

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. : 05738-255555  
 9999998807  
 Extn. 542, 543

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

Date 04-02-2019  
 Phone No.  
 Card No. KH  
 Consultant

Time : 04:28 PM

Indent No.:

Invoice No. CAIK18/66765  
 Place of Supply U.P.(05)  
 Patient Name 4728 BYANTI PANDEY C/O GENERAL  
 Address

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
30		1*30 TABPRAZOPRESS XL 2.5 TAB	9879	EST0933	09/20	240.50	0	240.50	12.00	12.00	0

बिना दिल के दवाई कापिस नहीं होगी

**PAID**

दवाईयों केवल। महीने के अन्त परिसर हो जायेगी

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



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

Items 1

Amount 240.50

Disc 0.00

(+/-) -0.50

Net Amt. 240.00

Rupees Two Hundred Forty 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



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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. : 05738-255556, Mob. : +91 9999998804, 07

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

83

Printed by Naina Printer 9810434607, 9711267588

Receipt NO. : CV/18KI/4512  
MRD NO. : IPD/18K/4728  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 04/Feb/2019

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

*[Signature]*  
4/2/2019

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

04/Feb/2019 11:58:42

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



LINE: 085110DL1998PLC092382

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.

(85)

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

(KAILASH HOSPITAL)

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



Invoice No.  
Place of Supply  
Patient Name  
Address

CAIK18/67623  
U.P (09)  
4791 BYANTI PANDEY C/O GENERAL

ORIGINAL COPY Drug Store: 57185

Date  
Phone No.  
Card No.  
Consultant

Time :  
04:34 PM  
Indent No.:

Printed by Naina Printer 9810434607, 9711267588

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

1		INVAIL CORT-S INJ	3200	V447501	08/20	37.90	0	36.1	2.5%+0.9	2.5%+0.9	
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बिना बिल के कोई जमाना नहीं होगी।  
आपके ली जायगी

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

Items	Amount	Disc.	(+/-)
1	37.90	0.00	
			<b>Net Amt.</b>

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

37.90

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

For UMA MEDICARE LTD.

DINESH

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.

Ph. : 05738-255555  
999998807  
Extn. 542, 543

(KAILASH HOSPITAL)

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

L-250  
0978

Invoice No. CAIK1B/67624  
Place of Supply U.P.(09)  
Patient Name 4791 GYANJI PANDEY C/O GENERAL  
Address

ORIGINAL COPY  
Date 08-02-2019  
Phone No.  
Card No.  
Consultant

Time : 04:35 PM  
Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	5ML	NEXIROM INJ	5040	IISAC1119	07/20	215.80	0	192.68	6%=11.56	6%=11.56	0%
1	1#1	CARNIBURE INJ	9099	CRAB00004	11/20	49.50	0	133.48	6%=8.01	6%=8.01	0%
1	2ML	EMESET INJ 4MG	9035	L680201	06/21	12.30	0	10.98	6%=0.66	6%=0.66	0%
1	3ML	OPTINEURON INJ	9052	A18369VP	12/19	7.60	0	6.79	6%=0.41	6%=0.41	0%
1	2ML	AVIL INJ	9039	2418107	05/21	3.20	0	2.88	6%=0.17	6%=0.17	0%

बिना बिल के दवाई वापिस नहीं होगी।  
दवाई वापिस लेने के लिए बिल चाहिए

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

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

Items	Amount	Disc.	(+/-)
5	388.40	0.00	-0.40

Net Amt. 388.00

Amount in Words: Rupees Three Hundred Eighty Eight 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

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. : 05738-255555  
 9999998807  
 Extn. 542, 543

(87)

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

Invoice No. CAIK18/67556  
 Place of Supply U.P (09)  
 Patient Name 4751 GYANTI PANDEY C/O GENERAL  
 Address

ORIGINAL COPY DUPLICATE No: 33177  
 Date 08-02-2019  
 Phone No.  
 Card No.  
 Consultant

Time : 01:40 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
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1	1x1	AERO COMFORT (ADULT)	2090	GRM18J087	09/22	334.00	0	290.21	6%=17.89	6%=17.89	0%=0
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Printed by Naina Printer 9810434607, 9711267588

बिना बिना के हवाई वापिस नहीं होती।  
**PAID**  
 एकांकी 18/02 के अन्तर्गत 4751 जीयन्ती पाण्डेय की मांगेरी

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

Items	Amount	Disc.	Net Amt.
1	334.00	0.00	334.00

Rupees Three Hundred 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.**

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. : 05738-255555  
9999998807  
Extn. 542, 543



Invoice No. CARK 18/8091  
Place of Supply U.P (09)  
Patient Name BAYATRI DEVI  
Address

Date 08-02-2019 Time: 01:37 PM  
Phone No.  
Card No. Indent No.: 67545  
Consultant CASUALTY MEDICAL OFFICER

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1X1	NASAL OXYGEN SET	9099	GRM18F055	05/22	176.00	0	157.14	62=9.43	62=9.43	

Printed by Naina Printer 9810434607, 9711267588

Aq.No.: 67545

\*\*\* CASH RETURN \*\*\*

पिना रिज से वाइड कासिड मरी होरी  
2018  
दवाइयों के जांचे की जा रही है

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

Items	Amount	Disc	(+/-)
1	176.00	0.00	0.00
Rupees One Hundred Seventy Six Only.			<b>Net Amt. 176.00</b>

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. : 05738-255555  
 9999998807  
 Extn. 542, 543

89



Invoice No.

Place of Supply CAIK18/67549

Patient Name U.P.(09)

Address 4781 GYANTI PANDEY C/O GENERAL

ORIGINAL COPY Main Date: 2019/02/20

Phone No. 02-2019

Card No.

Consultant

Time :

01:30 PM

Indent No.:

Printed by Naina Printer 9810434607, 9711267588

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1	DUDI LN RESPULES	9099	SAB3052	06/20	11.64	0	10.39	6%=0.62	6%=0.62	0%=0
1	2*1	BUDECORT RESP 0.5MG	9099	SAB2822	06/20	22.39	0	19.99	6%=1.2	6%=1.2	0%=0

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
 दवाई के साथ ही नतीने ई बिल वापिस ली जायेगी

*Prasen*  
**KAILASH HOSPITAL.**  
 Plot No. 203, Wazidpur, G.T. Road  
 Khurja, Bulandsahar, U.P.-203131  
 (+7)  
 -0.03  
**Net Amt.**

Items	Amount	Disc.	Net Amt.
2	34.03	0.00	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.

Supers. Thirty Four Only.

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

For UMA MEDICARE LTD.



# 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

90

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Receipt NO. : CV/18KI/4572  
MRD NO. : IPD/18K/4781  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 08/Feb/2019

Narration : ADV.

Received with thanks Rs. : 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

BY: CASH

Cash Tender - : 2050

FDR Kailash Hospital

VINEET KUMAR SHARMA

Refund Amount - :

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

*Vineet Kumar Sharma*  
8/2/2019

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

08/Feb/2019

12:24:51

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





# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

91

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. : CW/18KI/4618      DATE : 11/Feb/2019  
MRD NO. : IPD/18K/4822  
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 - :

MAHESH CHAND SHARMA

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

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

11/Feb/2019

12:34:17

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

(92)



Invoice No. CAIK18/68678  
 Place of Supply U.P (09)  
 Patient Name GYANTI PANDEY  
 Address

ORIGINAL COPY Main Store: 210551  
 Date 15-02-2019  
 Phone No. 8299003400  
 Card No.  
 Consultant

Time : 01:14 PM  
 Indent No.:

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

2	1*ML	REVAC -R1 ML INJ	2012 518015A		07/21	149.22	0	142.11	2.5%=3.55	2.5%=3.55	0%
2	1*1	S2ML OMNIVAN	3100 18617M0203		06/23	20.00	0	17.86	6%=1.07	6%=1.07	0%

बिना बिल के दवाई वापिस नहीं ली जायेगी  
 दवाईयों केवल 1 बिल के अंदर वापिस ली जायेगी  
**PAID**

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



Printed by Naina Printer 9810434607, 9711267588

Items	Amount	Disc.	(+/-)	Net Amt.
2	169.22	0.00	-0.22	169.00

Price of medicines 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

ANUP

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.

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

(KAILASH HOSPITAL)

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

(93)

Invoice No.

Date

Time :

Place of Supply

ORIGINAL COPY Main Store 210762

Phone No.

Patient Name

DAIKIB/68926

Card No. 14-02-2019

Indent No. 04:11 PM

Address

U.P.(09)

Consultant

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

2	1*30	ARKAMIN TAB	9876	DAN-18095	07/21	3.32	0	2.96	6% = 0.18	6% = 0.18	0% = 0
1	1*10	CILACAR 10 TAB	9899	KE98073	08/21	8.45	0	7.54	6% = 0.45	6% = 0.45	0% = 0

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
दवाई के अंदर प्रमाण पत्र भी जायेगी

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

Items	*** Amount ***	Disc.	Net Amt.
2	11.77	0.00	11.77

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.

Printed by Naina Printer 9810434607, 97111267588

DINESH

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)

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

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

Invoice No. CAIK18/68929  
 Place of Supply U.P.(09)  
 Patient Name 4860 GYANTI PANDEY C/O GENERAL  
 Address

ORIGINAL COPY Main Date: 21/07/19  
 Phone No. 05738-255555  
 Card No. 04-02-2019  
 Consultant

Time : 04:20 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
2	1X1	VANTOX CP 500MG INJ	2096	PVNC02813	10/20	564.00	0	537.14	2.5%=13.43	2.5%=13.43	0%
1	2ML	OMNIKACIN 500MG	2099	AF48009	07/20	121.00	0	115.24	2.5%=2.88	2.5%=2.88	0%
1	2ML	AVIL INJ	9039	2418107	05/21	3.20	0	2.86	6%=0.17	6%=0.17	0%

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
 दवाई का अन्दर कलित की जायेगी

*[Signature]*  
**KAILASH HOSPITAL**  
 Plot No. 203, Wazidpur, G.T. Road  
 Khurja, Bulandshahr, U.P.-203131  
**Not Amt.**

Printed by Naina Printer 9810434607, 9711267588

Items	*** CASH INVOICE ***	Amount	Disc.
3		688.20	0.00
			<b>688.00</b>

Price of medicine is inclusive of tax Eighty Eight Only.  
 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

RETAIL INVOICE / CASH MEMO / BILL

# UMA MEDICARE LTD.

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

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

Time : 03-18 PM

Invoice No. CAIK18/68898  
Place of Supply U.P (09)  
Patient Name 4860 GYANTI PANDY C/O GENARAL  
Address

Date 14-02-2019  
Phone No.  
Card No.  
Consultant KH  
Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	5ML	NEXTRON INJ	5090	IISAC1118	07/20	215.80	0	192.60	6%=11.56	6%=11.56	0%
1	3ML	OPTINEURON INJ	9052	A10472VP	02/20	7.60	0	6.79	6%=0.41	6%=0.41	0%
1	1ML	CARNISURE INJ	9099	CAAB0004	11/20	149.50	0	133.48	6%=8.01	6%=8.01	0%
1	1	DUOLIN RESPULES	9099	SA81851	04/20	11.64	0	10.39	6%=0.62	6%=0.62	0%
1	2ML	BUDECORT RESP 0.5MG	9099	SN81532	10/20	22.39	0	19.99	6%=1.2	6%=1.2	0%

Printed by Naina Printer 9810434607, 9711267588

बिना बिल के दवाई काग्रेस नही होती  
**PAID**  
दवाईयों केवल 1 महीने के अन्दर काग्रेस ली जायेगी

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

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

Items 5      Amount 406.93      Disc. 0.00      (+/-) 0.93  
**Net Amt. 406.00**

Runes Four Hundred Six 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

DINESH  
For UMA MEDICARE LTD.

CIN: U85110DL1998PLC092382





# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

(96)

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/4660  
 CARD NO. : IPD/18K/4860  
 Name : GYANTI PANDEY  
 ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 14/Feb/2019

Narration : ADV.

Received with thanks Rs. : 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

BY: CASH

Cash Tender - : 2050

Refund Amount - :

FOR Kailash Hospital

VINEET KUMAR 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

14/Feb/2019

12:42:29

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

99

Printed by Naina Printer 9810434607, 9711267588

Receipt NO. : CV/18KI/4713  
MRD NO. : IPD/18K/4908  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 18/Feb/2019

Narration : ADV

Received with thanks Rs. : 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

BY: CASH

Cash Tender - : 2050  
FOR Kailash Hospital

Refund Amount - :

MAHESH CHAND SHARMA

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

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

18/Feb/2019

12:44:14

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



# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

100

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/18K/174754  
MRD NO. : IPD/18K/4944  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 21/Feb/2019

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

*21/2/2019*

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

21/Feb/2019

12:34:12

Printed by Naina Printer 9810434607, 9711267588

**Tax Invoice**

**APNA BAZAR**

(A Unit of Sanyog Healthcare Ltd.)  
(Formerly known as Sanyog Enterprises Ltd.)

Shop No 17/6, Ground Floor, Yusuf Sarai Market,

New Delhi - 110016, Mob. : 8447731406, CIN No. : U24232DL1999PLC098564

DL No : S(1815)/14/W.R.  
(10)

GST No.: 07AAECS5992E1Z3

Invoice No. : S/101975      Date : 21-02-2019      Time : 12:20:22  
 Patient Name : GYANTI PANDAY  
 Patient Add. : (YUSUF SARAI, DELHI)

Prescribed By : DR R S BHADORIA  
 Reference No. :  
 Payment mode : Cash Bill

QTY.	PACK	HSN CODE	PARTICULARS	MFG.	BATCH	EXP.	M.R.P.	GST %	AMOUNT
1	1X1	30045010	EPORISE 10000 IU INJ	ZUVENT	081806S0	04-20	2661.93	12.00	894.67

**PAID**  
 बिना बिल के वापसी नहीं होगी  
 NO REFUND WITHOUT ORIGINAL BILL

PHARMACIST	ITEMS	TOTAL	DISCOUNT	CGST AMT	SGST AMT	IGST AMT	TOTAL GST	TOTAL AMOUNT
MANDJ	1	2661.93	1767.26	47.92	47.92		95.84	895.00

Rs. Eight Hundred Ninety Five Rupees only

Regd. Off. : B-1, Yadav Park, Main Rohtak Road, Nangloi, Delhi-110 041, Tel. : 011-49300500 Fax : 43852219, Email:- info@sanyogpharmacy.com, Website : www.sanyogpharmacy.com  
 •All Disputes Subject to Delhi Jurisdiction only • No Tax is payable on reverse charge basis • Goods once sold will not be taken back for APNA DAWA BAZAR

SHIVAM FORMS 2018



# KAILASH HOSPITAL

(A Unit of Kailash Healthcare)

Plot No. 203, Wazidpur, G.T. Road/NH-91, Khurja, Bulandshahr  
Tel. : 05738-255555, Mob. : +91 99999998  
Email: kailash.khurja@kailashhospital.com | Website: www.kailashhospital.com

21/02/2019 02:15 PM [C-0020]

(102)



6077794  
GYANTI PANDEY

60/F 1296

PHID : 126565 DATE : 21/02/2019 (14:14)  
NAME : GYANTI PANDEY

SEX: Female AGE: 60-2

ADDRESS : PHURJA, CIVIL COURT, DI  
Reg No. : 6077794

Claim No. :  
PHONE NO. : 8299003408

REFERRED BY: HEALTH CHECK UP

Sr No.	Laboratory Charges	Amount
1.	SILVER HEALTH CHECK UP	499.00

499

- 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)

*[Signature]*  
KAILASH HOSPITAL

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

GSTIN:09AA8CK8840N1ZY SAC-999316

Bill Amount : 499.00  
Amount Payable : 499.00

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.)

103

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

## LABORATORY

UNIT : 126565      DATE : 21/02/2019 (14:14)      BILL NO - LAB/K/18/24298

### RECEIPT

Receipt No	Receipt No	Payment Type	Cash Tended	Change Returned	Amount
21/02/2019	CV/18KL/8672	By Cash	500	1	499.00
Total Received :					499.00
Net Recivable :					0.00

21/02/19 14:14 For Kailash Hospital

VINEET K SHARMA

: - This Bill is valid for 3 days only.

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

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

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. : 05738-255555  
 9999998807  
 Extn. 542, 543

104

Invoice No. CAIK18/70262  
 Place of Supply U.P (09)  
 Patient Name 4944 GYANTI PANDEY C/O GENERAL  
 Address

Date 21-02-2019 Time: 01:19 PM  
 Phone No.  
 Card No. Indent No.:  
 Consultant KH

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	2ML	BUDECORT RESP 0.5MG	9099	SNB1532	10/20	22.39	0	19.99	6%=1.2	6%=1.2	0%=0
1		DUOLIN RESPULES	9099	SAR1371	09/20	11.64	0	10.39	6%=0.62	6%=0.62	0%=0

Printed by Naina Printer 9810434607, 9711267588

बिना बिज के दवाई वापिस नही होंगी।  
**PAID**  
 दवाई को काल 1 महीने के अन्दर वापिस ही जायेगी

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

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

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

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

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

Invoice No. CAIK1B/70317  
 Place of Supply U.P.(09)  
 Patient Name 4944 GYANTI PANDEY C/O GENERAL  
 Address

Date 21-02-2019  
 Phone No.  
 Card No.  
 Consultant KH

Time : 05:06 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1#1	CARNISURE INJ	9099	CAAB0004	11/20	149.50	0	133.48	6%=8.01	6%=8.01	0%=0
1	3ML	OPTINEURON INJ	9052	A1B472VP	02/20	7.60	0	6.79	6%=0.41	6%=0.41	0%=0
1	5ML	NEXTINON INJ	5090	IISAC1118	07/20	215.80	0	192.68	6%=11.56	6%=11.56	0%=0

विना बिना के दवाई वापिस नही होगी।  
**PAID**  
 दवाई का अंतर वापिस ली जायेगी

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

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

Items	Amount	Disc.	Net Amt.
3	372.90	0.00	372.90

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



# 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

(106)

Receipt No. : CV/18KT/4824      DATE : 25/Feb/2019  
 MED NO. : IPD/18K/5005  
 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

FDR Kailash Hospital

GOPAL SHARMA

Refund Amount - :

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

25/Feb/2019

12:54:25

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  
 C.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

(107)



Invoice No. CAIK18/70998  
 Place of Supply U.P. (09)  
 Patient Name 5005 GYANTI PANDAY C/O GENARAL  
 Address

Date 25-02-2019  
 Phone No.  
 Card No.  
 Consultant KH

Time : 01:16 PM  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	2ML	BUDECORT RESP 0.5MG	9099	SN81532	10/20	22.39	0	19.99	6%=1.2	6%=1.2	0%=0
1	1	DUOLIN RESPULER	9099	SA91371	09/20	11.64	0	10.39	6%=0.62	6%=0.62	0%=0
1	1*400GM	NEPRO HP POW	9099	8/2350U	03/21	800.00	0	714.29	6%=42.86	6%=42.86	0%=0

Printed by Naina Printer 9810434607, 9711267588

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
 दवाई में देवल। नहीं ले के अन्धर दारिद्र की जायेगी

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

*Dinesh*  
**KAILASH HOSPITAL.**  
 Plot No. 203, Wazidpur, G.T. Road  
 Khurja, Bulandshahr, U.P.-203131  
 (+/-) 0.03

Items 3 Amount 834.03 Disc. 0.00

Rupees Eight Hundred Thirty Four Only.

Net Amt. 834.00

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.

D.L. MLN - 105295, 105296  
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

**+ JAGDAMBA CHEMIST +** 

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. : 63266  
Patient : GYANTI PANDEY  
Address : AIIMS  
Prescribed by :

Date : 27/02/19  
Time : 11:17 AM

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
10	LOBUN-FORTE CAP.	30049099	12.0	62AC218002	05/20	768.00
20	KETOSTERIL-TAB.	30049099	5.0	18R1489	03/21	698.00



CUTTING & FRIDGE ITEM NO RETURN  
WHATSAPP-9643291111

Taxable 5%	544.17	CGST 2.5%	13.61	SGST 2.5%	13.61
Taxable 12%	561.32	CGST 6%	33.68	SGST 6%	33.68
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	47.29			MRP TOTAL	1,466.00
SGST Total	47.29			DIS. AMT.	265.94
				<b>PAID AMT.</b>	<b>1,200.00</b>

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 PR. 257405, 257416

D.L. MLN - 105295, 105296  
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

**+ JAGDAMBA CHEMIST +**

109

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.

Bill No. :

63200  
GYANTI PANDEY

Date :

27/02/19

11:21 AM

Patient :

Time :

Address :

AIIMS

Prescribed by :

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
1	WEFOX-1000010 INJ.	3004	12.0	DT10643	07/20	650.00



CUTTING & FRIDGE ITEM NO RETURN  
WHATSAPP-9643291111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	580.34	CGST 6%	34.82	SGST 6%	34.82
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	34.82			MRP TOTAL	650.00
SGST Total	34.82			DIS. AMT.	
				PAID AMT.	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

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

110

Receipt NO. : CV/18KI/4866  
M/D NO. : IPD/18K/5041  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE - : 28/Feb/2019

Narration : ADV.

Received with thanks Rs. : 2,050.00

(RUPEES TWO THOUSAND FIFTY ONLY)

BY: CASH

Cash Tender : 2050

Refund Amount - :

FOR Kailash Hospital

VINEET KUMAR SHARMA

*Handwritten signature and date: 28/2/2019*

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

**KAILASH HOSPITAL**

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

28/Feb/2019

12:54:19

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.

(KAILASH HOSPITAL)

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

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



Invoice No. CAIK1B/71634  
 Place of Supply U.P.(09)  
 Patient Name 5641 GYANTI PANDEY C/O GENARAL  
 Address

Date 28-02-2019 Time : 01:39 PM  
 Phone No.  
 Card No. Indent No.:  
 Consultant KH

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1*1	CARNISURE INJ	9099	CAAB0004	11/20	149.50	0	133.48	6%=8.01	6%=8.01	0%=0
1	5ML	NEXIRON INJ	5090	IISACL118	07/20	215.80	0	192.68	6%=11.56	6%=11.56	0%=0
1	3ML	OPTINEURON INJ	9052	A18472VP	02/20	7.60	0	6.79	6%=0.41	6%=0.41	0%=0
1	1	DUOLIN RESPULES	9099	SAB1371	07/20	11.64	0	10.39	6%=0.62	6%=0.62	0%=0
1	2ML	BUDECORT RESP 0.5MG	9099	SNB1532	10/20	22.39	0	19.99	6%=1.2	6%=1.2	0%=0

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
 दवाई का बिल मिलने के अन्दर वापिस ली जायेगी

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

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

Items 5 Amount 406.93 Disc 0.00

Rupees Four Hundred Six Only.

Net Amt. 406.00

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



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

112

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



Invoice No. CAIK18/71692  
 Place of Supply U.P.(09)  
 Patient Name GYANTI PANDEY  
 Address

Date 28-02-2019  
 Phone No.  
 Card No.  
 Consultant CASUALTY MEDICAL OFFICER

Time : 06:49 PM  
 Indent No.:

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

✓	20GM	THROMBOPHOB DINT	9091	T901090	08/21	90.60	0	80.89	6%=4.85	6%=4.85	0%=0
---	------	------------------	------	---------	-------	-------	---	-------	---------	---------	------

बिना बिल के दवाई वापिस नहीं होगी।  
**PAID**  
 दवाईयों के बिल के अन्दर वापिस ली जायेगी

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



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

Items	Amount	Disc.	(+/-)
1	90.60	0.00	-0.60
Rupees Ninety Only.			<b>Net Amt.</b> 90.00

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



# 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

113

Printed by Naina Printer 9810434607, 9711267588

## RECEIPT

Receipt NO. : CCV/18KI/0713  
MRD NO. : IPD/18K/5090  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 04/Mar/2019

Narration : ADV.

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

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

BY:

FOR: Kailash Hospital

Regd. Office : A-01, New Ashok Nagar, Delhi - 110096  
Corporate Office : N-33, Sector - 27, Noida - 201301 U.P.

CIN U74899DL1993PLC054864  
Tel.: 0120-246 66 66

04/03/2019 09:45 AM [O-0001]



6078479  
GYANTI PANDEY

60/F

# KAILASH HOSPITAL

(A Unit of Kailash Healthcare Ltd.)

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

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

E-mail: kailash.khurja@kailashhospital.com Website: www.kailashhospital.com

(14)

## BILL LABORATORY

UHID : 126565 DATE 04/03/2019 (09:43) BILL NO - LAB/K/18/24981  
 NAME : GYANTI PANDEY SFX: Female AGE: 60-3  
 Claim No  
 ADDRESS : -, KHURJA, CIVIL COURT, DI PHONE NO. : 9299003409  
 Req No. : 6078479 REFERRED BY: Dr. RAVINDRA SINGH B

Sr No.	Laboratory Charges	Amount
1.	HAEMOGLOBIN (HB)	75.00
2.	UREA (BLOOD)	65.00
3.	CREATININE	80.00
Bill Amount		220.00
Amount Payable		220.00

GSTIN:09AABCK8840N1ZY

SAC-999316

### RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Amount Returned	Amount
04/03/2019	CV/18KL/8922	By Cash	250	30	220.00
Total Received :					220.00
Net Recivable					0.00

04/03/19 09:43 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, Wazidpur, G.T. Road  
Khurja, Bulandshahar, U.P.-203131  
Dr. RAVINDRA SINGH B SHARMA

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

D.L. MLN - 105295, 105296  
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ...

# + JAGDAMBA CHEMIST +

CREDIT CARD  
ACCEPTED

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

ALL DAYS  
OPEN

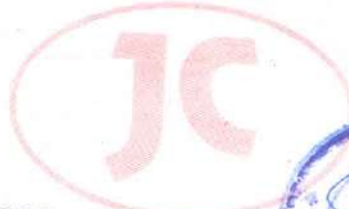
HELPLINE NO. : 26165517, 49027722, 9971074405, 9312480015  
\* In case you find any inadvertent error in the price charged.  
\* Please bring this cash mem for refund of difference.

Bill No. : 65007  
Patient : GYANTI PANDEY  
Address : AIIMS  
Prescribed by :

Date : 07/03/19  
Time : 12:26 PM

115

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
	WEPOX-10000IU INJ.	3004	12.0	DT10643	07/20	1300.00



CUTTING & FRIDGE ITEM NO RETURN  
WHATSAPP-9643291111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	1,160.71	CGST 6%	69.65	SGST 6%	69.65
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	69.65				
SGST Total	69.65				

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

MRP TOTAL 1,300.00  
DIS. AMT.  
PAID AMT. 1,300.00

FOR : JAGDAMBA CH

INDIAN PAPERS P. 207488 207498

D.L. MLN - 105295, 105296  
GST INVOICE

JAI KALKA MAI

GSTIN : 07AAMFJ2289A1ZE

# + JAGDAMBA CHEMIST +

ALL DAYS OPEN

CREDIT CARD ACCEPTED

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

MEDICINES SURGICALS & ANTI-CANCER DRUG

HELpline 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.

Bill No. : 65009  
Patient : M S  
Address : AIIMS  
Prescribed by :

Date : 07/03/19  
Time : 12:34 PM

(16)

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
	UPRISE-D3-60K CAP	30045036	12.0	UPSB-18057	09/20	110.00
	IPROFER-5MLINJ	3004	12.0	15120	11/20	90.00



CUTING & FRIDGE ITEM NO RETURN  
WHATSAPP-9643291111

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	178.57	CGST 6%	10.72	SGST 6%	10.72
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	10.72			MRP TOTAL	200.00
SGST Total	10.72			DIS. AMT.	
				PAID AMT.	200.00

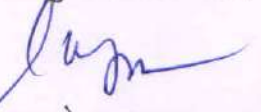
1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free Home Delivery, Condition Apply\*

FOR : JAGDAMBA CHEMIST

INDIAN PAPERS P.L. - 2574765, 2574766

प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु० Gyanh' Pandey  
 पुत्र/पुत्री/पत्नी Mother of Shri Durgesh आयु 60 वर्ष  
60 रोग से पीडित है।  
 इनका इलाज Kailash Hospital - NOIDA में मरीज की आकस्मिक  
 परिस्थिति को देखते हुए दिनांक 01-2-2018 से शुरू किया गया।

  
 चिकित्सक के हस्ताक्षर व मुहर

Dr. (Ms.) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

**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 Gyan ti Pandey  
mother wife/ son/ daughter of  
Mr. Durgesh employed in  
the Distt Comd 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 LATTERS)    QUANTTTY    PRICE

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

*Bill Attached*


*[Signature]*  
**Dr. (Ms.) GAGAN GROVER**  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kallash Hospital & Heart Institute, Noida

.....  
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.

.....  
  
Dr. (Ms) GAGAN GROVER  
Signature & Designation of the  
Medical Officer & Name of the hospital &  
Dispensary to which attached  
Kailash Hospital & Heart Institute, Noida  
MCI 18854

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

COUNTERSIGNED

(Medical superintendent.....*Kailash Hosp*.....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  
  
H-33, Sector-27, Noida  
Ph 2444444, 2466666  
MEDICAL SUPERINTENDENT

.....hospital  
.....  
Medical Superintendent  
Kailash Hospital & Heart Institute  
H-33, Sector-27, Noida  
Ph 2444444, 2466666



1-Name of the Patient- Smt. Gyanati Pandey

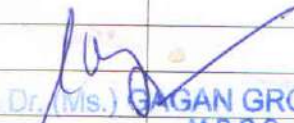
2-Diagnosis-

3-Name of Hospital-

4-Period/Duration-

Srl. no	Vr. No	Date	Name of chemist/ institute	Total Amount	Deductions	Net Pass Amount
1	111640	14.11.18	Raj Kamal Chemist	131-		
2	59986	15.11.18	Aarogya Medicos	72-		
3	59984	15.11.18	" "	74-		
4	286083	26.11.18	" "	2-		
5	226862	29.11.18	Safdarjung Medicos	549-		
6	270552	30.11.18	New delhi Medicos	700-		
7	41303	03.12.18	Bharat Medicos	735-		
8	42406	09.12.18	Bharat Medicos	920-		
9	42407	09.12.18	" "	499-		
10	42929	12.12.18	" "	599-		
11	42931	12.12.18	" "	1000-		
12	44346	20.12.18	" "	72-		
13	44343	20.12.18	" "	500-		
14	44342	20.12.18	" "	67-		
15						
16						
17						

Total ₹ 5920/-

  
 Dr. (Ms.) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

6420/-

GST INVOICE



# RAJ KAMAL CHEMISTS

STALL NO. 21, BEHIND R.M.L. HOSPITAL, GSTIN : 07AAIFR7104C1Z1  
GATE NO. 6, NEW DELHI-110001  
D.L. No. : NDE 114504-20, 114505-21F, 114506-21 Ph.: 23741627  
(Authorised Chemist to the President of India Estate Clinic) 7217755384

CASH MEMO No. :

Name: 111640

DATE :

DR. 14/11/2018

Address: GYANTI PANDAY

R.M.L.HOSPITAL

Sr. No.	Qty.	Pack	Description	Batch	Exp.	Rate	Amount
10	10	TAB	MEKIRDN-LP	56TMX007	07/20	100.00	100.00
10	10	TAB	AGELESS TAB	AGT8007	08/19	144.00	144.00
<b>SALES RETURN</b>							
-1	1		GENOCEL .4000IU	9560110	06/20	375.00	375.00
						Sub Total :	244.00
						Sub Total :	-375.00



Dr. **AS. GAGAN GROVER**  
\*HAPPY \*DIWALI\*  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kalash Hospital & Heart Institute, Noida

TOTAL AMT: -131.00

Rpees: One Hundred Thirty One Only

Net Amt. (R/O): -131.00

Email : rajkamalchemists@gmail.com  
1. All Dispute Are Subject To Delhi Jurisdiction  
2. Goods Once Sold Will Not Taken Back.  
(Computer Generated Invoice)

OPEN ALL DAY'S  
ALL CREDIT CARDS  
ACCEPTED

For **RAJ KAMAL CHEMISTS**  
DINESH KUMAR  
Signature

Shiv Shakti # 9650638080  
2018

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

M-289  
 D-18

Invoice No. 20630 Date 15-11-2018 Time : 12:54 PM  
 Place of Supply U.P (09) Phone No. \_\_\_\_\_  
 Patient Name 20630 GYANTI PANDEY C/O GENERAL Card No. \_\_\_\_\_ Indent No.: 244296,248194,2  
 Address \_\_\_\_\_ Consultant Dr. SANJAY MAHAJAN

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
9	1X10	MOXOMAS 0.3 TAB	9879	K7HB10A	06/20	72.27	0	69.83	6% = 3.87	6% = 3.87	0

Printed by Naina Printer 9810434607, 9811267588

*Dr. (MS) GAGAN GROVER*  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MC1-18854  
 Kailash Hospital & Heart Institute, Noida

*Dr. Sanjay Mahajan*  
 9315007796  
 CASH RETURN \*\*\*

Items	Amount	Disc.	(+/-)	Net Amt.
Rupees Seventy Two Only.	72.27	0.00	0.27	72.00

Price of medicine are inclusive of all taxes.  
 Goods once sold will not be taken back.  
 Subject to Delhi jurisdiction. Regd. Office : A-101, New Ashok Nagar, Delhi-110096  
 For **AAROGYA MEDICOS**

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

(122)



Invoice No. CARN18/59984  
 Place of Supply U.P (09)  
 Patient Name 29630 BYANTI PANDEY C/O GENERAL  
 Address

Date 15-11-2018 Time : 12:49 PM  
 Phone No.  
 Card No.  
 Consultant Dr. SANJAY RAHAJAN  
 Indent No.: 244290,248194,2

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1x10	MOXDAS 0.3 TAB	9079	KMH810A	06/20	8.03	0	7.17	6%=0.43	6%=0.43	0%
3	1x15	ROZUCOR 10MG	9099	2N78E003	02/20	46.12	0	41.18	6%=2.47	6%=2.47	0%
2	1x15	NEFROSAFE TABLET	9099	F0798	06/20	20.67	0	18.46	6%=1.11	6%=1.11	0%

Printed by Naina Printer 9810434607, 9711267588

*Sanjay*  
*h.k. Pandey*  
 Ag. No. : 244290, 248194, 248554  
 Dr. (MS) GAGAN GROVER, M.B.B.S, D.H.A.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida  
 \*\*\* CASH RETURN \*\*\*  
 9315007796



Items Amount Disc. (+/-).82  
 Rupees Seventy Four Only. Net Amt 74.00

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**

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

123

M-289  
 0915

Invoice No. CA1N18/286083  
 Place of Supply U.P (09)  
 Patient Name GYANTI PANDAY  
 Address

Date 21-11-2018  
 Phone No.  
 Card No.  
 Consultant

Time : 12:13 AM  
 Indent No.:

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

1	1X15	AMLOVAS 5MG TAB	9079	KAB0040	05/22	2.75	0	2.46	6% = 0.15	6% = 0.15	0% = 0
---	------	-----------------	------	---------	-------	------	---	------	-----------	-----------	--------

Printed by Naina Printer 9810434607, 9711267588

*[Handwritten Signature]*



Dr. (Ms.) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18660  
 Kailash Hospital & Heart Institute, Noida

Items

1

Rupees Two Only.

Amount

Disc.

0.00

(+/-)

-0.75

Net Amt.

2.00

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



# 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

(124)

## BILL LABORATORY

CHID : 2494657 DATE 26/11/2018 (11:32) BILL NO - LAB/N/18/264936

:-This Bill is valid for 3 days only.

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

9795794038 - Surabh  
Tawat

BP  
130/80

Printed by Naina Printer 9810434607, 9711267588

D.L. No. S(1115)13R W

GST INVOICE

GSTIN : 07ABEPN2637H1ZP

# Safdarjung Medicos

Shop No. 5, Near Metro Station, Safdarjung Hospital  
Gate No.2, New Delhi-29 (Opp. AIIMS Entrance Gate-1)  
For Enquiry No. : 26192644 • Whatsapp & Order No. : 9269261414  
MEDICINES, SURGICAL & COSMETICS ANTI CANCER DRUGS

CREDIT CARD  
ACCEPTED

ALL DAY'S  
OPEN

PAYTM



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

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	GST	AMOUNT
10	FERONIA-XR TAB	E16DH1805	03/20	12.0	123.60
10	BENITOWA 8MG TAB	XDFU07	07/20	12.0	163.00
30	EMBETA-XR 50MG TAB.	X07817	03/21	12.0	182.11
10	MOXDVAS-0.3MG TAB.	KMH811A	06/20	12.0	80.30

*[Signature]*  
Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.

Returning Time 12.00 PM. 04.00 PM Only

BILL NO. : 226562 No. MCI-18854  
DATE: 11/18/18  
Total 549.01

PATIENT Ms/Mr. : GYANTI  
ADDRESS :  
SGST 29.41  
CGST 29.41

Pres. by Dr. : Sign. %  
1. Cutting Strip will be not taken back.  
2. No Return No Exchange  
3. All disputes subject to Delhi Jurisdiction.  
4. Home Delivery also available

Grand Total 549.00

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SDD-11M & TP (Narcotic Drugs)

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Auth. Chemist to the President of India Estate Clinic & Dr. R.M.L. Hospital (Local Purchase)

Cash Memo No. : 270552 Date : 30/11/2018  
Pt. Name : GYANTI PANDEY Pr. by Dr. : DR R M L HOSPITAL  
Address :

No.	QTY	PKG.	DESCRIPTION	BATCH No.	EXPIRY	M.R.P.	AMOUNT	GST %
1	1	1	RENOCEL 10000 INJ	9590067	06/20	700.00	700.00	12.0



Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.  
Medical Officer

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(127)



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DEALS IN : ALLOPATHIC, AYURVEDIC & SURGICALS

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Bill No. : 41303  
Patient : RYANTI PANDEY  
Address :  
Prescribed by : AIIMS

Date : 03/12/18  
Time : 12:54 PM

04  
P  
P  
18

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
10	ONDERO-5MG TAB	30049099	12.0	AA3331A	01/21	468.00
10	FERONIA-XT TAB	30045010	12.0	E16DH18049	03/20	123.60
10	CONIDEP-8MG TAB	3004	12.0	T-1811019	10/20	144.00

\*\*\* get well soon \*\*\*

Taxable 5%  
Taxable 12%  
Taxable 18%  
Taxable 28%  
Taxfree %

Dr. (Ms.) **G. GROVER**  
M.C.I. D.H.A.  
Medical Officer  
Reg. No. MCI  
Kailash Hospital & Hospitalite, Noida

CGST 2.5%  
CGST 6%  
CGST 9%  
CGST 14%  
CGST 0%

0.00  
39.41  
0.00  
0.00  
0.00  
SGST 2.5%  
SGST 6%  
SGST 9%  
SGST 14%  
SGST 0%

CGST Total 39.41  
SGST Total 39.41

MRP TOTAL 735.60  
DIS. AMT. %  
PAID AMT. 735.00

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Pharmacist & Prop. M.S. Gill

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ALL DAYS  
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Bill No. : 42406  
 Patient : GYANTI PANDEY  
 Address : AIIMS  
 Prescribed by :

Date : 09/12/18  
 Time : 01:19 PM

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
1	ACCU-CHEK ACTIVE 50	38220019	12.0	24690935	02/20	690.00
1	LANCET FLAT WHITE 100'S	90189099	12.0	BGM4103	03/22	230.00

\*\*\* get well soon \*\*\*

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	821.43	CGST 6%	98.57	SGST 6%	98.57
Taxable 18%	0.00	CGST 9%	0.00	SGST 9%	49.29
Taxable 28%	0.00	CGST 14%	0.00	SGST 14%	0.00
Taxfree %	0.00	CGST 0%	0.00	SGST 0%	0.00
CGST Total			98.57		
SGST Total			49.29		

*Gagan Grover*  
**GAGAN GROVER**  
 M.B.B.S., D.Phil.  
 Medical Officer  
 No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

MRP TOTAL 920.00  
 DIS. AMT. 0.00  
 PAID AMT. 920.00  
 Pharmacist & Prop. M.S. Gill

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CREDIT CARDS  
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Bill No. : 42407  
 Patient : GYANTI PANDEY  
 Address :  
 Prescribed by : AIIMS  
 Date : 09/12/18  
 Time : 01:21 PM

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT.
10	REVLAMER-400MG TAB.	30049099	12.0	BST1108	02/20	79.00
15	ADUTROL-C 400MG TAB.	30049099	12.0	KM1953	06/20	162.00
20	MOXIVAS 0.3 TAB	30049079	12.0	KMH811A	06/20	160.60
15	DYTOR 5MG TAB.	30049074	12.0	6A86570	04/21	44.55
30	EMBETA-AR 25MG TAB	30049074	12.0	108982	03/21	127.34

\*\*\* get well soon \*\*\*

Taxable 5% 0.00  
 Taxable 12% 445.48  
 Taxable 18% 0.00  
 Taxable 28% 0.00  
 Taxfree % 0.00

CGST 2.5% 0.00  
 CGST 6% 445.48  
 CGST 9% 0.00  
 CGST 14% 0.00  
 CGST 0% 0.00

SGST 2.5% 0.00  
 SGST 6% 26.73  
 SGST 9% 0.00  
 SGST 14% 0.00  
 SGST 0% 0.00

CGST Total 26.73  
 SGST Total 26.73

MRP TOTAL 573.49  
 DIS. AMT. @ 13.00% 74.55  
**PAID AMT. 499.00**

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 2. All Disputes are subject to Delhi Jurisdiction only  
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**Pharmacist & Prop. M.S. Gill**

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Bill No. : 42929  
 Patient : GYANTI PANDEY  
 Address :

Date : 12/12/18  
 Time : 02:23 PM

Prescribed by AIIMS

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
8	CEFTUM 250MG TABS	3004	12.0	MA213	01/20	382.50
10	AGELESS TAB.	30045090	12.0	A8T8015	10/19	144.00
15	ACUTROL-C 400MG TAB.	30049099	12.0	KN1543	05/20	162.00



\*\*\* get well soon \*\*\*

Dr. **ANIL KUMAR GROVER**  
 M.B.B.S., D.H.A.

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	534.81	CGST 6%	32.09	SGST 6%	32.09
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%	0.00	SGST 0%	0.00
<b>CGST Total</b>	<b>32.09</b>	<b>MRP TOTAL</b>	<b>688.50</b>	<b>DIS. AMT.</b>	<b>89.51</b>
<b>SGST Total</b>	<b>32.09</b>	<b>PAID AMT.</b>	<b>599.00</b>		

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free home delivery Condition Apply

Pharmacist & Prop. **M.S. Gill**

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ALL DAYS  
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Bill No : 42931  
Patient : GYANTI PANDEY  
Address :  
Prescribed by AIIMS

Date : 12/12/18  
Time : 02:24 PM

QTY.	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
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2	WEPOX 4000 INJ.	30021091	12.0	DS10632	09/19	1000.00
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\*\*\* get well soon \*\*\*

Taxable 5%	0.00	CGST 2.5%	0.00	SGST 2.5%	0.00
Taxable 12%	892.86	CGST 6%	53.57	SGST 6%	53.57
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%	0.00	SGST 0%	0.00
CGST Total	53.57			MRP TOTAL	1,000.00
SGST Total	53.57			DIS. AMT.	1,000.00
				PAID AMT.	1,000.00

1. No Return, No Exchange
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Bill No : 44346  
 Patient : GYANTI PANDEY  
 Address :  
 Prescribed by : AIIMS

Date : 20/12/18  
 Time : 12:15 PM

QTY	PARTICULARS	MRP	CGST%	BATCH	EXPIRY	AMOUNT
10	LNBLOC-10 MG TAB.	30049079	12.0	6LNL18010	07/20	82.57

\*\*\* get well soon \*\*\*

CGST 12%	0.00	CGST 9%	0.00
CGST 6%	64.14	CGST 6%	3.85
CGST 9%	0.00	CGST 9%	0.00
CGST 14%	0.00	CGST 14%	0.00
CGST 0%	0.00	CGST 0%	0.00

CGST Total 3.85  
 SGST Total 3.85

Dr. M.S. GAGAN GROVER  
 M.B.B.S., D.P.M.  
 Medical Officer  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

MRP TOTAL 82.57  
 DIS. AMT. @ 13.00% 10.73  
 PAID AMT. 72.00

Pharmacist & Prop. M.S. Gill

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ALL DAYS  
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Bill No. : 44343  
Patient : GYANTI PANDEY  
Address :  
Prescribed by : AIIMS

Date : 20/12/18  
Time : 12:06 PM

QTY	PARTICULARS	HSN	CGST%	BATCH, I	EXPIRY	AMOUNT
1	WEPOX 4000 INJ.	30021091	12.0	DS10632	09/19	500.00

\*\*\* get well soon \*\*\*

Dr. (Ms.) SAGAN GROVER  
M.B.B.S., D.H.A.

Medical Officer

Reg. No. MCI 18654  
Kailash Hospital & Health Suite, Noida

CGST 12%	0.00	CGST 12%	0.00	SGST 4.5%	0.00
Transport 12%	446.43	CGST 6%	26.79	SGST 9%	26.79
Trade 18%	0.00	CGST 9%	0.00	SGST 14%	0.00
Trade 25%	0.00	CGST 14%	0.00	SGST 0%	0.00
Tax free %	0.00	CGST 0%		SGST 0%	

CGST Total 26.79  
SGST Total 26.79

MRP TOTAL  
DIS. AMT. 500.00  
PAID AMT. 500.00

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Pharmacist & Prop. M.S. Gill

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Please bring this cash memo for refund of difference

Bill No : 44342  
Patient : GYANTI PANDEY  
Address :  
Prescribed by: AIIMS

Date : 20/12/18  
Time : 12:05 PM

QTY	DESCRIPTION	HSN	GST%	BATCH	EXPIRY	AMOUNT
-20	ZINETAC 300MG TAB	30049033	12.0	EU396	01/20	-32.20
-15	BYTOR 5MG TAB.	30049079	12.0	BA81670	04/21	-44.55

\*\*\* get well soon \*\*\*

Dr. (Ms.) GAGAN GROVER  
M.B.S. D.F.A.  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Institute, Noida

Taxable 5%	0.00	CGST 2.5%	0.00
Taxable 12%	-59.62	CGST 6%	-3.58
Taxable 18%	0.00	CGST 9%	0.00
Taxable 28%	0.00	CGST 14%	0.00
Taxfree %	0.00	CGST 0%	0.00
CGST Total	-3.58	MRP TOTAL	-76.75
SGST Total	-3.58	DIS. AMT @ 13.00%	-9.98
		PAID AMT.	-67.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only
3. Free home delivery Condition Apply

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