

34

Receipt No. : CV/19KI/0063
IRD NO. : IPD/19K/1068
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 05/Apr/2019

Narration : ADV.

Received with thanks Rs. : 130.00

(RUPEES ONE HUNDRED THIRTY ONLY)

BY: CASH

Cash Tender - : 130
FOR Kailash Hospital

Refund Amount - :

GOPAL SHARMA

Note:-Refund, if any, will be made against surrender of original receipt


KAILASH HOSPITAL

Plot No. 203, Wazidpur, G.T.
Khurja, Bulandshahar, U.P.-2

05/Apr/2019

10

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

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Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

Tel.: 0120-246 66 66



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555, Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com

Website: www.kailashhospital.com

35

Receipt NO. : CV/19K/1003
IND. NO. : IPD/19K/1003
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 01/Apr/2019

Narration : ADV.

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850

Refund Amount - :

FOR Kailash Hospital

GOPAL SHARMA

Note:-Refund, if any, will be made against surrender of original receipt

KAILASH HOSPITAL

Plot No. 203, Wazidpur, G.T. Road
Khurja, Bulandshahar, U.P.-203131

01/Apr/2019

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(36)

Ph. : 05738-255
 99999988
 Extn. 542, 543

ORIGINAL (KAILASH HOSPITAL) 13605

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

09:50 AM

Invoice No. U.P. (09)
 Place of Supply GAYTI PANDAY
 Patient Name
 Address

Date
 Phone No.
 Card No. CASUALTY MEDICAL OFFICE
 Consultant
 Incident No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1	DUBLIN RENPULES	9099	SN61371	09/20	11.84	0	11.84	6%=0.62	6%=0.62	
1	2ML	BUDECORT RESP 0.5MG	9099	SAR4738	09/20	22.39	0	19.99	6%=1.2	6%=1.2	

बिना बिल के कोई कर्षण नहीं होगी
PAID
 दस्तावेज केवल। भौतिक के अन्वय प्रमाण ली जायेगी
 4 RS Due
 Anuj

[Signature]
KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131
[Signature]

*** CASH INVOICE ***

Items	Amount	Disc.	(+/-)
Rupees Thirty Four Only.	34.23	0.00	0.03
			Net Amt. 34.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr Jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

ANQP
 For UMA MEDICARE LTD.

Printed by Naina Printer 9810434607, 9711267588

INDIAN PAPERS P.L. 25274765, 25274766

D.L. MLN - 105295, 105296
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

CREDIT CARD
ACCEPTED

17/7, Main Market Yusuf Sarai, N.Delhi-16 Email: jagdambachemist531@gmail.com

ALL DAYS
OPEN

HELP LINE NO. : 26165517, 49027722, 9971074405, 9312480015

* In case you find any inadvertent error in the price charged.
* Please bring this cash mem for refund of difference.

Bill No. : 574
Patient : GYANTI PANDEY
Address : AIIMS
Prescribed by :

Date : 03/04/19
Time : 03:40 PM

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
2	WEPOX-10000IU INJ.	3004	12.0	10643	07/20	1300.00
2	IROFER-5MLINJ	3004	12.0	IS12C	11/20	200.00
4	UPRISE-D3-60K CAP	30045036	12.0	UPSG-18061	11/20	110.00



CUTTING & FRIDGE ITEM NO RETURN
WHATSAPP-9643291111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	1,437.50	CGST 6%	86.25	SGST 6%	86.25
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	
CGST Total	86.25			MRP TOTAL	1,610.00
SGST Total	86.25			DIS. AMT.	
				PAID AMT.	1,610.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free Home Delivery, Condition Apply*

FOR : JAGDAMBA CHEMIST



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131
Tel. : 05738-255555; Mob: +91 9999998804, 07
Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

Receipt NO. : CV/19KI/0062 DATE : 05/Apr/2019
MRD NO. : IPD/19K/1068
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

Narration : ADV

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850
FOR Kailash Hospital
GOPAL SHARMA

Refund Amount - :

Note:-Refund, if any, will be made against surrender of original receipt

KAILASH HC
Plot No. 203, Wazidpur,
Khurja, Bulandshahar

05/Apr/2019

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

Ph. : 05738-2555
 999999880
 Extn. 542, 543

(KAILASH HOSPITAL)
 203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No. CAIK19/1024
 Place of Supply U.P./09
 Patient Name 106B GYANTI PANDEY C/O SENARAL
 Address

Date 05-04-2019
 Phone No.
 Card No.
 Consultant CASUALTY MEDICAL OFFICER

Time : 01:06 PM

Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IG
1	1*1	CARNISURE INJ	9099	CAA90001	12/20	149.50	0	133.40	6%=8.01	6%=8.01	
1	3ML	OPTINEURON INJ	9652	A18563VP	04/20	8.35	0	7.66	6%=0.45	6%=0.45	

बिना बिल के कल
 दवाईयाँ केवल 1 महीने के अन्दर वापिस ली जाकेगी।
 PAID

KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131

*** CASH INVOICE ***

Items	Amount	Disc.	(+/-)
2	157.85	0.00	-0.85
			Net Amt.

157.00

Rupees One Hundred Fifty Seven Only.

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-255
 99999988
 Extn. 542, 543

240

Invoice No. CAIK19/1342
 Place of Supply U.P.(09)
 Patient Name BYANTI PANDEY
 Address

ORIGINAL COPY Main Date: 22/01/17

Time :

Phone No. 05-04-2019

03:59 PM

Card No.

9299001000

Indent No.:

Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST
2	1X1ML	REVAC -D1 ML INJ	2012	51B16007A	04/21	149.22	0	142.11	2.5%=3.65	2.5%=3.55
1	1X1	52ML OMMIVAN	3100	1BL24M9204	09/23	10.00	0	0.93	6%=0.54	6%=0.54

बिना बिल के दवाई वापिस नहीं होगी।
PAID
 दवाईयों को बिल 1 महीने के अन्दर वापिस ली जायेगी

[Signature]
KAILASH HOSPITAL
 Plot No. 203, Wazidpur, G.T. Road
 Khurja, Bulandshahr, U.P.-203131

Items	Amount	Disc.	(+/-)
2	159.22	0.00	-0.22
			Net Amt.

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
 Subject to Bulandshahr jurisdiction.
 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE

Printed by Naina Printer 9810434607, 9711267588

D.L. MLN - 105295, 105296

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

GST INVOICE

+ JAGDAMBA CHEMIST +

ML

CREDIT CARD
ACCEPTED

17/7, Main Market Yusuf Sarai, N. Delhi-16 Email: jagdambachemist531@gmail.com

ALL DAYS
OPEN

MEDICINES SURGICALS & ANTI-CANCER DRUG
HELP LINE NO. : 26165517, 49027722, 9971074405, 9312480015

* In case you find any Inadvertent error in the price charged.
* Please bring this cash mom for refund of difference.

1501
Bill No. : GYANTI PANDEY
Patient :
Address : AIIMS
Prescribed by :

Date : 07/04/19
Time : 04:42 PM

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
5	OPTINEURON-INJ.	30049052	12.0	A180321	04/20	41.75
2	CARNISURE-INJ.	30049099	12.0	B0902	05/20	299.00
5	BUDECORT-0.5MG RESP.	30049099	12.0	B3348	07/20	111.95
5	DUOLIN-RESP.	30045099	12.0	B0709	06/20	58.20
2	NEXIRON INJ	3004	12.0	0418	03/20	431.60
10	LOBUN-FORTE CAP.	30049099	12.0	19001	06/20	768.00
30	PRAZOPRESS-XL 5MG TAB	30049079	12.0	EST1124	11/20	354.00

CUTTING & FRIDGE ITEM NO RETURN
WHATSAPP-9643291111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	1,473.17	CGST 6%	88.39	SGST 6%	88.39
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%		SGST 0%	

CGST Total 88.39
SGST Total 88.39

MRP TOTAL 2,064.50
DIS. AMT. 414.55
PAID AMT. 1,650.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free Home Delivery, Condition Apply*

FOR : JAGDAMBA CHEMIST

INDIAN PAPERS PH: 25274765, 25274766

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 D.L. No. : BSC/2016/20/00031
 D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

UMA MEDICARE LTD.

(KAILASH HOSPITAL)

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-2555
 999999880
 Extn. 542, 543

42

Invoice No. CATK19/1695
 Place of Supply U.P.(09)
 Patient Name SYANTI PANDAY
 Address

Date 08-04-2019 Time : 03:51 PM
 Phone No.
 Card No.
 Consultant CASUALTY MEDICAL OFFICER
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IG
1	1	CALCIUM GLUCONATE INF.10M	9099	00-365	10/20	10.75	0	9.6	6% = 0.58	6% = 0.58	
1	1	TROPINE (EMD)	4910	30396	03/20	3.05	0	3.67	2.5% = 0.09	2.5% = 0.09	

बिना विल के दवाई कागज नहीं होगी /
PAID
 बिना विल के दवाई कागज नहीं ली जायेगी.

*** CASH INVOICE ***

KAILASH HO
 Plot No. 203, Wazidpur
 Khurja, Bulandshahr

Items 2 Amount 14.00 Disc. 00 (+/-) -0.00
 Rupees Fourteen Only. Net Amt. 14.00

Price of medicine are inclusive of all taxes.
 Goods once sold will not be taken back.
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 E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE

Printed by Naina Printer 9810434607, 9711267588

Regd. Office : A-101, New Ashok Nagar, Del.
Corporate Office : H-33, Sector - 27, Noida - 2



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

43

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131
Tel. : 05738-255555, Mob. : +91 9999998804, 07
Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

Receipt NO. : DV/19K/0118
FDR NO. : IPD/19K/1109
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

08/Apr/2019
8/4/2019

Narration : ADV.

Received with thanks. Rs. : 1,850.00
(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850 Refund Amount - :
FOR Kailash Hospital
VINEET KUMAR SHARMA

Note:-Refund will be made against surrender of original receipt

[Handwritten signature]
8/4/2019

[Handwritten signature]

KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.T. Road
Khurja, Bulandshahar, U.P.-203131

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

Printed by Naina Printer 9810434607, 9711267588



KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahar, U.P.-203131

Tel. : 05738-255555; Mob. : +91 9999998804, 07

Email: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

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Receipt NO. : CV/19KI/0159
IPD NO. : IPD/19K/1149
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 11/Apr/2019

Narration : ADV

Received with thanks Rs. : 1,850.00

(RUPEES ONE THOUSAND EIGHT HUNDRED FIFTY ONLY)

BY: CASH

Cash Tender - : 1850
FOR Kailash Hospital

Refund Amount - :

HANESH CHAND SHARMA

Note:-Refund, if any, will be made against surrender of original receipt

KAILASH HOSPITAL
Plot No. 203, Wazidpur,
Khurja, Bulandshahar, U.P.

11/Apr/2019

Regd. Office : A-101, New Ashok Nagar, Delhi - 110096
Corporate Office : H-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864
Tel.: 0120-246 66 66

45

GSTIN : 09AAACU7133M1ZZ
CIN : U85110DL1998PLC092382
D.L. No. : BSC/2016/20/00031
D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL
UMA MEDICARE LTD.
(KAILASH HOSPITAL)

Ph. : 05738-2555
9999998807
Extn. 542, 543

203, WAZIDPUR, G.T. ROAD, KHURJA, DISTT. BULANDSHAHR, (U.P.) 203131

Invoice No. CAIK19/2984
Place of Supply U.P.(09)
Patient Name 1204 GYANTI PANDEY C/O GENERAL
Address

ORIGINAL COPY Main Date: 22/5/18
Phone No. -04-2019
Card No.
Consultant

Time : 04:02 PM
Indent No.:

L-250
0918

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
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2	2ML	AVIL INJ	9639 2118047		07/21	6.40	0	5.71	6% = 0.34	6% = 0.34	
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बिना बिल के दवाई वापिस नहीं होगी
PAID
दवाइयों केवल 1 महीने के अन्दर वापस ली जायेंगी

[Signature]
KAILASH HOSPITAL
Plot No. 203, Wazidpur, G.T. Road
Khurja, Bulandshahr, U.P.-203131

Items	Amount	Disc.	Net Amt.
1	6.40	0.00	6.40

Price of medicine are inclusive of all taxes.
Goods once sold will not be taken back.
Subject to Bulandshahr jurisdiction.
E. & O.E.

Regd. Office : A-101, New Ashok Nagar, Delhi-110096

For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382