

प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु Gyanti Pandey  
 पुत्र/पुत्री/पत्नी Mother of Shri Durgesh आयु 60 वर्ष  
CKD रोग से पीड़ित है।  
 इनका इलाज Oct 2018 Kailash Hospital में मरीज की आकस्मिक  
 परिस्थिति को देखते हुए दिनांक Oct 2018 से शुरू किया गया।

*Gagan*  
 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 Gyanti Pandey  
mother ~~wife/ son/ daughter~~ of  
Mr. Durgosh employed in  
the Distt Court Sahaspur

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 presenbed 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)    QUANTTTITY    PRICE

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

Bill Attached

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

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

(Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kalash Hospital, Noida

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

**COUNTERSIGNED**

(Medical superintendent.....Hospital)

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

*Gagan Grover*  
MEDICAL SUPERINTENDENT

Kalash Hospital & Health Institute  
H-33 Sector-27, Noida  
Ph: 2444444, 2466666

.....hospital

- 1-Name of the Patient- Smt Gayanti 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-	<u>CASH/07</u> <u>240883</u>	22.10.18	<u>आर्यभट्ट मेडिसिनोर्स</u>	208-		
2	240190	22.10.18	—do—	41.00-		
3.	249465	22.10.18	<u>कैलाश हास्पिटल नोएडा</u>	230.00		
4	249465	22.10.18	—do—	300.00		
5	249465	22.10.18	—do—	700.00		
6.	225821	22.10.18	—do—	120.00		
7.	100942	23.10.18	—do—	450.00		
8.	225399	23.10.18	—do—	4140.00		
			Rs	<u>6139-</u>		

*Gagan Grover*

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

6139/-



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

138

Invoice No. CA1N1B/240883 Date 22-10-2018 Time : 02:35 PM  
 Place of Supply U.P.(09) Phone No. 9315007796  
 Patient Name GYANTI PANDEY Card No. Indent No.:  
 Address Consultant Dr.SANJAY MAHAJAN

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
5	1x30	TELMA H TAB	9079	05181017	04/20	67.33	0	60.12	6%=3.61	6%=3.61	
5	1x30	TELMA 40MG TAB	9079	18180681	04/20	34.64	0	30.93	6%=1.84	6%=1.84	
10	1x10	METPURE XL 25MG	9074	E16ER18007	01/21	106.05	0	94.69	6%=5.68	6%=5.68	

Printed by Naina Printer 9810434607, 9711267588

24



*[Handwritten Signature]*

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

Items 3 Amount 208.02 Disc. 0.00 (+/-) -0.02  
 Rupees Two Hundred Eight Only. Net Amt. 208.00

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

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. No. : 2/20/GBN/2008  
 D.L. No. : 2/21/GBN/2008

RETAIL INVOICE / CASH MEMO / BILL  
**AAROGYA MEDICOS**

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

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

Invoice No. CAIN18/240190  
 Place of Supply U.P.(09)  
 Patient Name GYANTI PANDEY  
 Address

Date 22-10-2018 Time : 02:11 AM  
 Phone No. 9315007796  
 Card No.  
 Consultant Dr. PRADEEP PANDEY  
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
2	1*15	METOLAR XR 50	9074	BA80670	12/19	11.72	0	10.46	6%=0.63	6%=0.63	0%=0
2	1*30	RANTAC 150MG TAB 1*30	9033	DR38172	04/20	1.55	0	1.38	6%=0.08	6%=0.08	0%=0
2	1*14	ECOSPRIN 75MG	9062	04007227	06/20	0.65	0	0.58	6%=0.03	6%=0.03	0%=0
2	1*15	ROSUVAS 10MG TAB 1*15	9099	EMT1436	04/20	28.00	0	25	6%=1.5	6%=1.5	0%=0



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

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\*\*\* CASH INVOICE \*\*\*  
 Items 4  
 Amount 41.92  
 Disc. 1.00  
 (+/-) -0.92  
 Net Amt. 41.00

Rupees Forty One 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





# 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+Ext. Fax: 0120 - 2 53 33 33

22/10/2018

(140)

ID: 2494657 DATED: 22/10/2018 (02:00) BILL NO: DIAC/H/18/188332  
NAME: GYANTI PANDEY SEX: Female AGE: 60-0

ADDRESS: C-69, SECTOR-23, NOIDA TELEPHONE NO.: 9315007796  
Reg No.: 104R1082 REFERRED BY:

Sr No.	Investigation Charges	Amount
1	ECG (RESTING)	230.00
Bill Amount		230.00
Amount Payable		230.00

BSTIN:09AABCK8840N11Y

SAC-999316

### RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tender	Change Returned	Amount
22/10/2018	CV/18N8/22924	By Cash	230	0	230.00
Total Amt. Received					230.00
Net Receivable					0.00

22/10/18 02:00 For Kailash Hospital & Heart Institute PRECHAND

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

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

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

HEALTHCARE PAR EXCELLENCE

E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

22/10/2018



# 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

5  
141

UHID: 2494657

Dated: 22/10/18 1:59

Bill No.: 30207418/233928

NAME: GYANTI PANDEY

AGE: 50-0 SEX: Female

ADDRESS: C-69, SECTOR-23, NOIDA

Tel No.: 9315007796

	Rate	Amount
REGISTRATION CHARGE	50	50.00
Dr. PRADEEP PANDEY (EMERGENCY DOCTOR-Specialist)	OPD Consultation Fee 250	250.00

Net Amount: 300.00

GSTIN: 09AABCK8840N1ZY

SAC-999312

Payable Amount: 300.00

### RECEIPT

Receipt Dt	Receipt NO	Receipt Ty	Cash	Tender	Change	Return	Net Amount
22/10/18	CV/18NO/133584	By Cash	300		0		300.00
Total Receipt :							300.00
Net Receivable:							0.00

Dr. (Ms.) GABRIEL GROVER  
 Medical Officer  
 Reg. No. MC/18354  
 Kailash Hospital & Heart Institute, Noida

22/10/18 1:59

Kailash Hospital & Heart Institute

PRECHAND

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

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

HEALTHCARE PAR EXCELLENCE

E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

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# KAILASH HOSPITAL & HEART INSTITUTE

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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

32  
22/10/2018  
142

PID: 2494657

Dated: 22/10/18 14:03

Bill No. DPD/N/18/294557

NAME: GYANTI PANDEY

AGE: 60+0 SFX: Female

ADDRESS: C-69, SECTOR-23, NOIDA

Tel No.: 9315007796

CONSULTANT SPECIALIST  
Dr. SANJAY MAHAJAN  
(SR CONSULTANT- MEDICINE  
AND INTENSIVIST-Specialist)

Room No. -33,35  
DPD Consultation Fee

Rate  
700  
Amount  
700.00

Net Amount: 700.00

OSTIN:09AABCK8840NIZY

SAC-099312

Payable Amount: 700.00

### RECEIPT

Receipt Dt Receipt NO  
22/10/18 EV/18N3/134071

Receipt Ty Cash Exchange Return  
By Cash 700 0

Net Amount  
700.00

Total Receipt : 700.00

Net Receivable: 0.00

Dr. (Ms) GAGAN GROVER  
M.B.B.S., D.H.A.  
Medical Officer Kailash Hospital & Heart Institute

Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida

Hospital & Heart Institute

SANTOSH KUMAR

22/10/18 14:03

\* Valid till 26-Oct-2018

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

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

HEALTHCARE PAR EXCELLENCE

E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com



# 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 & 2 46 66 66 Extn. Fax: 0120 - 2 53 33 33

(143)

UHID : 2474657    DATE : 22/10/2018 (02:00)    BILL NO : LAB/18/18/223821  
NAME : GYANTI PANDEY    SEX : Female    AGE : 60-0

ADDRESS : C-69, SECTOR-23, NOIDA  
Reg No. : 12731933

Claim No  
PHONE NO. : 9315007796

Sr No.	Laboratory Charges	Amount
1.	BLOOD SUGAR (GLUCO METER) RANDOM    KL18-78	120.00
	Bill Amount	120.00
	Amount Payable	120.00

GSTIN:09AABCK6840N1ZY

SAC-999316

### RECEIPT

Receipt Dt/Receipt No	Payment Type	Cash	Tend	Chq	Ret	Amount
22/10/2018CV/18ML/31476	Cash	120.00	0	0	0	120.00

By Cash    M.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 10864

RMS

Kailash Hospital & Heart Institute, Noida

22/10/18 02:00 For Kailash Hospital & Heart Institute    PSEMP/MS/0

Note :- You can also collect your reports (except Outsourced) from our web site.

User Name: 12731933    Password: 29279980

:- This Bill is valid for 3 days only.

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

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# 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 & 2 46 66 66 Fax: 0120 - 2 53 33 33

143

UHID : 2494657  
NAME : GYANTI PANDEY

DATE : 22/10/2018 (02:00)

BILL NO - LAB/18/223821  
SEX: Female AGE: 60-0

Claim No  
PHONE NO. : 9315007796

ADDRESS : D-69, SECTOR-23, NOIDA  
Req No. : 12731933

Sr No.	Laboratory Charges	Amount
1.	BLOOD SUGAR (BLOOD METER) RANDOM	120.00

BBTIN:09AABCK8840N1ZY

SAC-999316

RECEIPT

Receipt No  
22/10/2018CV/19ML/31476

Payment Type	Cash	Tender	Returned	Amount
				120.00
				120.00
				0.00

By Cash: GAGAN GROVER

Medical Officer M.B.B.S., D.H.A.

Reg. No. MCI 10864

Kailash Hospital & Heart Institute, Noida

RBS

22/10/18 02:00  
 Note :- You can also collect your reports (except Outsource) from our web site.  
 User Name: 12731933 Password: 29279980  
 :- This Bill is valid for 3 days only.  
 :- Refund, if any, will be made against surrender of original receipt only.

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

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

Website : www.kailashhealthcare.com



# KAILASH HOSPITAL & HEART INSTITUTE

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

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 23, NOIDA - 201301

Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2 46 66 66 Fax: 0120 - 2 53 33 33

144

UNIT ID: 2494657  
NAME: BYANTI PANDEY

DATED 23/10/2018 (08:23) BILL NO : DTAG/N/18/100942  
SEX: : Female AGE: : 60-0

ADDRESS: C-69, SECTOR-23, NOIDA  
Reg No.: 10481692

TELEPHONE NO.: 9315007796  
REFERRED BY: Dr. SANJAY MAHAJAN

Sr No.	Investigation Charges	Amount
1	X-RAY CHEST P.A. VIEW	400.00
Bill Amount		400.00
Amount Payable		400.00

GSTIN: C9AABCK8840N1ZY

SAC-999316

### RECEIPT

Receipt Dt Receipt No  
23/Oct/2018 CV/18ND/23068

Payment Type	Amount	Returned	Amount
By Cash	400	0	400.00
Total Amt. Received			400.00
Net Receivable			0.00

50229

Dr. (Ms.) GAGAN GROVER  
Medical Officer  
M.B.B.S. D.H.A.  
Kailash Hospital & Heart Institute  
Noida

23/10/18 08:23

For Kailash Hospital & Heart Institute

LOKESH KUMAR

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

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

HEALTHCARE PAR EXCELLENCE


E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

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23/10/2018 12:01 PM [O-0051]  
  
**12733511-P**  
 GYANTI PANDEY  
 60/F

**KAILASH HOSPITAL & HEART INSTITUTE**  
 UNIT OF KAILASH HEALTHCARE LTD. CIN : U74899DL1993PLC054864  
 325 Beds Super Speciality (NABH & NABL ACCREDITED) (145)  
 H-33, SECTOR - 27, NOIDA - 201301  
 Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2466-Extn. Fax: 0120 - 2 53 33 33

23/10/2018 08:28 AM [O-0051]  
  
**12733511**  
 GYANTI PANDEY  
 60/F

**LABORATORY**

UHID : 2494657 DATE : 23/10/2018 (08:23) BILL NO - LAB/N/18/223377  
 NAME : GYANTI PANDEY SEX: Female AGE: 60-0

ADDRESS : C-69, SECTOR-23, NOIDA  
 Req No. : 12733511

Claim No  
 PHONE NO. : 9315007796  
 REFERRED BY: Dr. SANJAY MAHAJAN

Sr No.	Laboratory Charges	Amount
1.	COMPLETE BLOOD COUNT (C.B.C)	390.00
2.	ESR (Westergrens) AUTOMATED	160.00
3.	KIDNEY FUNCTION TEST (KFT)	890.00
4.	LIVER FUNCTION TEST	890.00
5.	BLOOD SUGAR (FASTING)	100.00
6.	GLYCOSYLATED HAEMOGLOBIN (Hb A1c)	600.00
7.	TSH (THYROID STIMULATING HORMONE) ULTRASENSITIVE	410.00
8.	TRIGLYCERIDE	290.00
9.	CHOLESTEROL (TOTAL)	170.00
10.	URINE ROUTINE (AUTOMATED)	140.00
11.	BLOOD SUGAR P.P	100.00
Bill Amount		4,140.00
Amount Payable		4,140.00

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

GSTIN: 09AABCK8840N12Y SAC-999316

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# 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

146

## LABORATORY

UHID : 2494657 DATE 23/10/2018 (08:23) BILL NO - LAB/N/18/225399

### RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tended	Amount Returned	Amount
23/Oct/2018	BV/18NL/31678	By Cash	4140	0	4,140.00
Total Received					4,140.00
Net Receivable					0.00

23/10/18 08:23 For Kailash Hospital & Heart Institute


Note :- You can also collect your reports (except Outsource) from our web site.

User Name: 12733511 Password: 29291132

:- This Bill is valid for 3 days only.

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

LORISH KUMAR

  
 (Dr. Mr.) GAGAN GROVER  
 M.D.B.S., D.H.A.  
 Medical Officer  
 Reg. No. MCI 18954  
 Kailash Hospital & Heart Institute, Noida

Head Office : A-101, New Ashok Nagar, Delhi - 110096

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

Website : www.kailashhealthcare.com

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प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु Gyanti Pandey  
 पुत्र/पुत्री/पत्नी Mother - Shri Durgesh आयु 60 वर्ष  
CLD रोग से पीडित है।  
 इनका इलाज Kalish Hospital - NOIDA में मरीज की आकस्मिक  
 परिस्थिति को देखते हुए दिनांक Oct-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

CERTIFICATE-B

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

The granted to the Mr. Cryanti Bandey

Son / <sup>Mother</sup> Daughter / Wife of Mr. / Mrs. Durgesh

Empolyed in the Distt Court Unhazipur

PART-A

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

I Dr \_\_\_\_\_ here by certify:-

(a) that the patient was admitted to haspital on my advice/the advice of  
Dr \_\_\_\_\_ (Name of Medical Officer)

(b) that the patient has been under treatment at \_\_\_\_\_ and that the under mentioned medicines presented by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the \_\_\_\_\_ for supply to private patient and do not include proprietary preparation for which cheaper substances of equal therapeutical value are available not prepration which are primarily foods, toielts of disinfectants.

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


*Bill Attached*



The injection administered were/ were for immunizing \_\_\_\_\_ or promiactic purpose. That the patient is/ were suffering from \_\_\_\_\_ and is/was under my treatment from 24-10-10 to 29-10-10.


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

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

  
Signature and designation  
The Medical Officer Incharge.  
In the case at the Hospital  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida

**PART-B**

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

  
Dr. (Ms.) GAGAN GROVER  
M.B.B.S., D.H.A.  
Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida  
Signature and designation  
The Medical Officer Incharge.  
In the case at the Hospital

**COUNTERSIGNED**

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

Place:

Date:

13-8-19

  
Medical Superintendent

Medical Superintendent  
Kailash Hospital & Heart Institute  
H-33, Sector-27, Noida  
Ph: 2444444, 2466660

- 1-Name of the Patient- Smt Gauri 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-	29701)	24-10-18	कैलाश हार्टलिन नोएस	514.00		
2-	—	24-10-18	—do—	5000.00	—	
3-	244290	24-10-18	आरोग्यमेडिसीन नोएस	2240.00		
4	244)95	24-10-18	—do—	786.00		
5	55192	25-10-18	—do—	705.00		
6	55193	25-10-18	—do—	159.00		
7	2453305	25-10-18	—do—	838.00		
8	245960.	25-10-18	—do—	330.00		
9	245958	25-10-18	—do—	50.00		
10	245308	25-10-18	—do—	159.00		
11	246829-	26-10-18	—do—	2069.00		
12	246563	26-10-18	—do—	132.00		
13	55331	26-10-18	—do—	100.00		
14	1389	26-10-18	कैलाश हार्टलिन नोएस	10,000.00	—	
15	55642	27-10-18	आरोग्यमेडिसीन नोएस	46.00		
16	56056	27-10-18	—do—	129.00		
17	248671-	27-10-18	—do—	10.00		
18	280194.	27-10-18	—do—	977.00		
19	24968)	28-10-18	—do—	397.00		
20	249685	28-10-18	—do—	768.00		
21	249726-	28-10-18	—do—	39.00		
22	251112	28-10-18	—do—	2088.00		
23	28730	28-10-18	कैलाश हार्टलिन नोएस	55622.00		
24	14105	28-10-18	—do—	25,000.00	—	
25	14140	28-10-18	—do—	15622.00	—	
				<u>123780.00</u>		

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





# KAILASH HOSPITAL & HEART INSTITUTE

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

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR - 27, NOIDA

Phone : 0120 - 2 44 44 44, 2 46 66 66 Casualty : 0120 - 2 53 33 33

24/10/18

150

UHID: 2494657

Dated: 24/10/18 0:58

Bill No.: OPD/N/18/297017

NAME: GYANTI PANDEY

AGE: 60-0 SEX: Female

ADDRESS: C-69, SECTOR-23, NOIDA

Tel No.: 9315007796

	Rate	Amount
INJECTIONS CHARGES (IM/IV/SC) - P	25	25.00
NEBULIZATION CHARGES (OPD)	100	100.00
Medication charges	389	389.00
<b>Net Amount:</b>		<b>514.00</b>

GSTIN: 09AABCKBB40N1ZY

SAC-999312

Payable Amount: 514.00

### RECEIPT

Receipt Dt 24/10/18  
Receipt NO CV/18NO/135207

Receipt Ty By Cash  
Cash Tende 1000  
Change Return 486

Net Amount 514.00  
**Total Receipt : 514.00**

Net Receivable: 0.00

24/10/18

Dr. *[Signature]* GAN GROVER  
M.B.B.S., D.H.A.

Medical Officer  
Reg. No. MCI 18854  
Kailash Hospital & Heart Institute, Noida

Kailash Hospital & Heart Institute

DINESH KUMAR ARYA

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

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

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

Website : www.kailashhealthcare.com



# 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

(ISI)

L-876  
0618

Receipt NO. : CV/18NI/13750  
MRD NO. : IPD/18N/28630  
Name : GYANTI PANDEY  
ADDRESS : C-69, SECTOR-23, NOIDA

DATE : 24/10/2018

Narration : ADVANCE

Received with thanks Rs. : 5,000.00  
{RUPEES FIVE THOUSAND ONLY}

BY: CASH

Cash Tender - : 5000 Refund Amount - :  
FOR Kailash Hospital & Heart Institute  
VIKRAM SINGH PAYAL (N)

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

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

24/10/2018

15:28:00

Printed by Naina Printer 9810434607, 9711267588

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

HEALTHCARE PAR EXCELLENCE

E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com



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

RETAIL INVOICE / CASH MEMO / BILL  
**AAROGYA MEDICOS**

(152)

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

(A UNIT OF UMA MEDICARE LTD.)  
 H-33, KAILASH HOSPITAL, SECTOR-18, NOIDA-201301 (U.P.)

Invoice No. CAIN18/244290  
 Place of Supply U.P (09)  
 Patient Name 28630 GYANTI PANDEY C/O GENERAL  
 Address

Date 24-10-2018 Time : 04:52 PM  
 Phone No.  
 Card No. Indent No.:  
 Consultant Dr. SANJAY MAHAJAN

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
4	1*15	ROZUCOR 10MG	9099	2M78E003	02/20	61.49	0	54.9	6%=3.29	6%=3.29	0%=0
4	1*45	FOLVITE TAB	5039	X56848	12/19	5.76	0	5.14	6%=0.31	6%=0.31	0%=0
1	1*1	WEPOX 4000 IU INJ	1500	DT10310	02/20	1726.00	0	1541.07	6%=92.46	6%=92.46	0%=0
4	1*10	MOXOVAS 0.3 TAB	9079	KMH810A	06/20	32.12	0	28.68	6%=1.72	6%=1.72	0%=0
4	1*10	LNBLOC 10MG TAB	9079	GLNL18007	05/20	33.03	0	29.49	6%=1.77	6%=1.77	0%=0
2	2ML	EMESET INJ 4MG	9035	C880139	06/20	24.60	0	21.96	6%=1.32	6%=1.32	0%=0
2	1VAIL	PAN IV	9039	8133786	05/20	93.58	0	83.55	6%=5.01	6%=5.01	0%=0
2	1*1	AUGMENTIN INJ 1.2GM	9099	NT1251	11/19	264.00	0	233.71	6%=14.14	6%=14.14	0%=0

Printed by Naina Printer 9810434607, 9711267588

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

Items 8

Amount 2240.58  
 Dr. (Ms.) GAGAN GROVER  
 M.B.S., D.H.A.  
 Medical Officer

Discount

(+/-) -0.58

Net Amt. 2240.00

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

CIN: U85110DL1998PLC092382

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

# AAROGYA MEDICOS

(A UNIT OF UMA MEDICARE LTD.)  
H-33, KAILASH INDUSTRIAL SECTOR, PHASE-1, Gurgaon (U.P.)

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

(153)

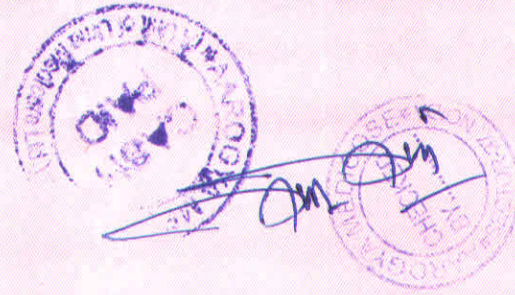
Invoice No. CAIN18/244795  
Place of Supply U.P (09)  
Patient Name 28630 BYANTI PANDEY C/O GENARAL  
Address

Date 24-10-2018 Time : 10:29 PM  
Phone No.  
Card No.  
Consultant Dr.SANJAY MAHAJAN  
Indent No.: RXP18/313668



QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1		NOVOFINE NEEDLES	3290	17622S	06/22	12.50	0	11.16	6%=0.67	6%=0.67	0%=0
3ML		HUMALOG MIX25 KWIKPEN 100IU/3110 C859158	100IU/3110	C859158	08/20	774.00	0	737.14	2.5%=18.43	2.5%=18.43	0%=0

Printed by Naina Printer 9810434607, 9711267588



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

Items 2 Amount 786.50 Disc 0.00 (+/-) -0.50

Rupees Seven Hundred Eighty Six Only.

Net Amt. 786.00

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

CIN: U85110DL1998PLC092382

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

For AAROGYA MEDICOS



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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. CARN18/55192  
 Place of Supply (09)  
 Patient Name 28630 GYANTI PANDEY C/O GENERAL  
 Address  
 Date 25-10-2018  
 Time 07:40 PM  
 Phone No.  
 Card No.  
 Consultant SANJAY MAHAJAN  
 Indent No. 245305

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1x1	IV SET (ROMSONS)	3990	634293	08/22	126.00	0	112.5	6%=6.75	6%=6.75	0%=0
2	1x1	S 5ML OMNIVAN	3100	18628M8203	06/23	28.00	0	25	6%=1.5	6%=1.5	0%=0
	PCS	SPINAL NEEDLE 18G	3930	1705753	04/22	296.00	0	264.29	6%=15.86	6%=15.86	0%=0
	1x1	URO BAG-ROMSONS	3910	GN18H054	07/22	190.00	0	180.95	2.5%=4.52	2.5%=4.52	0%=0
1	1	GLOVES 7.5 SURGICARE	1100	1862714V	06/23	65.00	0	58.04	6%=3.48	6%=3.48	0%=0

*Handwritten signature and notes:*  
 2838457834  
 2838457834

Ag. BNo. : 245305

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

Items **Amount** **Disc.** **Net Amt.**  
 Rupees Seven Hundred Five Only. **705.00**

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**

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



Invoice No. CARN18/55193  
 Place of Supply U.P (09)  
 Patient Name 28630 GYANTI PANDEY C/O GENERAL  
 Address

Date 25-10-2018  
 Phone No.  
 Card No.  
 Consultant DR. SANJAY MAHAJAN

Time 07:40 PM  
 Indent No. 245308

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1		TOP1*1 3 WAY STOPCOCK WITH EXTENSIO9099 8F055			05/23	159.00	0	141.96	6%=8.52	6%=8.52	0%=0

*Laxan Kail body*  
*7838497834*

Ag. BNo. : 245308

\*\*\* CASH RETURN \*\*\*  
 (M.D.) GAGAN GROVER  
 M.B.B.S., D.H.A.  
 Medical Officer Disc.  
 Reg. No. MCI 18854  
 Kailash Hospital & Heart Institute, Noida

Items  
 1

Amount  
 159.00

(+/-)  
 0.00

Net Amt.  
 159.00

Rupees One Hundred Fifty Nine 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



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

RETAIL INVOICE / CASH MEMO / BILL  
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 544, 617  
 194

156  
 997/

ORIGINAL COPY  
 Date: 25-10-2018  
 Phone No.:  
 Card No.:  
 Consultant: DR. SANJAY MAHAJAN

Time : 12:15 PM  
 Indent No.: RXPN18/314719

Invoice No. CAIN18/245305  
 Place of Supply U.P.(09)  
 Patient Name 28630 GYANTI PANDEY C/O GENERAL  
 Address

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1*1	IV SET (ROMSONS)	3990	G34293	08/22	126.00	0	112.5	6%=6.75	6%=6.75	0%=0
1	1*1	URO BAG-ROMSONS	3910	GN18H054	07/22	190.00	0	180.95	2.5%=4.52	2.5%=4.52	0%
2	1*1	S 5ML OMNIVAN	3100	18G28M8203	06/23	28.00	0	25	6%=1.5	6%=1.5	0%=0
2	1	GLOVES 7.5 SURGICARE	1100	18G2714V	06/23	130.00	0	116.07	6%=6.96	6%=6.96	0%=0
2	PCS	SPINAL NEEDLE 18G	3930	1705753	04/22	296.00	0	264.29	6%=15.86	6%=15.86	0%
2	1*1	S20ML (OMNIVAN)	3100	18F09M8201	02/23	68.00	0	60.71	6%=3.64	6%=3.64	0%=0

Printed by Naina Printer 9810434607, 9711267588

DI (Dr.) VAGAN GROVER  
 \*\*\* CASH INVE. B.O. D.M.A.  
 Me Amount ficer  
 Reg. No. 8381008854  
 Kailash Hospital & Heart Institute, Noida

Disc. 0.00  
 (+/-) 0.00  
 Net Amt. 838.00

Rupees Eight Hundred Thirty Eight 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



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.)

157

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

M-229  
 0918

Invoice No. ORIGINAL COPY Main Store: 1001169 Date 10-10-2018 Time : 07:44 PM  
 Place of Supply PIN18/245960 Phone No. 2010-2018 Indent No.:  
 Patient Name U.P (09) Card No. Consultant  
 Address 28630 GYANTI PANDEY C/O GENERAL RXPN18/314738

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC	TAXABLE	CGST	SGST	IGST
1*1		PANTODAC IV 40MG	9039	V800366	07/20	46.80	0	41.79	6%=2.51	6%=2.51	0%=0
1*1		AUGPEN 600MG INJ	9099	ZPB6AC8007	07/20	283.83	0	253.42	6%=15.21	6%=15.21	0%=0

Printed by Naina Printer 9810434607, 98111067588

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



Items	Amount	Disc.	(+/-)
2	330.63	0.00	-0.63
			<b>Net Amt.</b>

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  
 RANJANK

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.)

(ISO)

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

M-229  
 0918

Invoice No. **AIN18/245958**  
 Place of Supply **U.P.(09)**  
 Patient Name **U.P.(09)**  
 Address **28630 GYANTI PANDEY C/O GENERAL**

ORIGINAL COPY Main Store-1082167  
 Date **25-10-2018**  
 Phone No.  
 Card No.  
 Consultant **DR. SANJAY MAHAJAN**

Time : **07:44 PM**  
 Indent No.: **RYPN18/315435**

Printed by Naina Printer 9810434607, 9711267588

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
4	1*15	NODOSIS TAB	9032	T-1808038	07/20	13.15	0	11.74	6%=0.7	6%=0.7	0%=0
4	1*15	LASIX 40MG TAB	9079	8NA0045	06/21	2.11	0	1.88	6%=0.11	6%=0.11	0%=0
4	1*15	ACUTROL C 400 TAB	9099	KX0213	12/20	43.20	0	38.57	6%=2.31	6%=2.31	0%=0

Dr. (Ms) **USAGAN GROVER**  
 M.B.B.S., D.H.A.  
 Officer  
 MCI 18854  
 Kailash Hospital & Heart Institute, Noida



Items  
 3

Amount  
 58.00

Disc.  
 0.00

(+/-)  
 -0.46

Net Amt.

~~58.00~~

Rupees Fifty Eight 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**



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.)

(159)

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



Invoice No.   
 Place of Supply CAIN18/245308  
 Patient Name U.P.(09)  
 Address 28430 GYANTI PANDEY C/O GENERAL

ORIGINAL COPY Date: 05-10-2018  
 Phone No. 6687  
 Card No.  
 Consultant

Time : 12:15 PM  
 Indent No.: RXP18/314719

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1		TOP1*1 3 WAY STOPCOCK WITH EXTENSIO	09099	8F055	05/23	159.00	0	141.96	6%=8.52	6%=8.52	

Printed by Naina Printer 9810434607, 9711267588

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



Items	Amount	Disc.	Net Amt.
1	159.00	0.00	159.00
			(+/-) 0.00
			<b>Net Amt. 159.00</b>

Rupees One Hundred Fifty Nine Only.  
 Price of medicine are inclusive of all taxes.  
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**Dr. GAGAN GROVER**  
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