

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 U.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.)

162

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

M-229
 0918

Invoice No. CAPN18/33331
 Place of Supply U.P.(09)
 Patient Name GYANTI PANDEY
 Address

Date 26-10-2018
 Phone No.
 Card No.
 Consultant Dr. SANJAY MAHAJAN

Time : 01:51 PM
 Indent No.: 240883

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
2	1x30	TELMA H TAB	9079	05181017	04/20	26.93	0	24.04	6%=1.44	6%=1.44	
3	1x30	TELMA 40MG TAB	9079	18180681	04/20	20.78	0	18.55	6%=1.11	6%=1.11	
5	1x10	METPURE XL 25MG	9074	E16ER18007	01/21	53.03	0	47.35	6%=2.84	6%=2.84	

Printed by Naina Printer 9810434607, 9711267588

Ag.No.: 240883

*** CASH ***
 Dr. SANJAY GROVER
 M.D.B.S., D.H.A.

Items 3

Amount Rs. 110 MCI 18854
 Kailash Hospital & Heart Institute, Noida

Disc

(+/-) 0.74

Rupees One Hundred Only.

Net Amt. 100.00

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

TANUJ
 For AAROGYA MEDICOS



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

163

L-876
0618

Receipt NO. : CW/18NI/13891 DATE : 26/10/2018
NRD NO. : IPD/18N/28630
Name : GYANTI PANDEY
ADDRESS : C-69, SECTOR-23, NOIDA

Narration : ADVANCE

Received with thanks Rs. : 10,000.00
(RUPEES TEN THOUSAND ONLY)

BY: CASH

Cash Tender - : 10000 Refund Amount - :
FOR Kailash Hospital & Heart Institute
JITENDER KUMAR YADAV

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

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

26/10/2018

12:25:34

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

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

Website : www.kailashhealthcare.com

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

164

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



Invoice No. CARN18/55642 Date 27-10-2018 Time : 04:19 PM
 Place of Supply U.P (09) Phone No.
 Patient Name 28630 GYANTI PANDEY C/D GENARAL Card No. Indent No.: 244286,
 Address Consultant Dr. SANJAY MAHAJAN

Printed by Naina Printer 9810434607, 1267588

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1VAIL	PAN IV	9039	8133786	05/20	46.79	0	41.78	6%=2.51	6%=2.51	

L.K. Pandey



Sanjay 38497834

Ag. BNo.: 244286,

*** CASH RETURN ***

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

Items 1 Amount 46.79 Disc. 0.00 (+/-) -0.79

Rupees Forty Six Only,

Net Amt. 46.00

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

CIN: U85110DL1998PLC092382

RETAIL INVOICE / CASH MEMO / BILL

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

GSTIN : 09AAACU7133M1ZZ

AAROGYA MEDICOS

165

CIN : U85110DL1998PLC092382

ORGANIC UNIT ORGANIC MEDICARE 10717

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

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

04:31 PM

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

CARN18/56056

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

Date
Phone No. 249687,244286,
Card No. Dr.SANJAY MAHAJAN Indent No.:
Consultant



QTY	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
3	1x2ML	ADVENT INJ 400MG	9007	C880412	08/20	94.64	0	94.64	6%=5.67	6%=5.67	
2	2ML	LASIPEN INJ	3004	IFD-5667	05/20	10.41	0	9.29	6%=0.56	6%=0.56	
2	2ML	EMESET INJ 4MG	9035	C880139	06/20	24.60	0	21.96	6%=1.32	6%=1.32	

Printed by Naina Printer 9810434607, 9811267588

Ag.No.: 249687,244286, Dr. (Ms) GAGAN GROVER
*** CASH RETURN ***
Medical Officer
Reg. No. 146148854
Kailash Heart Institute, Noida

Handwritten: Discharge slip (L.K. Pandey) 2838497834

Items Amount
Rupees One Hundred Twenty Nine Only.

Disc. 0.00

(+/-) 0.65
Net Amt. 129.00

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

KHUSHBOO

GSTIN : 09AAACU7133M1ZZ
 CIN : U85110DL1998PLC092382
 J.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

166

Invoice No. CAIN18/248471
 Place of Supply U.P.(09)
 Patient Name 28630 GYANTI PANDEY C/O GENARAL
 Address

ORIGINAL COPY Main Date: 1084674

Date: 27-10-2018
 Phone No.
 Card No.
 Consultant

Time : 04:20 PM

Indent No.: RXPN18/318807

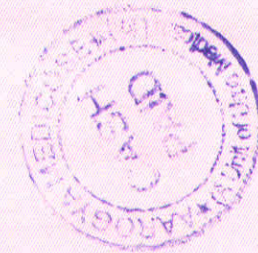
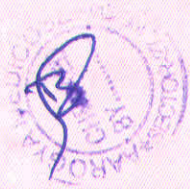
QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
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4	1x10	ZINETAC 300MG TAB	9033	EU577	04/20	6.44	0	5.75	6%=0.35	6%=0.35	
6	1x1	VICKS LONZES	9011	81402	11/19	4.00	0	3.57	6%=0.21	6%=0.21	

Printed by Naina Printer 9810434607, 9711267588

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

Medical Officer
 Reg. No. MC 10352
 Kailash Hospital & Heart Institute, Noida



Items	Amount	Disc.	(+/-)	Net Amt.
2	10.44	0.00	-0.44	10.00

Rupees Ten 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

CIN: U85110DL1998PLC092382

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

(167)
 1000

Invoice No. ORIGINAL COPY Main Store Date 1084397
 Place of Supply CAIN18/248194
 Patient Name U.P.(09)
 Address 28630 GYANTI PANDEY C/O GENERAL

Phone No. -10-2018
 Card No.
 Consultant

Time : 12:57 PM
 Indent No.: RXPNI8/318438

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
10	1*10	ONDERO 5MG TAB	9099	AA3351A	01/21	468.00	0	417.86	6%=25.07	6%=25.07	0%=0
6	1*15	ACUTROL C 400 TAB	9099	KX0213	12/20	64.80	0	57.86	6%=3.47	6%=3.47	0%=0
6	1*15	NODOSIS TAB	9032	T-1808035	07/20	19.72	0	17.61	6%=1.06	6%=1.06	0%=0
3	1*15	NEFROSAVE TABLET	9099	F0798	06/20	31.00	0	27.68	6%=1.66	6%=1.66	0%=0
3	1*10	CREVAST 10MG TAB	9079	GCRV18006	01/21	38.21	0	34.12	6%=2.05	6%=2.05	0%=0
3	1*10	LASIPEN INJ	3004	IFD-5667	05/20	10.41	0	9.29	6%=0.56	6%=0.56	0%=0
3	1*2ML	LASIPEN INJ	9035	L680146	04/21	24.60	0	21.96	6%=1.32	6%=1.32	0%=0
2	2ML	EMESET INJ 4MG	9039	8133609	04/20	46.79	0	41.78	6%=2.51	6%=2.51	0%=0
1	1VAIL	PAN IV	9099	ZPB6AC8007	07/20			245.01	6%=14.7	6%=14.7	0%=0
3	1*1	AUGPEN 600MG INJ									

Printed by Naina Printer 9810434607, 9711267588

Dr. (Ms.) GAGAN GROVER
 M.B.B.S., D.H.O.
 Kailash Hospital & Health Institute, Noida



Items	Amount	Disc.	Net Amt.
9	977.94	0.00	977.94
			-0.94
			977.00

Price of medicines inclusive of 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
 KAJAL

CIN: U85110DL1998PLC092382

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

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

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

1165/E



Invoice No. ORIGINAL COPY Main Store Date 1085887
 Place of Supply CAIN18/249687 Phone No. 0120-10-2018 Time : 03:46 PM
 Patient Name U.P.(09) Card No. Indent No.:
 Address 28630 GYANTI PANDEY C/O GENERAL Consultant RXPNI8/319929

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
3	1*15	ACUTROL D 400 TAB	9099	KX0215	12/20	32.40	0	28.93	6%=1.74	6%=1.74	0%=0
1	1*10	LNBLOC 10MG TAB	9079	GLNL18007	05/20	33.03	0	29.49	6%=1.77	6%=1.77	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*45	FOLVITE TAB	5039	X56848	12/19	5.76	0	5.14	6%=0.31	6%=0.31	0%=0
3	1*2ML	LASIPEN INJ	3004	IFD-5667	05/20	10.41	0	9.29	6%=0.56	6%=0.56	0%=0
3	1*1	ADVENT INJ 300MG	9087	C880412	08/20	283.92	0	253.5	6%=15.21	6%=15.21	0%=0

Printed by Naina Printer 9810434607, 9711267588

Dr. **ANAGAN GROVER**
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 18854

Items	Amount	Disc.	(+/-)
6	397.60	0.00	-0.64
		Net Amt. 397.00	

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
 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.)

169

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

Invoice No. CAIN18/249685
 Place of Supply U.P (09)
 Patient Name 28630 GYANTI PANDEY C/O GENERAL
 Address

Date 28-10-2018
 Phone No.
 Card No.
 Consultant Dr. SANJAY MAHAJAN

Time : 03:45 PM
 Indent No.: RXP18/320416

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
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10	1x10	LOBUN FORTE CAP	9099	DLFC18004	11/19	768.00	0	685.71	6%=41.14	6%=41.14	0%=0
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Printed by Naina Printer 9810434607, 9711267588

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

*** Medical Officer ***

Items

Amount MCI 18854
 Kalash Hospital & Heart Institute, Noida

Disc.

0.00

(+/-)

Net Amt.

768.00

Rupees Seven Hundred Sixty 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-110086

For AAROGYA MEDICOS

CIN: U85110DL1998PLC092382

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

(170)

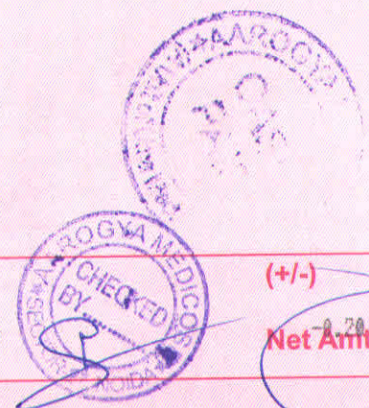
M-229
0918

Invoice No. _____ Date _____ Time : _____
 Place of Supply _____ ORIGINAL COPY Main Store: 1085926 Phone No. _____ Indent No.: 04:35 PM
 Patient Name: CAINIS/249726 Card No. 28-10-2018
 Address: U.P.(09) Consultant _____
 DYANTI PANDEY

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

2	1*10	BIO-D3 MAX	9099	NCA704A	07/20	39.20	0	35	6%=2.1	6%=2.1	
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Dr. (M) ANAGAN GROVER
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital & Heart Institute, Noida



Items	*** Amount INVOICE ***	Disc.	(+/-)
1	39.20	0.00	Net Amt.

Net Amt. 39.00

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

KHUSHBOO

Printed by Naina Printer 9810434607, 9711267588

CIN: U85110DL1998PLC092382

RETAIL INVOICE / CASH MEMO / BILL

Ph. : 0120 - 2444381

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

RETAIL INVOICE / CASH MEMO / BILL
AAROGYA MEDICOS

Ph. : 0120 - 2444381
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 0120 - 2466666
 Extn. 542, 543
 544, 617
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(A UNIT OF UMA MEDICARE LTD.)
 H-33, KALASHI HOSPITAL SECTOR-27, NOIDA-201301 (U.P.)

M-229
 0918

Invoice No. CAIN18/251112 Date 29-10-2018 Time 06:41 PM
 Place of Supply P (09) Phone No. 9315007796
 Patient Name GYANTI PANDEY Card No. Indent No.:
 Address Consultant SANJAY MAHAJAN

Printed by Naina Printer 9810434607, 9711267588

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
6	1*15	ACUTROL C 400 TAB	9099	KX0213	12/20	64.80	0	57.86	6%=3.47	6%=3.47	0%=0
1	1*10	ZINETAC 300MG TAB	9033	EU415	01/20	1.61	0	1.44	6%=0.09	6%=0.09	0%=0
4	1*45	FOLVITE TAB	5039	X56848	12/19	5.76	0	5.14	6%=0.31	6%=0.31	0%=0
2	1*10	BIO-D3 MAX	9099	KB8845A	04/21	39.20	0	35	6%=2.1	6%=2.1	0%=0
9	1*15	NODOSTS TAB	9032	T-1808035	07/20	29.58	0	26.41	6%=1.58	6%=1.58	0%=0
14	1*14TAB	GALVUS 50MG TAB	9099	BAH49	12/20	371.30	0	331.52	6%=19.89	6%=19.89	0%=0
1	1*1	WEPOX 4000 IU INJ	1500	DS10632	09/19	1576.00	0	1407.14	6%=84.43	6%=84.43	0%=0



Sanjay Mahajan

*** CASH INVOICE ***

Items	Amount	Disc.	(+/-)
	2088.25	0.00	-0.25
Rupees Two Thousand Eighty Eight Only.			Net Amt 2088.00

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

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



FINAL BILL

Bill No : IPD/N/18/28730 UHID: 2494657 Dated : 29/10/2018
 MRD No : IPD/18N/28630 Sex/Age : Female / 60-0
 Patient : GYANTI PANDEY
 C/O : W/O LAXMI KANT PANDEY
 Address : C-69, SECTOR-23, NOIDA

PhoneNo : 9315007796
 D.O.A. : 24/10/2018 15:14:02
 D.O.D. : 29/10/2018 17:24:35

Remarks : 22% DIS. ON RLDN BY PRESIDENT SIR

Payment Summary:			
Bill Amount:			55,622.00
Total Receivable:			55,622.00
Receipts:			
24/10/2018	CV/18NI/13750	5,000.00	ADVANCE
26/10/2018	CV/18NI/13891	10,000.00	ADVANCE
29/10/2018	CV/18NI/14140	15,622.00	D/C BILL
29/10/2018	CCV/18NI/1410	25,000.00	D/C BILL
Total Receipts:		55,622.00	
Net Receivable:		0.00	

GSTIN:09AABCK8840N1ZY

PAN No. AABCK8840N

TAN No. DELK02514B

Prepared By : HIMANSHU DHOUNDIYAL
E.&O.E.

Check Out Time is 11:00 AM

Checked By : SHIV CHANDRA

Settlement By : JITENDER KUMAR YADAV

PAID



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

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

173



FINAL BILL

Bill No : IPD/N/18/28730 UHID: 2494657 Dated : 29/10/2018
MRD No : IPD/18N/28630 Sex/Age : Female / 60-0
Patient : GYANTI PANDEY
C/O : W/O LAXMI KANT PANDEY
Address : C-69, SECTOR-23, NOIDA
PhoneNo : 9315007796
D.O.A. : 24/10/2018 15:14:02
D.O.D. : 29/10/2018 17:24:35
Remarks : 22% DIS. ON RLDN BY PRESIDENT SIR

DESCRIPTION

AMOUNT(In Rs.)

Room Charges

DOUBLE BED SHARING @ Rs.4,350 Per Day For (Sch.No:) 5.50 Day(s) 23,925.00

Nursing Charges(DOUBLE BED SHARING) @ (Sch.No:) Rs.310.00 Per Day For 5.50 Day(s) 1,705.00

Consultant Charges

Consultation Charges @ Rs. 600 * 1.00 Visit(s) (Sch.No:) Dr.R.K. GATTANI (SR CONSULTANT-MEDICINE-MD) 600.00

Consultation Charges @ Rs. 680 * 6.00 Visit(s) (Sch.No:) Dr.S.K. BEHURA (NEPHROLOGIST-MD, DM) 4,080.00

Consultation Charges @ Rs. 600 * 8.00 Visit(s) (Sch.No:) Dr.SANJAY MAHAJAN (SR CONSULTANT-MEDICINE AND INTENSIVIST-DNB (Med) MNAMS) 4,800.00

Non-Surgical Procedures

USG GUIDED INTERVENTIONAL PROCEDURE (Sch.No:KR18-1102*) Dr.MANOJ KUMAR SHARMA (CONSULTANT RADIOLOGIST-MBBS,DMRD) 5,280.00

Laboratory Charges

Investigations & Imaging 22850.00

Miscellaneous Charges 2260.00

NEBULIZER CHARGES PER SITTING (Sch.No:KS18-2423*) 240.00

External Medicine

1043.72

Amount: 66,783.72

(+): 0.28

Less Discount: 11,162.00

SAC-999311

Bill Amount: 55,622.00

(RUPEES FIFTY-FIVE THOUSAND SIX HUNDRED TWENTY-TWO ONLY)

Kailash Hospital & Heart Institute

(A Unit Of Kailash Healthcare Ltd.)

174

H-33, Sector-27, NOIDA (U.P.) 201301

Phone: 0120-2 444 444, 2466666

Fax: 0120-2533333

E-Mail : kailash.noida@kailashhospital.com

Website : www.kailashhospital.com

ANNEXURE

Bill No
MRD No IPD/18N/28630
Patient: GYANTI PANDEY
Address C-69, SECTOR-23, NOIDA

Dated

Bill Date	Bill No.	Req.No.	Charge Name	Sch.Ref.No.	Amount
Laboratory Charges					
24/Oct/2018	LAB/N/18/227647	12735759	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
25/Oct/2018	LAB/N/18/227828	12735940	KIDNEY FUNCTION TEST(KFT)	(KL18-256*)	1,050.00
25/Oct/2018	LAB/N/18/227828	12735940	PARATHYROID HORMONE (PARATHYROID) PTH INTACT	(KL18-307*)	2,190.00
25/Oct/2018	LAB/N/18/227828	12735940	HEPATITIS B SURFACE ANTIGEN, HBsAg - RAPID	(KL18-233*)	670.00
25/Oct/2018	LAB/N/18/227829	12735941	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
25/Oct/2018	LAB/N/18/228083	12736195	MANTOUX TEST (MX) PPD TUBERCULIN SKIN TEST	(KL18-288*)	200.00
25/Oct/2018	LAB/N/18/228167	12736279	PROTHROMBIN TIME (PT+INR) PT+PTI+INR	(KL18-343*)	470.00
25/Oct/2018	LAB/N/18/228394	12736506	MICRO ALBUMIN / CREATININE RATIO	(KL18-294*)	940.00
25/Oct/2018	LAB/N/18/228394	12736506	CULTURE, URINE (RAPID)	(KL18-163*)	1,000.00
25/Oct/2018	LAB/N/18/228496	12736608	FLUID EXAMINATION ROUTINE PLEURAL	(KL18-198*)	790.00
25/Oct/2018	LAB/N/18/228496	12736608	LDH BODY FLUID	(KL18-261*)	610.00
25/Oct/2018	LAB/N/18/228496	12736608	ADENOSINE DEAMINASE, ADA FROM BODY FLUID	(KL18-12*)	820.00
26/Oct/2018	LAB/N/18/229128	12737240	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
26/Oct/2018	LAB/N/18/229129	12737241	KIDNEY FUNCTION TEST(KFT)	(KL18-256*)	1,050.00
26/Oct/2018	LAB/N/18/229913	12738025	PROTEIN, 24 HRS. URINE	(KL18-337*)	380.00
27/Oct/2018	LAB/N/18/230345	12738457	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
27/Oct/2018	LAB/N/18/230346	12738458	KIDNEY FUNCTION TEST(KFT)	(KL18-256*)	1,050.00
27/Oct/2018	LAB/N/18/230346	12738458	ANTI NUCLEAR ANTIBODY (ANA)	(KL18-37*)	930.00
27/Oct/2018	LAB/N/18/230682	12738794	ELECTROPHORESIS PROTEIN	(KLO18-1825*)	680.00
27/Oct/2018	LAB/N/18/230962	12739074	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
28/Oct/2018	LAB/N/18/231609	12739721	KIDNEY FUNCTION TEST(KFT)	(KL18-256*)	1,050.00
28/Oct/2018	LAB/N/18/231609	12739721	TLC (Total Leucocyte Count)	(KL18-405*)	190.00
28/Oct/2018	LAB/N/18/231615	12739727	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
28/Oct/2018	LAB/N/18/232192	12740304	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
28/Oct/2018	LAB/N/18/232301	12740413	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00
29/Oct/2018	LAB/N/18/232837	12740949	COMPLETE BLOOD COUNT (C.B.C)	(KL18-113*)	460.00
29/Oct/2018	LAB/N/18/232837	12740949	KIDNEY FUNCTION TEST(KFT)	(KL18-256*)	1,050.00
29/Oct/2018	LAB/N/18/232837	12740949	ANCA - P	(KLO18-945*)	1,800.00
29/Oct/2018	LAB/N/18/232837	12740949	ANCA-C	(KLO18-948*)	1,800.00
29/Oct/2018	LAB/N/18/232837	12740949	HEPATITIS C ANTIBODY, HCV ANTIBODY - RAPID	(KL18-236*)	1,650.00
29/Oct/2018	LAB/N/18/232837	12740949	HIV (AIDS) ANTIBODY I & II (HIV) - RAPID	(KL18-246*)	760.00
29/Oct/2018	LAB/N/18/233238	12741350	BLOOD SUGAR (GLUCO METER) RANDOM	(KL18-78*)	140.00

Total 22,850.00

Total Amount 22,850.00

GAGAN GROVER
M.B.B.S., D.H.A.
Officer
MCI 18854
Hospital & Heart Institute, Noida

Kailash Hospital & Heart Institute

(A Unit Of Kailash Healthcare Ltd.)

H-33 , Sector-27, NOIDA (U.P.) 201301

Phone: 0120-2 444 444, 2466666

Fax: 0120-2533333

E-Mail : kailash.noida@kailashhospital.com

Website : www.kailashhospital.com

ANNEXURE

Bill No
MRD No
Patient:
Address

IPD/18N/28630
GYANTI PANDEY
C-69, SECTOR-23, NOIDA

Dated

Bill Date	Bill No.	Req.No.	Charge Name	Sch.Ref.No.	Amount
Investigations & Imaging					
25/Oct/2018	DIAG/N/18/10197	10482727	ULTRASOUND WHOLE ABDOMEN FEMALE	(KR18-417*)	2,260.00
Total					2,260.00
Total Amount					2,260.00

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

Page 1 of 1


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

F-119,SECTOR-8, , NOIDA (U.P.) - 201301

BILL WISE CREDIT SALES STATEMENT FROM 01/Apr/2018 TO 29/Oct/2018

176

Ledger : 28630 GYANTI PANDEY C/O GENERAL

Invoice No. :

Hospital :

Bill No.	Indent No.		Total Amt	Tax Amt		ROff. Amt		Bill Amt
Medicine Name	HSN No	Packin Batch No.	Expiry	Brand/Company	Qty.	Unit	MRP	Amount
24/Oct/2018								
PNIN18/283897		RXP18/313268	631.84					631.84
VENFLON 20N.	90183930	1*1 18G0541H	06/23	BD	1.0	PCS	132.00	132.00
ASTHALIN RESPULE	30049091	2.5ML L880372	07/21	CIPLA	1.0	BOX	4.84	4.84
IDENTIFECATION BAND (WHITE)	39269099	1*1 NA***		SURGICAL	1.0	PCS	8.40	8.40
EXAM GLOVES MEDIUM LOOS	40151900	1*1 N20180808	07/22	SURGICAL	6.0	PCS	9.70	58.20
INTRASHIELD 1623	90189099	1*1 18043207	03/21	ROMSONS	1.0	PCS	66.00	66.00
AERO COMFORT(ADULT)	90192090	1*1 GRM18H068	05/22	ROMSONS	1.0	PCS	334.00	334.00
ALCOHOL SWABS	90183100	1*1 333	03/22	ROMSONS	4.0	PCS	2.10	8.40
S 2ML OMNIVAN	90183100	1*1 18E08M8201	04/23	B BRAUN	2.0	PCS	10.00	20.00

DAY TOTAL :

631.84

28/Oct/2018

PNIN18/289849		RXP18/319504	279.88					279.88
S 2ML OMNIVAN	90183100	1*1 18E08M8201	04/23	B BRAUN	2.0	PCS	10.00	20.00
S1 (SYRINGE 1ML) DISPOVAN SIN	90183100	1*1 750015BG	11/22	HMD	4.0	PCS	6.50	26.00
S10ML OMNIVEN	90183100	1*1 18H31M8204	07/23	B BRAUN	2.0	PCS	22.00	44.00
NEEDLE 26 NO (BD)	90183290	1 37852N	08/23	HMD	4.0	PCS	2.00	8.00
NS 100ML (B` BROWN)	30041019	1*100MI A18I170N	08/23	B BRAUN	4.0	BOTT	16.62	66.48
NEEDLE 18 NO (DV).	90183290	1*1 36821S	08/23	HMD	4.0	BOX	2.50	10.00
ALCOHOL SWABS	90183100	1*1 333	03/22	ROMSONS	4.0	PCS	2.10	8.40
EXAM GLOVES MEDIUM LOOS	40151900	1*1 N20180808	07/22	SURGICAL	10.0	PCS	9.70	97.00

DAY TOTAL :

411.88

GRAND TOTAL :

1043.72

* End of report

Dr. (M.) 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

178

325 Beds Super Speciality (NABH & NABL ACCREDITED)
 H-33, SECTOR-23, NOIDA - 201301
 Phone : 0120 - 2 44 44 44, 2 46 66 66 & 2466+Extn. Fax: 0120 - 2 53 33 33

DATE : 29/10/2018

Receipt NO. : CV/18NI/14140
 MRD NO. : IPD/18N/28630
 Name : GYANTI PANDEY
 ADDRESS : C-69, SECTOR-23, NOIDA

Narration : D/C BILL

Received with thanks Rs. : 15,622.00
 (RUPEES FIFTEEN THOUSAND SIX HUNDRED TWENTY-TWO ONLY)

BY: CASH
 Cash Tender - : 16022 Refund Amount - : 400
 FOR Kailash Hospital & Heart Institute
 JITENDER KUMAR YADAV

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

Dr. (Ms) **ANJAN GROVER**
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 19954
 Kailash Hospital & Heart Institute, Noida

29/10/2018 17:59:11

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

Website : www.kailashhealthcare.com

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

Printed by Naina Printer 9810434607, 9711267588

प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु० Gyanti Pandey
 पुत्र/पुत्री/पत्नी Mother - Shri Durgesh आयु 60 वर्ष
CCD
 इनका इलाज Kailash Hospital Noida रोग से पीड़ित है।
 परिस्थिति को देखते हुए दिनांक 01 Oct 2018 में मरीज की आकस्मिक
 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 Gayanti Pandey
..... mother wife/ son/ daughter of
Mr. Durgesh employed in
the Distt Court Canspur

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 presened by me in
this connection were use for the recovery/prevention of serious, deterioration in the
condition of the patien he medicines are not stocked in the
(name of the hospital) for supply to private patient and do not include propralary
preparations for which cheaper substance of equal therapeutic value are available nor
preparations which are primarily/foods toilets or disinfectants.

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

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

Bill Attached

[Signature]
Dr. (Ms.) **CACAN 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 wree necessary and are undertaken on my adyice 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 tequires under the rules was
obtained

That the patient did not required/ raducers hospitalization.

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

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

Devaraj
MEDICAL SUPERINTENDENT

.....hospital
Sector-27, Noida
Pb. 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	3843	30.10.18	Way 2 wellness	80-		
2	309730	01.11.18	Kailash Hospital	25-		
3	255559	01.11.18	Aarogya Medicos	2065-		
4	255564	01.11.18	" "	2090-		
5	308553	01.11.18	Kailash Hospital	850-		
6	308559	01.11.18	" "	650-		
7	236897	01.11.18	" "	990-		
8	260551	05.11.18	Aarogya Medicos	2962-		
9	260641	"	" "	03-		
10	264676	09.11.18	" "	1788-		
11	245662	"	Kailash Hospital	890-		
12	268984	10.11.18	Aarogya Medicos	159-		
13	268119	12.11.18	" "	68-		
14	248779	12.11.18	Kailash Hospital	390-		
15	321107	12.11.18	" "	800-		
16	251424	13.11.18	New delhi Medicos	650-		
17	252430	14.11.18	" "	812-		
18	326165	15.11.18	Kailash Hospital	650-		
19	273146	16.11.18	Aarogya Medicos	78-		
20	303671	15.11.18	" "	576-		
21	4694	17.11.18	Way 2 wellness	80-		
22	276905	18.11.18	Aarogya Medicos	833-		
23	277651	19.11.18	" "	127-		
24	260440	21.11.18	New delhi Medicos	650-		
25	335843	22.11.18	Kailash Hospital	150-		
26	281765	22.11.18	Aarogya Medicos	80-		
27	260626	22.11.18	Kailash Hospital	1030-		
28		24.11.18	Aarogya Medicos	248-		
29	5065	24.11.18	Way 2 wellness	143-		

CP. 15.11.17

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

199171

- 1-Name of the Patient-
- 2-Diagnosis-
- 3-Name of Hospital-
- 4-Period/Duration-

B.F. 19917-

Srl. no	Vr. No	Date	Name of chemist/ institute	Total Amount	Deductions	Net Pass Amount
35	286072	24.11.18	Aarogya Medicos	06-		
36	5152	26.11.18	way 2 wellness	412-		
37	340750	26.11.18	Kailash Hospital	680-		
38	340133	26.11.18	" "	423-		
39	117253	26.11.18	" "	195-		
40	264936	26.11.18	" "	1090-		
41	266772	27.11.18	New delhi Medicos	650-		
42	273542	04.12.18	Kailash Hospital	1885-		
43	273559	04.12.18	" "	4480-		
44	360318	10.12.18	" "	720-		
45	124862	10.12.18	" "	1175-		
46	304874	10.12.18	Aarogya Medicos	1093-		
47	401	14.12.18	Bhushan Medical	669-		
48	402	17.12.18	" "	549-		
49	628	17.12.18	Agarwal Medical Store	900-		
50	258	20.12.18	Life pharmacy	643-		
51	0051444	21.12.18	Aarogya Pharmacy	83-		
52	406	24.12.18	Bhushan Medical Store	476-		
53	0051901	24.12.18	Aarogya Pharmacy	367-		
54	382387	27.12.18	Kailash Hospital	680-		
55	306	28.12.18	Life pharmacy	328-		
56	45812	28.12.18	Bharat Medicos	580-		
57	45811	28.12.18	" "	216-		
58	60047	29.12.18	Uma Medicare LTD	125-		
59	21182	29.12.18	Kailash Hospital	510-		
60	60362	31.12.18	Uma Medicare LTD	482-		
61	60274	31.12.18	" " "	4840-		
62	60273	31.12.18	" " "	867-		
63	3374	31.12.18	Kailash Hospital	4000-		
64	9992	31.12.18	" "	900-		

cf. B 49853-

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

29544/2

1-Name of the Patient-

2-Diagnosis-

3-Name of Hospital-

4-Period/Duration-

BF 49853-

Srl. no	Vr. No	Date	Name of chemist/ institute	Total Amount	Deductions	Net Pass Amount
60	4089	01.1.19	Kailash Hospital	2050-		
61	21334	02.1.19	" "	999-		
	21334	02.1.19	" "	999-		
62	60518	01.1.19	Uma Medicare LTD	09-		
63	4113	03.1.19	Kailash Hospital	2050-		
64	60962	03.1.19	Uma Medicare LTD	22-		
65	61226	05.1.19	" "	169-		
66	21490	05.1.19	Kailash Hospital	510-		
67	61232	05.1.19	Uma Medicare LTD	1326-		
68	61505	07.1.19	" " "	235-		
69	21640	07.1.19	Kailash Hospital	175-		
70	41555	07.1.19	" "	2050-		
71	50204	09.1.19	Anuja Medicos	800-		
72	541	11.1.19	Kailash Hospital	365-		
73	62371	11.1.19	Uma Medicare LTD	365-		
74	21851	11.1.19	Kailash Hospital	355-		
75	4218	11.1.19	" "	2050-		
76	403314	12.1.19	" "	720-		
77	340407	12.1.19	Azrogya Medicos	412-		
78	35274	15.1.19	Help Line Pharma	1551-		
			Total B	67065-		

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

WAY 2 WELLNESS

(A Unit Of Health Medivision Pvt.Ltd)

B99A, SHOP NO.5, SECTOR-23, NOIDA

Ph. 9654350634 & 8800293059

(104)

Page No: 1

GST No: 09AACH0989B1ZM

D.L.No.: UP16/20/21/0000091

6:47PM

CASH MEMO NO. **3,843**

DATE : **30/10/2018**

NAME: CASH

Pr.By: Dr.

ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
1.	10	1*10	MOXOVAS 0.3 TAB	KMH810A	06/20		80.30	80.30

Dr. (Ms.) **GAGAN GROVER**
 M.B.B.S., D.H.A.
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital, Sector-23, Noida

Net 80.00

Amt. (R/O): -0.30

Only

subject to Delhi Jurisdiction.

E. & O

Prices are inclusive of all taxes.

Receipt will not be taken back.

(Computer Generated Invoice)



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 Extn. Fax: 0120 - 2 53 33 33

185

UHID: 2494657

Dated: 01/11/18 19:08

Bill No.: OPD/M/18/309730

NAME: GYANTI PANDEY
ADDRESS: C-69, SECTOR-23, NOIDA

AGE: 60-1 SEX: Female
Tel No.: 9315007796

INJECTIONS CHARGES
(IM/IV/SC) - P

Rate	Amount
25	25.00

Net Amount:	25.00

GSTIN: 09AABCK8840N1ZY

SAC-999312

Payable Amount: 25.00

RECEIPT

Receipt Dt: 01/11/18
Receipt NO: CV/18MD/140685

Receipt Ty	Cash	Tende	Change	Return	Net Amount
By Cash	25		0		25.00
Total Receipt :					25.00
Net Receivable:					0.00

01/11/18 19:08

For

Kailash Hospital & Heart Institute

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

PREMCHAND

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

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.)

(186)

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

H-33, KARLAH HOSPITAL SECTOR 37, NOIDA-201301 (U.P.)

Invoice No. **CAINIB/255559**
 Place of Supply **U.P.(09)**
 Patient Name **GYANTI PANDEY**
 Address

Date **01-11-2018**
 Phone No. **9315007796**
 Card No.
 Consultant **Dr.S.K. BEHURA**

Time : **06:50 PM**
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1*1	WEPOX 4000 IU INJ	5010	DS10632	09/19	1576.00	0	1407.14	6%=84.43	6%=84.43	0%=0
30	1*15	ACUTROL C 400 TAB	9099	KX0877	03/21	324.00	0	289.29	6%=17.36	6%=17.36	0%=0
20	1*15	NODOSIS TAB	9032	T-1808035	07/20	65.73	0	58.69	6%=3.52	6%=3.52	0%=0
10	1*10	NEXIROM LP TAB	9099	56TNX007	07/20	100.00	0	84.75	9%=7.63	9%=7.63	0%=0

Printed by Naina Printer 9810434607, 9711267588

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



Items 4

Rupees Two Thousand Sixty Five Only.

Amount

Disc

(+/-).73

Net Amt. 2065.00

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**

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.)

187
 6208

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



Invoice No. ORIGINAL COPY Main Store 1091731 Date
 Place of Supply CAIN18/255564 Phone No. 01-11-2018 Time : 06:52 PM
 Patient Name U.P (09) Card No. 9315007798
 Address GYANTI PANDEY Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC	TAXABLE	CGST	SGST	IGST
1	1*1	LANTUS SOLDSTAR 100IU/ML	3190	8F5322A	09/20	1017.69	0	969.23	2.5%=24.23	2.5%=24.23	0%=0
30	1*10	MOXDVAS 0.3 TAB	9079	KMH810A	06/20	240.90	0	215.09	6%=12.91	6%=12.91	0%=0
15	1*10	LNBLOC 10MG TAB	9079	GLNL18007	05/20	123.86	0	110.59	6%=6.64	6%=6.64	0%=0
15	1*10	BID-D3 MAX	9099	KBB845A	04/21	294.00	0	262.5	6%=15.75	6%=15.75	0%=0
15	1*10	AGELESS TAB	5090	AGT8024	01/20	216.00	0	192.86	6%=11.57	6%=11.57	0%=0
15	1*10	PANTOTAB DSR	9039	PABS0018	03/20	198.00	0	176.79	6%=10.61	6%=10.61	0%=0

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



Items	Amount	Disc	(+/-)
6	2090.45	0.00	Net Amt.

Price of medicines in thousands only. 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
 VINQDM



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 Extn. Fax: 0120 - 2 53 33 33

188

3

UHID: 2494657

Dated: 01/11/18 9:06

Bill No.: OPD/N/18/308553

NAME: GYANTI PANDEY
ADDRESS: C-69, SECTOR-23, NOIDA

AGE: 60-1 SEX: Female
Tel No.: 9315007796

CONSULTANT SPECIALIST
Dr. S.K. BEHURA
(NEPHROLOGIST-Super
Specialist)

OPD Consultation Fee

Rate	Amount
850	850.00

Net Amount: 850.00

GSTIN: 09AABCK8840N1ZY

SAC-999312

Payable Amount: 850.00

RECEIPT

Receipt Dt Receipt NO
01/11/18 CV/18ND/140181

Receipt Ty	Cash	Tender	Change	Return	Net Amount
By Cash	1000		150		850.00

Total Receipt : 850.00

Net Receivable: 0.00

01/11/18 9:06

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

Kailash Hospital & Heart Institute

* Valid till 05-Nov-2018

Medical Officer

SHIVAM KATIYAR

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

Kailash Hospital & Heart Institute, Noida

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

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

Website : www.kailashhealthcare.com

Printed by Naina Printer: 9810434607, 9711267588



KAILASH HOSPITAL & HEART INSTITUTE

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

325 Beds Super Speciality (NABH & NABL ACCREDITED)

H-33, SECTOR-23, NOIDA

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

189

1

UHID: 2494657

Dated: 01/11/18 9:12

Bill No.: OPD/N/18/308559

NAME: GYANTI PANDEY

AGE: 60-1 GEX: 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
OPD Consultation Fee

Rate	Amount
650	650.00

Net Amount: 650.00

GSTIN: 09AABCK8840N12Y

SAC-999312 Payable Amount: 650.00

Receipt Dt Receipt NO
01/11/18 CV/18ND/140186

Receipt Ty	Cash	Tende	Change	Return	NetAmount
By Cash	700			50	650.00
Total Receipt :					650.00
Net Receivable:					0.00

01/11/18 9:12

For *[Signature]*
Dr. (MS.) GAGAN GROVER
M.B.B.S., D.H.A.
ANIL KUMAR

* Valid till 05-Nov-2018
Note:-Refund, if any, will be made against surrender of original receipt only.

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

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

01/11/2018 08:41 AM [O-0074]



12745009
GYANTI PANDEY

60/F

190

LABORATORY

UHID : 2494557 DATE : 01/11/2018 (08:39) BILL NO - LAB/N/18/236897
NAME : GYANTI PANDEY SEX: Female AGE: 60-1
Claim No

ADDRESS : C-69, SECTOR-23, NOIDA
Req No. : 12745009

PHONE NO. : 9315007796

Sr No.	Laboratory Charges	Amount
1.	BLOOD SUGAR RANDOM (SUGAR R)	100.00
2.	KIDNEY FUNCTION TEST (KFT)	890.00
	Bill Amount	990.00
	Amount Payable	990.00

GSTIN: 09AABCKBB40N12Y

SAC-999316

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Change Returned	Amount
01/Nov/2018	18NL/33104	By Cash	990	0	990.00
		Total Received			990.00
		Net Recivable			0.00

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

Medical Officer

01/11/18 08:39

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

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

User Name: 12745009 Password: 29375471

:- 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

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E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

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