





# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

217

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. : EV/19K/0247      DATE : 18/Apr/2019  
MRD NO. : IPD/19K/1240  
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

MAHESH CHAND SHARMA

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

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

08:42:10

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

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.**

999  
 Extn. 542, 543

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

ORIGINAL COPY Main Date: 222729

Time :

08:23 AM

Invoice No.

Place of Supply CAIK19/4375

Patient Name U.P.(09)

Address PANDEY G

Phone No 2-04-2019

Card No.

Consultant

Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	2ML	BUDECORT RESP 0.5MG	9099	SAB5226	11/20	22.39	0	19.99	6%=1.2	6%=1.2	
1	1	DUOLIN RESPULES	9099	SNB1410	09/20	11.64	0	10.39	6%=0.62	6%=0.62	

विना बिज के दवाई वापिस नही होगी।  
 दवाई के बिल 1 महीने के अन्दर वापिस ली जायेगी  
**PAID**  
 KAILASH HOSPITAL  
 Plot No. 203, Wazidpur, G.T. Road  
 Khurja, Bulandsahar, U.P. 203131  
 (+/-)

Items	Amount	Disc.
2	34.03	0.00

Net Amt. **34.03**  
 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  
 PRAVEEN

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, DISTT. BULANDSHAHR, (U.P.) 203131

Ph. : 05738-2999998  
Extn. 542, 543

Invoice No. CAIK19/4476  
Place of Supply U.P. KHURJA  
Patient Name STANTI PANDAY  
Address

Date 22-04-2019 Time : 01:12 PM  
Phone No.  
Card No. Indent No.:  
Consultant CASUALTY MEDICAL OFFICER

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST
4	1	HAND AID WASH PROOF	1090	MHLB23	04/21	10.00	0	8.93	6%=0.54	6%=0.54

बिना बिल के दवाई वापिस नहीं होगी।

PAID

दवाई का काल / बिलों के बिना वापिस ली जायेगी

\*\*\* CASH INVOICE \*\*\*

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

Items 1 Amount 10.00 Disc 0.00 (+/-) 0.00

Rupees 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

For UMA MEDICARE

CIN: U85110DL1998PLC092382



Printed by Naina Printer 9810434607, 9711267588





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.

GSTIN : 09AAACU7133M1ZZ  
CIN : U8710DL1998PLC092382  
D.L. No. : BSC/2016/20/00031  
D.L. No. : BSC/2016/21/00031

RETAIL INVOICE / CASH MEMO / BILL

# UMA MEDICARE LTD.

Ph. : 05738-255555  
9999998807  
Extn 542, 543

ORIGINAL COPY Date: 25/04/19

(KAILASH HOSPITAL) 25-04-2019

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

08:59 AM

Invoice No. DUSHYANT  
Place of Supply  
Patient Name  
Address

Date  
Phone No. CASUALTY MEDICAL OFFICER  
Card No.  
Consultant  
Time :  
Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
2		BUDICORT 40SP 0.5ml	9899	8AB3224	11/20	34.00	0.00	34.00	2.72	2.72	0.00

\*\*\* CASH INVOICE \*\*\*

द्विना बिल के दवाई वापिस नही होगी।  
KAILASH HOSPITAL

Ph: No. 203, Wazidpur, G.T. Road  
Khurja, Bulandsahar, U.P. 203131

MAH  
KAILASH HOSPITAL

2

34.00

0.00

-0.00

Items Rupees Thirty Four Only. Amount

Disc.

(+/-) 34.00

Net Amt.

KRAVEEN

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

Printed by Naina Printer 9810434607, 9711267588

D.L. MLN - 105295, 105296  
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

# + JAGDAMBA CHEMIST +

(S4)

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, 9312480015

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

Bill No. : 902/  
Patient : GYANTI PANDEY

Date : 13/05/19  
Time : 12:21 PM

Address : AIIMS

Prescribed by :

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
2	IFROFER-5MLINJ	3004	12.0	1612C	11/20	200.00
2	WEFOX-10000IU INJ.	3004	12.0	DT10753	09/20	1300.00
5	CARNIPIN-INJ.	3004	12.0	LC04F	07/21	500.00
5	DUOLIN-RESP.	30049099	12.0	80709	06/20	58.20
5	BUDECORT-0.5MG RESP.	30049099	12.0	83348	07/20	111.95

CUTTING & FRIDGE ITEM NO RETURN  
WHATSAPP-9643291111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	1,914.77	CGST 6%	114.89	SGST 6%	114.89
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 114.89  
SGST Total 114.89

MRP TOTAL 2,170.15  
DIS. AMT. 25.61  
PAID AMT. 2,145.00

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

FOR : JAGDAMBA CHEMIST



GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L.No. : 2/20/GBN/2008  
 D.No. : 2/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL

# AAROGYA MEDICOS

(A UNIT OF UMA MEDICARE LTD.)

H-33, KAILASH HOSPITAL, SECTOR-27, NOIDA-201301 (U.P.)

Ph. : 0120 - 2444381  
 0120 - 2444444  
 0120 - 2466666  
 Extn. 542, 543  
 544, 617  
 194

55

Invoice No. CAIN18/244518  
 Place of Supply U.P (09)  
 Patient Name 28630 GYANTI PANDEY C/O GENERAL  
 Address

Date 24-10-2018 Time : 07:26 PM  
 Phone No.  
 Card No.  
 Consultant Dr. SANJAY MAHAJAN  
 Indent No.: RXPN18/313546

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
4	1*10	BID-D3 MAX	9099	KBB838A	03/21	78.40	0	70	6%=4.2	6%=4.2	0%
4	1*15	NEFROSAVE TABLET	9099	F0798	06/20	41.33	0	36.9	6%=2.21	6%=2.21	0%



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

\*\*\* CASH INVOICE \*\*\*

Items 2 Amount 119.73 Disc 0.00 (+/-) 0.73  
 Rupees One Hundred Nineteen Only. Net Amt. 119.00

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

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

For **AAROGYA MEDICOS**

CIN: U85110DL1998PLC092382

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 Gyanti Kndley  
mother ~~wife/ son/ daughter~~ of  
Mr. Durgesh employed in  
the DISH Cantt Ghazipur

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 meaicines presented by me in this connection were use for the recovery/prevention of serious, deterioration in the condition of the patien he medicines are not stocked in the..... (name of the hospital) for supply to private patient and do not include propralary 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)    QUANTTITY    PRICE

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

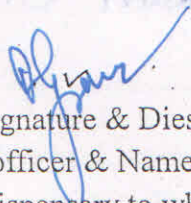
*Bill Attached*  
Medical Superintendent  
Reg. No. UP-048025  
RAJ KUMAR HOSPITAL, GHAZI  
Distt. GHAZI

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/ reduces hospitalization.

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

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


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

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

  
.....hospital  
05082019

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

1-Name of the Patient- Smt. Gyanati Pandey  
 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.	542	19.1.19	Kailash Hospital	353-		
2.	63797	19.1.19	Uma Medicare LTD	274-		
3.	64018	21.1.19	" " "	172-		
4.	92037	21.1.19	Apna Dawa Bazar	895-		
5.	64009	21.1.19	Uma Medicare LTD	216-		
6.	4329	21.1.19	Kailash Hospital	2050-		
7.	351615	22.1.19	Aarogya Medicos	50-		
8.	351664	22.1.19	" " "	02-		
9.	417117	22.1.19	Kailash Hospital	378-		
10.	170990	23.1.19	Pioneer Medicos	301-		
11.	445	24.1.19	Life Pharmacy	753-		
12.	165728	25.1.19	Kailash Medicos	290-		
13.	165730	25.1.19	" " "	16-		
14.	8078	25.1.19	Kailash Hospital	2050-		
15.	3220	27.1.19	SKY LAB.	260-		
16.	117055	28.1.19	Naminder Mohan Hosp.	15600-		
17.	116845 (102926)	28.1.19	" " "	800-		
18.	00092443	28.1.19	Trident Links Pvt. LTD	1634-		
19.	65990	31.1.19	Uma Medicare LTD	741-		
20.	4467	31.1.19	Kailash Hospital	2050-		
21.	66765	04.2.19	Uma Medicare LTD	240-		
22.	4512	4.2.19	Kailash Hospital	2050-		
23.	97089	6.2.19	Apna dawa Bazar	996-		
24.	67623	8.2.19	Uma Medicare LTD	37-		
25.	67624	8.2.19	" " "	388-		
26.	67556	8.2.19	" " "	334-		
27.	8091	8.2.19	" " "	176-		
28.	67549	8.2.19	" " "	34-		
29.	4572	8.2.19	" " "	2050-		

Bf. B 36192

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

1-Name of the Patient-

2-Diagnosis-

3-Name of Hospital-

4-Period/Duration-

B.F. 36192-

Srl. no	Vr. No	Date	Name of chemist/ institute	Total Amount	Deductions	Net Pass Amount
30	436	10.2.19	Bhushan Medical	328-		
31	4618	11.2.19	Kailash Hospital	2050-		
32	68678	13.2.19	Uma Medicare LTD	169-		
33	68926	14.2.19	" " "	11-		
34	68929	14.2.19	" " "	688-		
35	68898	14.2.19	" " "	406-		
36	4660	14.2.19	Kailash Hospital	2050-		
37	195673	15.2.19	All India Medicos	750-		
38	440	17.2.19	Bhushan Medical	148-		
39	4713	18.2.19	Kailash Hospital	2050-		
40	4554	21.2.19	" " "	2050-		
41	101975	21.2.19	Apna daru Bazar	895-		
42	<del>242965</del>	21.2.19	Kailash Hospital	499-		
43	<del>70262</del>	21.2.19	Uma Medicare LTD	34-		
44	70317	21.2.19	" " "	372-		
45	4824	25.2.19	Kailash Hospital	2050-		
46	70998	25.2.19	Uma Medicare LTD	834-		
47	63266	27.2.19	Jagdamba Chemist	1200-		
48	63266	27.2.19	" " "	650-		
49	4866	28.2.19	Kailash Hospital	2050-		
50	71634	"	Uma Medicare LTD	406-		
51	71692	28.2.19	" " "	90-		
52	0913	4.3.19	Kailash Hospital	2050-		
53	24981	4.3.19	" " "	220-		
54	65007	7.3.19	Jagdamba Chemist	1300-		
55	65009	7.3.19	" " "	200-		
56			Total	<u>60092</u>		
57						
58						

*[Handwritten Signature]*

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

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)

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

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

Invoice no. CAIK18/63797  
 Place of Supply U.P (09)  
 Patient Name GYANTI PANDEY  
 Address

ORIGINAL COPY  
 Date 19-01-2019  
 Phone No. 9315007770  
 Card No.  
 Consultant

Time : 05:24 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
10	1x10	PHOSTAT TAB	9081	1801693	07/20	38.50	0	34.38	6%=2.06	6%=2.06	
10	1x10	CILACAR 10 TAB	9099	KC98064	08/21	84.53	0	75.47	6%=4.53	6%=4.53	
15	1x15	CARCA 6.25 TAB 1x15	9099	KX2843	10/21	62.00	0	55.36	6%=3.32	6%=3.32	
6	1x10	DYTOR 40MG TAB	9079	B081501	04/21	89.10	0	79.55	6%=4.77	6%=4.77	

बिना बिना के दवाई वापिस नही होगी।  
**PAID**  
 दवाई के अन्दर वापिस ली जायेगी

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

Items	Amount	Disc.	Net Amt.
*** CASH INVOICE ***	274.13	0.00	274.13
			274.00

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.

DINESH

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.**

(E1) Ph. : 05738-255555  
 9999998807  
 Extn. 542, 543

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

Invoice No. BAIK18764015  
 Place of Supply U.P.(09)  
 Patient Name DURGESH PANDEY  
 Address

Date 21-01-2019 Time : 11:04 AM  
 Phone No. 8299003100  
 Card No. Dr. YOGENDRA KUMAR  
 Consultant Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
9	1*15	ULTRACET TAB	9069	N103	08/20	100.80	0	90	6%=5.4	6%=5.4	
6	1*10	02 TAB	2039	E81108	07/21	71.40	0	63.75	6%=3.83	6%=3.83	

किला बिल के दवाई वापिस नही होगी।  
**PAID**  
 दवाई केवल 1 महिन के लिये वापिस लो जायेगी

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

\*\*\* CASH INVOICE \*\*\*

Items 2 Amount 172.20 Disc. 0.00 (+/-) -0.20  
 Rupees One Hundred Seventy Two Only. Net Amt. 172.00

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.

Printed by Naina Printer 9810434607, 9711267588

62

TAX INVOICE

APNA DAWA BAZAR (A UNIT OF SANYOG HEALTHCARE LTD.)

17/6 AND 17/21 GROUND FLOOR, YUSUF SARAI, NEW DELHI-110016

PH:01145607917 MOB:8860068971

GSTIN : 07AAECS5992E1Z3 CIN NO: U24232DLI999PTC098564 DL.NO: (S(1815)/14/WR)

CASH MEMO NO.: S/92037 DATE:21-01-2019 TIME:11:30:18 PRESCRIBED BY: AIIMS HOSPITAL

PATIENT NAME : GYANTI PANDEY

PATIENT ADD : GYANTI PANDEY(YUSUFSARAI, DELHI)

PAYMENT MODE : Cash Bill

QTY	PACK	HSN CODE	PARTICULARS	COMP	BATCH	EXP.	M.R.P.	DISZ	GST%	AMOUNT
1	1X1	30045010	EPORISE 10000 IU INJ ZUVENT	08180650	04-20	2661.93	66.39	12.00		894.67

**PAID**  
 बिना रिल के वापस नहीं होगी  
 NO REFUND WITHOUT ORIGINAL BILL

PHARMACIST	ITEMS	TOTAL	DISCOUNT	CGST AMT	SGST AMT	IGST AMT	NET GST	NET TOTAL
MANOJ	1	2661.93	1767.26	47.92	47.92		95.84	895.00

Rs. Eight Hundred Ninety Five Rupees only  
 E. & O.E. .... For Sanyog Pharmacy  
 All Disputes Subject to DELHI Jurisdiction Only.  
 Goods once sold will not be taken back. No Tax is payable on reverse charge basis.  
 Send Off: Plot 1, Vaidya Park Area, Metro Pillar No. 474, Main Rohtak Road, Nangla, Delhi-110041



RETAIL INVOICE / CASH MEMO / BILL

63

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

# UMA MEDICARE LTD.

(KAILASH HOSPITAL)  
ORIGINAL SUPPLIER STORES 206687

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

10:35 AM

Invoice No. BSK10/64007  
Place of Supply U.P.(UP)  
Patient Name GYANTI PANDEY  
Address

Date 21-01-2017  
Phone No. 9315007770  
Card No. Dr. RAVINDRA SINGH BHADURIA  
Consultant Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	3ML	OPTINEURON INJ	9052	A18400VP	12/19	7.60	0	6.79	6%=0.41	6%=0.41	
1	5ML	NEXTRON INJ	5090	IISAC0318	02/20	208.63	0	186.28	6%=11.18	6%=11.18	

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
दवाईयों कंपनी के अन्दर वापिस लाने पर योग्यी

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

\*\*\* CASH INVOICE \*\*\*

*[Signature]*

Items	2	Amount	216.23	Disc.	0.00	(+/-)	-0.23	Net Amt.	216.00
Rupees Two Hundred 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.

CIN: U85110DL1998PLC092382

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

DINESH  
For UMA MEDICARE LTD



# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

(64)

Plot No. 203, Wazidpur, G.T. Road, 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/4329 DATE : 21/Jan/2019  
MRD NO. : IPD/18K/4551  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

Narration : ADV.

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

BY: CASH

Cash Tender - : 2050  
FOR Kailash Hospital

Refund Amount - :

VINEET KUMAR SHARMA

Note:-Refund, 100%, will be made against surrender of original receipt

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

21/Jan/2019

08:31:12

GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : 2/20/GBN/2008  
 D.L. No. : 2/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL

# AAROGYA MEDICOS

(A UNIT OF UMA MEDICARE LTD.)  
 H-33, KAILASH HOSPITAL, SECTOR-27, NOIDA-201301 (U.P.)

65

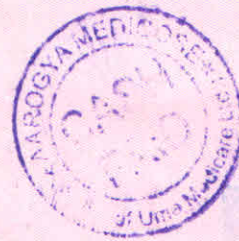
Ph. : 0120 - 2444381  
 0120 - 2444444  
 0120 - 2466666  
 Extn. 542, 543  
 544, 617  
 194

Invoice No. CAIN18/351615  
 Place of Supply U.P.(09)  
 Patient Name durgesh  
 Address

Date 22-01-2019  
 Phone No.  
 Card No.  
 Consultant kh

Time : 10:21 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	2ML	TRAMAZAC INJ 100MG	9069	6804871	07/20	22.01	0	19.65	6%=1.18	6%=1.18	
1	1*100ML	NS 100ML (BROWN)	1019	A18J153N	09/23	16.62	0	14.84	6%=0.89	6%=0.89	
1	2ML	EMEBET INJ 4MG	9035	L680209	06/21	12.30	0	10.98	6%=0.66	6%=0.66	



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

\*\*\* CASH INVOICE \*\*\*

Items 3 Amount 50.93 Disc 0.00 (+/-) 0.93  
 Rupees Fifty Only. Net Amt. 50.00



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

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

For AAROGYA MEDICOS

CIN: U85110DL1998PLC092382

GSTIN : 09AAACU7133M1ZZ  
 CIN : U85110DL1998PLC092382  
 D.L. No. : 2/20/GBN/2008  
 D.L. No. : 2/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL  
**AAROGYA MEDICOS**  
 (A UNIT OF UMA MEDICARE LTD.)  
 H-33, KAILASH HOSPITAL, SECTOR-27, NOIDA-201301 (U.P.)

Ph. : 0120 - 2444381  
 0120 - 2444444  
 0120 - 2466666  
 Extn. 542, 543  
 544, 617  
 194

Invoice No. CATN18/351664  
 Place of Supply U.P (09)  
 Patient Name UMESH  
 Address  
 Date 22-01-2019  
 Phone No.  
 Card No.  
 Consultant  
 Time : 11:33 PM  
 Indent No.:

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

2	1*10	DULCOFLEX TAB	9039	DLA18099	08/21	2.11	0	1.88	6% = 0.11	6% = 0.11	
---	------	---------------	------	----------	-------	------	---	------	-----------	-----------	--



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

\*\*\* CASH INVOICE \*\*\*

Items	Amount	Disc.	(+/-)
1	2.11	0.00	-0.11
<b>Net Amt.</b>			<b>2.00</b>

Rupees Two Only.

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

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

For **AAROGYA MEDICOS**

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588



# KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA - 201301

Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn. Fax: 0120 - 2 53 33 33



67

## EMERGENCY Casualty

UHID: 2522454 Dated: 22/01/19 22:38 Bill No.: OPD/N/18/417117  
 NAME: DURGESH PANDEY AGE: 39-0 SEX: Male  
 ADDRESS: C-69, SECTOR-23 NOIDA UP Tel No.: 9315007796

	Rate	Amount
REGISTRATION CHARGE	50	50.00
INJECTIONS CHARGES (IM/IV/SC) - P	25 2.00	50.00
Medication charges	278	278.00
<b>Net Amount:</b>		<b>378.00</b>

GSTIN: 09AABCK8840N1ZY

SAC-999312

Payable Amount: 378.00

### RECEIPT

Receipt Dt	Receipt NO	Receipt Ty	Cash	Tender	Change	Return	Net Amount
22/01/19	CV/18NO/189356	By Cash	500		122		378.00
<b>Total Receipt :</b>							<b>378.00</b>
<b>Net Receivable:</b>							<b>0.00</b>

22/01/19 22:39

For

Kailash Hospital & Heart Institute

VINOD KUMAR LOHANI

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

HEALTHCARE PAR EXCELLENCE  
E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

**KAILASH HOSPITAL**  
Plot No. 28, Mazidpur, G.T. Road  
Khatima, Meerut, U.P. 203131

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

**GST INVOICE**

Page No: 1 of 1

**Pioneer Medicos**

**CHEMISTS & DRUGGIST**

Shop No. S/52, Gate No-2, Safdarjung Hospital,  
New Delhi - 110029 Ph. 011-26175037

GST No: 07AAAFP4287A1ZI

D.L. No.: 20 (117588)  
21 (117589)

CASH MEMO NO 170990

DATE: 23/01/2019

NAME: GYANTI PANDEY

Pr. By: Dr. Pr. By: Dr. AIIMS

ADDRESS:

07  
F  
17

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXP.	GST%	RATE	AMOUNT
15	10		AMOXYCLAV 625MG TAB	1800793-1	09/20	12.0	188.75	283.1
20	1*10		PARACIP-500MG TAB	GS8601	01/21	12.0	9.08	18.1

**Pioneer Medicos**  
**CASH PAID**

LIC.NO 20 117588 LIC.NO.21 117589

INCL. GST DETAILS :

CGST : 16.14  
SGST : 16.14

TOTAL AMT : 301.29  
LESS DIS :  
NET Amt. (R/O) : 301.00

All disputes are subject to Delhi Jurisdiction.  
Prices of Medicines are inclusive of all taxes.  
Goods once purchased can be returned in 30  
days after 2 p.m with sale original bill  
E.& O.E.

AJEET  
for PIONEER MEDICOS

(Computer Generated Invoice)

Printed By: CONTINENTAL FORMS (P) LTD. Ph. : 9811023143, linfo@continentalforms.in

(Return Policy) Return With in 7 Days only. **GST INVOICE**

# LIFE PHARMACY

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

• GSTIN: \_\_\_\_\_  
• D.L. NO.: UP16210000127

Invoice No. 445      Date 24/01/2019  
Name MR. GYANTI PANDAY  
Add. \_\_\_\_\_  
Mob. \_\_\_\_\_  
Dr.: S K BEHURA

QTY.	PKG.	DESCRIPTION	BATCH NO.	EXP.	MRP	DIS. %	AMOUNT
10	10TAB	ONDERO 5MG TAB	AA4305A	04/21	468.00	0.0	468.00
10	10TAB	MOXOVAS 0.3	KHH811A	06/20	80.30	0.0	80.30
15	15TAB	CIPCAL 500MG TAB	AFB8448	03/20	79.00	0.0	79.00
10	10 TAB	DYTOR 20 MG TAB	BA81184	03/21	125.96	0.0	125.96



~~72.55 X 12 % = 80.70~~

Rs. Seven Hundred Fifty Three Only

PLEASE PAY  
R. OFF

753.26

753.00

- ◆ All disputes subject to G.B. Nagar Jurisdiction only.
- ◆ Cutting & losse strip will not be taken back  
(with our batch & expiry)
- ◆ Please consult Dr. Before using the medicines.

For **LIFE PHARMACY**

Authorised Signatory

GSTIN : 09AADCK4762H1ZC  
 CIN : U2423DLPTC176143  
 D.L. No. : 84/20/GBN/2008  
 D.L. No. : 84/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL

**KAILASH MEDICOS PVT. LTD.**

Ph. : 0120 - 2322222  
 0120 - 2327200  
 Extn. 248, 249

(70)

(KAILASH HOSPITAL)  
 23, INSTITUTIONAL AREA, KNOWLEDGE PARK - 1, GREATER NOIDA

Invoice No. CAIG18/165728  
 Place of Supply U.P.(09)  
 Patient Name GYANTI  
 Address

Date 25-01-2019  
 Phone No.  
 Card No.  
 Consultant

Time : 02:36 PM  
 Indent No.:

Dr. RAVINDER SINGH BHADORIA

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	5ML	OROPER S 100MG INJ	5420	ELF88A8017	04/21	282.48	0	252.21	6%=15.13	6%=15.13	0%=0
1	3ML	OPTINEURON INJ	9052	A18410VP	12/19	7.60	0	6.79	6%=0.41	6%=0.41	0%=0

बिना मिल के प्रकाश काकर को लेनी।

दवाइयां जमा कीं हैं जरा जमा कर लीं।

\*\*\* CASH INVOICE \*\*\*

Items	Amount	Disc.
2	290.08	0.00

**KAILASH HOSPITAL**  
 Plot No. 203, Nazidpur, G.T. Road  
 Khurja, Bulandshahr, U.P.-203131  
 Net Amt. 290.08

Rupees Two Hundred Ninety Only.

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

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

For KAILASH MEDICOS PVT. LTD.

CIN: U24232DL2008PTC176143

Printed by Naina Printer 981034607, 011267588



GSTIN : 09AADCK4762H1ZC  
 CIN : U2423DLPTC176143  
 J.L. No. : 84/20/GBN/2008  
 D.L. No. : 84/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL

**KAILASH MEDICOS PVT. LTD.**

Ph. : 0120 - 2322222  
 0120 - 2327200  
 Extn. 248, 249

(KAILASH HOSPITAL)  
 23, INSTITUTIONAL AREA, KNOWLEDGE PARK - 1, GREATER NOIDA

72

Invoice No. CAIG18/165730  
 Place of Supply U.P (09)  
 Patient Name GYANTI  
 Address

Date 25-01-2019  
 Phone No.  
 Card No.  
 Consultant

Time : 02:37 PM  
 Indent No.:

Dr. Ravinder Singh Bhadoria

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1		1x100ML NS 100ML (B BROWN)	1019	A18J153N	09/23	16.62	0	14.84	6%=0.89	6%=0.89	0%

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

\*\*\* CASH INVOICE \*\*\*

Items	Amount
1	16.62

Disc (+/-)  
 -0.62

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 Gautam Budh Nagar jurisdiction.  
 E. & O.E.

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

For KAILASH MEDICOS PVT. LTD.

CIN: U2423DL2008PTC176143

Printed by Naina Printer 9810434607, 9711267588





# KAILASH HOSPITAL

72

(A Unit of Kailash Hospitals Ltd.) CIN : U85110DL1998PLC092494  
23, Institutional Area, Greater Noida-201 310 (NABH & NABL ACCREDITED)  
Phones : 0120-232 72 22 / 23 / 24, 232 77 99, 232 11 11 & 232 22 22 FAX : 0120-232 22-27

RECEIPT

1

Receipt NO. : CV/186I/8078 DATE : 25/01/2019  
MRD NO. : IPD/186/13095  
Name : GYANTI PANDEY  
ADDRESS : KHURJA, CIVIL COURT

Narration : ADVANCE

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

BY: CASH

Cash Tender - : 2050

FOR Kailash Hospitals Ltd..

HARI OM KUMAR

Refund Amount - :

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

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

25/01/2019

13:37:5

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

HEALTHCARE PAR EXCELLENCE  
E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhospital.com

73



ISO 9001 - 2015

QUALITY MANAGEMENT SYSTEM  
A-208, SECTOR-22, NOIDA  
PHONE : 4219667  
MOB. : 9818320555

No. 3220

Dated 27-01-19

Received with thanks from

Mr./Mrs./Miss. GYAN TI PANDAY  
a sum of Rupees Two hundred Twenty only  
for B. Urea S. creation

Rs. 260/-

Receiver's Signature



ISO 9001 - 2015

QUALITY MANAGEMENT SYSTEM  
A-208, SECTOR-22, NOIDA  
PHONE : 4219667  
MOB. : 9818320555

No.

3219

Dated .....

27-01-19

74

Received with thanks from

Mr./Mrs./Miss. SHYANTI PANDAY

a sum of Rupees Five hundred only

for Mo. P.T. CIMR.

Rs. 500/-

Receiver's Signature

10



# NARINDER MOHAN HOSPITAL & HEART CENTRE

## NABH & NABL ACCREDITED HOSPITAL



Cash Receipt No : 18-19CA/116845  
 UHID : 527996  
 Name : Mrs. GYANTI DEVI PANDEY  
 Consultant : Dr. R.K.SHARMA

Bill No. : 18-19CA/102926  
 Date/Time : 28/01/2019 10:52 am  
 Age/Sex : 59 Yrs. / Female  
 Sponsor : PRIVATE

### Chief Complaint :

### Advice :

### Present & Past History :

### Allergy :

### Examination/Investigations :

CRD  
 Part 2, A, fistula (U)  
 Operation not  
 z.A.  
 Lt. Cubital fossa B. A. A. V fistula  
 has made by <sup>into</sup> side to no anastomosis  
 flow +.

Post. of

1. Tab Augmentin 625 1qd
2. Tab. Levodopa 600 - 1RN x 2
3. Tab. Ultracet - 1 RN

Elbow not to be flexed.

STABILE DIETA APPLY PRESSURE BANDAGE  
 REPORT TO EMERGENCY

# NARINDER MOHAN HOSPITAL & HEART CENTRE

## NABH & NABL ACCREDITED HOSPITAL



Original

Cash Receipt

GST No.:09AAATN0553D

Cash Receipt No : 18-19CA/117055  
UHID : 527996  
Name : **Mrs. GYANTI DEVI PANDEY**  
Consultant : **Dr. R.K.SHARMA**  
Referred By :  
Address : A, ,

Bill No. : 18-19CA/103127  
Date/Time : 28/01/2019 1:27 pm  
Age/Sex : 59 Yrs. / Female  
Sponsor : PRIVATE  
Lab. ID : 1254444  
Id No :

Sl.No.	Service Particulars	Units	Amount (Rs)
<b>ANAESTHESIA</b>			
1	ANAESTHESIA CHARGES (15 %)	1	1560.00
<b>GENERAL SURGERY</b>			
2	A V FISTULA	1	10400.00
<b>OPERATION THEATRE</b>			
3	OT CHARGES (35%)	1	3640.00
Total			15600.00
Amt Received			15600.00

Received with thanks from Mrs. GYANTI DEVI PANDEY an amount of (Rupees) fifteen thousand six hundred only

(By Cash : 15600.00)

Signature  
DEEPA

EXEMPTED UNDER SEC.-17(II) Oof the I.T.Act

User:- DEEPA

Page No.1

Print date :- 28/01/2019

Mohan Nagar, Ghaziabad-201007 (U.P.) Phones : 0120-2657501 to 505,2819000 Fax:0120-2657546,2657531

Website :: www.nmh.net.in, E-mail : nmhgz@gmail.com, info@nmh.net.in

EMPANELLED WITH CGHS, ECHS, ESI & MANY MORE CENTRAL GOVT. STATE GOVT. ORGANIZATIONS



# NARINDER MOHAN HOSPITAL & HEART CENTRE

## NABH & NABL ACCREDITED HOSPITAL



**Token No.:** 1

Original

### Cash Receipt

GST No.:09AAATN055

Cash Receipt No : 18-19CA/116845  
 UHID : 527996  
 Name : **Mrs. GYANTI DEVI PANDEY**  
 Consultant : **Dr. R.K.SHARMA**  
 Referred By :  
 Address : A, ,

Bill No. : 18-19CA/102926  
 Date/Time : 28/01/2019 10:52 am  
 Age/Sex : 59 Yrs. / Female  
 Sponsor : PRIVATE

Id No

#### Sl.No. Service Particulars

Sl.No. Service Particulars	Units	Amount (Rs)
<b>CONSULTATION</b>		
1 CONSULTATION CHARGES (SUPER SPECIALIST) Dr. R.K.SHARMA	1	700.00
<b>MISCELLANEOUS</b>		
2 REGISTRATION CHARGES	1	100.00
<b>Total</b>		<b>800.00</b>
<b>Amt Received</b>		<b>800.00</b>

Received with thanks from Mrs. GYANTI DEVI PANDEY an amount of (Rupees) eight hundred only

(By Cash : 800.00)

\_\_\_\_\_  
 Signature  
 DEEPA



GST INVOICE

TRADE LINKS PVT. LTD. | No. : C-00092443  
 NARINDER MOHAN HOSPITAL | Date: 28-01-2019 ✓  
 MOHAN NAGAR GHAZIABAD-201007 (U.P.) | Name: GYANTI DEVI PANDEY  
 D.L.NO.: GZB-189/20/20 | Dr. : NARINDER MOHAN HOSPITAL  
 H.O. : 17 RAJENDRA PALACE, NEW DELHI PH. 011-25712204  
 BRANCH : II-D, NEHRU NAGAR, GHAZIABAD  
 BRANCH : B, MODERN TOWN, GHAZIABAD

(78)

VAT : 09% AACT4838J120 CIN : U15520DL1951PTC001932 PAN : AACT4838J

LN	QTY.	PACK	DESCRIPTION	BATCH	EXP.	AMOUNT INCL. GST
1	1	1	PROLENE 7-0 8704	MEH805	4/23	969.00
2	1		MERSILK 4-0 (5000) C	DB012	4/23	188.00
3	1	1	CHROMIC 4-0 (4048) RB	DB014	9/21	252.00
4	1	1*1	VENFLON 22 NO.	18J0541E	8/23	132.00
5	2		GLOVES DIS. STERILIZED	F50818	7/23	78.00
6	1		NEEDLE 26 1.5" (DISP)	103741M	12/21	2.50
7	1	10ML	BD SYRING 10ML	118H22618	7/23	12.50

SN->a-9018.b-4015 GST->1458.94\*6+6% = 87.53565T + 87.53065T.  
 NET TOTAL = 1634.00

INCL. GST : 175.06  
 RO/DR/CR = 0.00  
 PLEASE PAY = 1634.00

USER : SUKHPAL 11:24  
 Re. One Thousand Six Hundred Thirty Four Only  
 \* Price charged are inclusive of VAT.  
 \* Goods once sold will not be taken back  
 In case you find any inadvertant error in prices  
 please bring the cash memo for refund of difference

for TRADE LINKS PVT. LTD

☎ : 2657501 to 05

**NARINDER MOHAN HOSPITAL** (79)

MOHAN NAGAR, GHAZIABAD.

OPD No. 527996

Date 28/1/19

Name

Mrs GRANTI DEVI PANDEY

- 7/0 Pencil 8704 — ①
- 4/0 silk on cutting — ①
- 4/0 chronic Catset — ①
- 5/0 Canula 22 no — ①
- abs 7.5 — ②
- ~~4/0~~ — ①
- five Needles 26 x 1/2 — ①
- Db 10" — ①



☎ : 2657501 to 05

**NARINDER MOHAN HOSPITAL** 79

MOHAN NAGAR, GHAZIABAD.

OPD No. 527996

Date 28/11/19

Name

Mrs GYANTI DEVI PANDEY

7/0 Powlive 8704 — ①  
4/0 Silk on cutting — ①  
4/0 chronic Catget — ①  
2/0 Canula 22 no — ①  
abns 7.5 — ②  
~~4/0~~ — ②  
Five Needles 20 x 1 1/2 — ①  
Dbs 10" — ①



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. : 05738-255555  
 9999998807  
 Extn. 542, 543

80

Invoice No. CAIR18/65790  
 Place of Supply U.P (09)  
 Patient Name 4681 GYANTI PANDEY C/O GENERAL  
 Address

Date 31-01-2019 Time: 07:19 PM  
 Phone No.  
 Card No. CASUALTY MEDICAL OFFICER  
 Consultant Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
15	1x15	CARCA 6.25 TAB 1x15	9099	KX2843	10/21	62.00	0	55.36	6%=3.32	6%=3.32	
10	1x10	CILACAR 10 TAB	9099	KC98073	08/21	84.53	0	75.47	6%=4.53	6%=4.53	
10	1x10	MOXOAS 0.3 TAB	9079	KH811A	06/20	80.30	0	71.7	6%=4.3	6%=4.3	
10	1x10	DYTOR 40MG TAB	9079	BA81501	04/21	148.50	0	132.59	6%=7.96	6%=7.96	
1	1x1	CARNISURE INJ	9099	CAA80004	11/20	149.50	0	133.48	6%=8.01	6%=8.01	
1	5ML	OPTINEURON INJ	9052	A18369VP	12/19	7.60	0	6.79	6%=0.41	6%=0.41	
1	5ML	NEXIRON INJ	5090	IISAC0318	02/20	208.63	0	186.28	6%=11.18	6%=11.18	

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
 दवाई की कमत। कमी के अन्तर वापिस ली जायेगी

\*\*\* CASH INVOICE \*\*\*



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

Items 2 Amount 741.06 Disc 0.00 (+/-) 0.06  
 Rupees Seven Hundred Forty One Only. Net Amt. 741.00

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

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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

81

Receipt NO. : CV/18KI/4467  
MRD NO. : IPD/18K/4681  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 31/Jan/2019

Narration : ADV

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

BY: CASH  
Cash Tender - : 2050  
FOR Kailash Hospital  
MAHESH CHAND SHARMA

Refund Amount - :

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

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

31/Jan/2019 17:25:01



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

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

81

Receipt NO. : CV/18KI/4467  
 MRD NO. : IPD/18K/4681  
 Name : GYANTI PANDEY  
 ADDRESS : C-69, SECTOR-23, NOIDA

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BY: CASH  
 Cash Tender - : 2050  
 FOR Kailash Hospital  
 MAHESH CHAND SHARMA

Refund Amount - :

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

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

31/Jan/2019 17:25:01