

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

RETAIL INVOICE / CASH MEMO / BILL

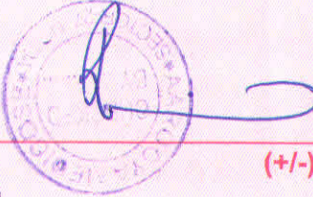
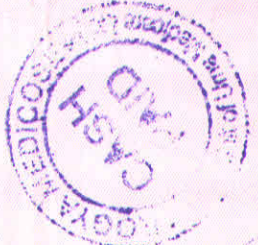
AAROGYA MEDICOS

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

5/11/2018
 (191)
 Ph. : 0120 - 2444381
 0120 - 2444444
 0120 - 2466666
 Extn. 542, 543
 544, 617
 194

Invoice No. CAIN18/260551
 Place of Supply U.P (09)
 Patient Name GYANTI PANDEY
 Address
 ORIGINAL COPY Main Street Date 1096698
 Date 05-11-2018
 Time : 05:05 PM
 Phone No.
 Card No.
 Consultant
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1*1	WEPOX 4000 IU INJ	5010	DT10310	02/20	1726.00	0	1541.07	6%=92.46	6%=92.46	0%=0
10	1*10	LOBUN FORTE CAP	9099	DLFC18004	11/19	768.00	0	685.71	6%=41.14	6%=41.14	0%=0
10	1*10	GNDERO 5MG TAB	9099	AA4140A	04/21	468.00	0	417.86	6%=25.07	6%=25.07	0%=0



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

Items 3
 Disc. 0.00
 Net Amt. 2962.00
 Rupees Two Thousand Nine Hundred Sixty Two Only.

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

CIN: U85110DL1998PLC092382

Printed by Naina Printer 9810434607, 9711267588

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

Slu / 2018
 (192)

Invoice No. CAIN18/260641
 Place of Supply U.P.(09)
 Patient Name GYANTI PANDEY
 Address

ORIGINAL COPY Main Date 1096788

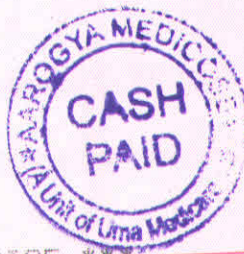
Phone No. 05-11-2018
 Card No. 9315007794
 Consultant Dr. S.K. BEHURA

Time : 06:19 PM



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

3	1*15	ANXIT 0.25MG TAB	9089	AXAS0030	10/20	3.53	0	3.15	6%=0.19	6%=0.19	0%
---	------	------------------	------	----------	-------	------	---	------	---------	---------	----



Items	Dr. (Ms.) GAGAN GROVER M.B.B.S., D.M. Medical Officer Reg. MCI 18854 Reg. Card No. 118854 Heart Institute, Noida	Amount	3.53	Disc.	0.00	(+/-)	-0.53	Net Amt.	3.00
-------	---	--------	------	-------	------	-------	-------	----------	------

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

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

For AAROGYA MEDICOS

Printed by Naina Printer 9810434607, 9711267588

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

(193)

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. U.P. (09)
 Place of Supply GYANTI PANDEY
 Patient Name
 Address

Date 07-11-2018
 Phone No. 9315007798
 Card No.
 Consultant Dr. S.K. BEHURA

Time : 12:03 PM
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
1	1x1	MEPOX 4000 IU INJ	5010	DT10310	02/20	1726.00	0	1541.07	6%=92.46	6%=92.46	0%=0
5	1	NOVOFINE NEEDLES	3290	17H01S	07/22	62.50	0	53.8	6%=3.35	6%=3.35	0%=0

Printed by Naina Printer 9810434607, 9711267588



Handwritten signature

*** CASH INVOICE ***

Items 2
 Amount D.H.A.
 Disc 00
 (+/-) 0.50
 Net Amt. 1788.00

Dr. (Ms.) GAGAN GROVER
 Medical Officer
 Reg. No. MCI 18854
 Kailash Hospital & Heart Institute, Noida

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

ASHUTOSH
 For AAROGYA MEDICOS



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PL09/11/2018 11:51 AM [O-0145]
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



12753774
GYANTI PANDEY

60/F

194

BILL LABORATORY

UHID : 2494657 DATE 09/11/2018 (11:49) BILL NO - LAB/N/18/245662
NAME : GYANTI PANDEY SEX: Female AGE: 60-1
ADDRESS : C-69, SECTOR-23, NOIDA Claim No
Req No. : 12753774 PHONE NO. : 9315007796
REFERRED BY: Dr.S.K. BEHURA****

Sr No.	Laboratory Charges	Amount
1.	KIDNEY FUNCTION TEST(KFT)	890.00
	KL18-256	890.00
	Bill Amount	890.00
	Amount Payable	890.00

GSTIN:09AABCK8840N1ZY SAC-999316

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Change Returned	Amount
09-11-2018	CV/18NL/34169	By Cash	2000	1110	890.00
		Total Received			890.00
		Net Recivable			0.00

09/11/18 11:49 AM (Ms.) GAGAN GROVER, M.B.B.S, D.H.A. Kailash Hospital & Heart Institute ASHISH KUMAR JHA
Note :-You can also collect your reports(except Outsource) from our web site.

User Name: 12753774 Password: 29439910
:-This Bill is valid for 3 days only.
:-Refund, if any, will be made against surrender of original receipt only.

Printed by Naina Printer 9810434607, 9711267588

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

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

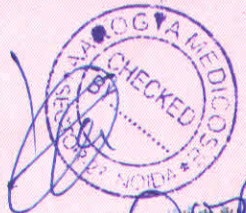
ORIGINAL COPY Main Store No. 105093
Date: 10-11-2018

Time : 06:55 PM
Indent No.:

Invoice No. CAIN18/268984
Place of Supply U.P (09)
Patient Name GYANTI PANDEY
Address

Phone No.
Card No.
Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
6	1x15	PREGABA M 75MG	9082	131518023	02/20	81.41	0	72.69	6%=4.36	6%=4.36	0%=0
6	1x15	ACUTROL C 400 TAB	9099	KX0877	03/21	64.80	0	57.86	6%=3.47	6%=3.47	0%=0
4	1x15	NODOSIS TAB	9032	T-1809010	08/20	13.15	0	11.74	6%=0.7	6%=0.7	0%=0



Printed by Naina Printer 9810434607, 9711267588

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

Items 3
Amount 159.36
Disc. 0.00
(+/-) -0.36
Net Amt. 159.00

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

AAROGYA MEDICOS

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

0120 - 2444111
 0120 - 2466666
 Extn. 542, 543
 544, 617
 194

196

Invoice No.
 Place of Supply
 Patient Name
 Address

CAN18/268119
 U.P (09)
 SYARI PANDEY

Date
 Phone No.
 Card No.
 Consultant

Time :
 Indent No.: 10:12 AM

ORIGINAL COPY Main Street: 1100230

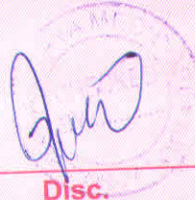
12-11-2018

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

3	1x15	ACUTROL C 400 TAB	9099	KX0877	03/21	32.40	0	28.93	6%=1.74	6%=1.74	0%=0
3	1x10	NEXIRON LP TAB	9099	56TNX007	07/20	30.00	0	25.42	9%=2.29	9%=2.29	0%=0
2	1x15	NODOSIS TAB	9032	T-1808038	07/20	6.57	0	5.91	6%=0.35	6%=0.35	0%=0



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



Items	Amount	Disc.	(+/-)	Net Amt.
3	68.97	0.00		68.97

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

For **AAROGYA MEDICOS**

TANUJ

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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

12/11/2018 09:59 AM [O-0112]



12756891
GYANTI PANDEY

60/F

BILL LABORATORY

UHID : 2494657 DATE 12/11/2018 (09:57)
NAME : GYANTI PANDEY

BILL NO - LAB/N/18/248779
SEX: Female AGE: 60-1

Claim No

ADDRESS : C-69, SECTOR-23, NOIDA
Req No. : 12756891

PHONE NO. : 9315007796
REFERRED BY: Dr. S.K. BEHURA****

Sr No.	Laboratory Charges	Amount
1.	COMPLETE BLOOD COUNT (C.B.C)	390.00
	KL18-113	390.00
	Bill Amount	390.00
	Amount Payable	390.00

GSTIN:09AABCK8840N1ZY

SAC-999316

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Change Returned	Amount
12-11-2018	CV/18NL/34557	By Cash	500	110	390.00
		Total Received :			390.00
		Net Recivable :			0.00

12/11/18 09:57 Kailash Hospital & Heart Institute PREM KUMAR KARNATAK
Note :-You can also contact our website (except Outsource) from our web site.

User Name: 12756891 Password: 29462152
:-This Bill is valid for 3 days only.

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

Urgent
Dr. M. GAGAN GROVER
Medical Officer
Reg. No. MCI 18854
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



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

Specialist OPD-I

197
5 15/11

UNIT: 2494657

Dated: 12/11/18 10:24

Bill No.: OPD/N/18/321107

NAME: GYANTI PANDEY

AGE: 60-1 SEX: Female

ADDRESS: C-69, SECTOR-27, NOIDA

Tel No.: 9315007796

CONSULTANT SPECIALIST

Dr. S.K. BEHURA

(NEPHROLOGIST-Super Specialist)

OPD Consultation Fee

800

Amount

800.00

Net Amount:

800.00

GSTIN: U54A20088540N127

SAC-999312

Payable Amount:

800.00

RECEIPT

Receipt No Receipt NO

12/11/18 CV/18ND/145849

Receipt To

By Cash

Cash Tende

2000

Change Return

1200

Net Amount

800.00

Total Receipt :

800.00

Net Receivable:

0.00

12/11/18 10:24

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

Kailash Hospital & Heart Institute

JYOTI

* Valid till 16-Nov-2018

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

HEALTHCARE PAR EXCELLENCE

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

E-mail : kailash.noida@kailashhospital.com

Website : www.kailashhealthcare.com

Printed by Naina Printer 9810434607, 9711267588

16 (634) 20,21,20C,20F (Schedule X) Valid upto 8/7/2019
M & TP (Narcotic Drugs)

GST INVOICE / CASH MEMO

GSTIN : 07AAAFN45181Z7

NEW DELHI MEDICOS®

011-65005707

24 HOURS SUPER SPECIALITY PHARMACY ESTABLISHED 1992

011-65005708

Shop No. 12 & 13 Old Rama Krishna Marg,
Gate No. 6, Dr. Ram Manohar Lohia (Willingdon) Hospital N. Delhi-1
E-mail : newdelhimedicos@yahoo.co.in, Website : www.newdelhimedicos.com

9810123218

9717355707

A Trusted Name for Genuine Medicines

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

Cash Memo No. : 251424

Date : 13/11/2018

Pt. Name : GYANTI PANDEY

Pr. by Dr. : KAILASH HOSP & HEART

Address

INST

No.	QTY.	PKG.	DESCRIPTION	BATCH No.	EXPIRY	M.R.P.	AMOUNT	GST%
-----	------	------	-------------	-----------	--------	--------	--------	------

1	1	1ML	WEPOX 4000IU	DT10004	11/19	650.00	650.00	12.0
---	---	-----	--------------	---------	-------	--------	--------	------



WE WISH YOU SPEEDY RECOVERY
 D.L. NO. : DL-NDE-122752-122753-122754-122755
 Specialist in : Narcotic Drugs & Schedules, HIV/AIDS, Antibiotic Drugs

स्वच्छ भारत मिशन के अंतर्गत
 M.B.B.S. D.H.A.

GST DETAILS : 580.36 X 12 % = 69.64

Rupees Six Hundred Fifty Only

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

650.00

Deals in : All Kinds of Indian & Imported Medicines, Surgical Goods, Operation Goods & Suture, Orthopedic Goods & Implants, Urology, Angiography, Dialysis items, Pressure Garment, Salsatic Gelsheet, 777 Oil Cosmetics & General Items.

- Prices of Medicines are inclusive of GST.
- Goods once sold will not be taken back. (Computer Generated Invoice)
- All Disputes Are Subject To Delhi Jurisdiction

For New Delhi Medicos

+24HOURS CHEMIST SHOP

+24HOURS CHEMIST SHOP

www.newdelhimedicos.com

D.L. No. 16 (634) 20.21, 20C, 20F (Schedule X) Valid upto 8/7/2019
 3/DD-11/M & TP (Narcotic Drugs)

GST INVOICE / CASH MEMO

GSTIN: 07AAFN45181Z7

NEW DELHI MEDICOS



24 HOURS SUPER SPECIALITY PHARMACY ESTABLISHED 1992
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 Gate No. 6, Dr. Ram Manohar Lohia (Willingdon) Hospital N. Delhi-1
 E-mail : newdelhimedicos@yahoo.co.in, Website : www.newdelhimedicos.com

011-65005707
 011-65005708
 9810123218
 9717355707

Page No

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

Cash Memo No.: 252430
 Pt. Name: GYANI PANDEY

Date: 14/11/2018
 Pr. by Dr.: DR R M L HOSPITAL

No.	QTY.	PKG.	DESCRIPTION	BATCH No.	EXPIRY	M.R.P.	AMOUNT	GST%
1.	1	1ML	WEPOX 4000IU	DT10004	11/19	650.00	650.00	12.0
2.	15	15 TAB	ACUTROL C 400MG TAB	KX1803	06/21	162.00	162.00	12.0



WE WISH YOU SPEEDY RECOVERY
 Dr. P. BAGAN GROVER
 Specialist in : Narcotic Drugs & Schedule X (MPS) and Schedule Drugs
 Reg. No. MCI 18854
 Kailash Hospital & Heart Institute, Noida

D.L. NO. : DL-NDE-122752, 122753, 122754
 GST DETAILS : 725.00 X 12% = 87.00

Rupees Eight Hundred Twelve Only

812 0

E.&O.E. Deals in : All Kinds of Indian & Imported Medicines, Surgical Goods, Operation Goods & Suture, Orthopedic Goods & Implants, Urology, Angiography, Dialysis Items, Pressure Garment, Saisatic Gelsheet, 777 Oil Cosmetics & General Items.
 ● Prices of Medicines are inclusive of GST. ● Goods once sold will not be taken back. (Computer Generated Invoice)
 ● All Diseases Are Subject To Delhi Jurisdiction

For New Delhi Medicos

#0917

+24HOURS CHEMIST SHOP

+24HOURS CHEMIST SHOP

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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 - 37, NOIDA - 201301

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

1203
200

13

Specialist OPD-11

UHID: 2494657

Dated: 15/11/18 13:03

Bill No.: OPD/N/18/326165

NAME: GYANTI PANDEY

AGE: 60-1 SEX: Female

ADDRESS: C-69, SECTOR-23, NOIDA

Tel No.: 9315007796

CONSULTANT SPECIALIST

Room No.-33,35

Rate

Amount

Dr. SANJAY MAHAJAN

OPD Consultation Fee

650

650.00

(SR CONSULTANT- MEDICINE

AND INTENSIVIST-Specialist)

Net Amount:

650.00

BSTIN:09AABCK8840N1ZY

SAC-999312

Payable Amount:

650.00

RECEIPT

Receipt Dt Receipt NO

Receipt Ty

Cash TendeChange Return

NetAmount

15/11/18 CV/18NB/148170

By Cash

650

0

650.00

Total Receipt :

650.00

Net Receivable:

0.00

15/11/18 13:03

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

Kailash Hospital & Heart Institute

* Valid till 19-Nov-2018

Medical Officer
Reg. No. MCI 18854

SHAILESH VISHWAKARMA

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

Kailash Hospital & Heart Institute

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

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.)

20

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

Date 15-11-2018 Time: 07:15 PM
 Phone No.
 Card No. Dr. R.K. SISODIA.....Dr Indent No.:
 Consultant

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
15	1x30	EMBETA XR 25MG TAB	9879	X08082	03/21	63.67	0	56.85	6%=3.41	6%=3.41	0%=0
5	1x15	BYTOR 5MG TAB	9079	S880412	04/21	14.85	0	13.26	6%=0.8	6%=0.8	0%=0

Printed by Naina Printer 5810434607, 9711267588

[Signature]

AAROGYA MEDICOS
 CHIEF MEDIC
 BY
 GEORGE NOIDA

AAROGYA MEDICARE
 CASH PAID
 BY
 GEORGE NOIDA

*** CASH INVOICE ***

Items 2

Amount **78.00** Disc. (+/-) 52

Rupees Seventy Eight Only.

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

Net Amt **78.00**

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**

11/15/2018

202

TAX INVOICE

Name: MEDLEY INTERNATIONAL PRIVATE LIMITED
 Address: C-40, FF OKHLA INDUSTRIAL AREA, PHASE II, NEW DELHI, Tel: OKHLA (54) (OKHLA (54)), Delhi - Delhi - 1100341234
 Phone: 1860341234
 GSTIN: 07AAJCM4627M1Z1
 CIN: U24230BR2014PTC023149
 DL No: DL-OKH-20-113484, DL-OKH-21-113485, DL-OKH-20B-113486, DL-OKH-21B-113487, DL-OKH-20F-113488, DL-OKH-20G-113489
 Order ID: OR7955PX-001A
 Serial No. of Invoice: DEL04-18-303671 ✓
 Date of Invoice: 15-11-2018 ✓

Details of Receiver (Patient)

Name: GYANTI PANDEY
 Address: C69 sector 23, near GAIL vihar noida , Noida-201301
 Phone: 9315007796
 State: Uttar Pradesh
 State/UT Code: 9
 GSTIN/Unique ID:
 Doctor Name: Dr. Sivakumar S
 Address: Dr. S Sivakumar, 5/812, South Avenue, Muthamizh Nagar, Chennai - 600118

Description of Goods/Services (Brand)	Manufacturer	Strength	Batch Number	Expiry Date	HSN/SAC	Rate of Tax %	Qty.	UOM	MRP (per item)	Total MRP	Discount %	Amount Payable
LOBUN FORTE CAPSULE 10	SANZYME LTD		DLFC18007	01/2020	3004	12.0	10	CAPSULE	₹76.8	₹768	25 %	₹576
										₹768		₹576
										Delivery Charges (inclusive of taxes): ₹ 0		
										Less : E cash Redemption ₹ 0.0		
										Total Invoice Value (In Figure): ₹ 576		

Total Invoice Value (In Words): Five Hundred And Seventy Six Rupees Only

Tax Breakup	Taxable Value	CGST	SGST	IGST	Total
GST Rate					
0%	0	0	0	0	0
5%	0	0	0	0	0
12%	514.29	0	0	61.71	576
18%	0	0	0	0	0
28%	0	0	0	0	0
Total	514.29	0	0	61.71	576

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

₹ 576/-

Amount of Tax subject to Reverse Charges: NIL

Customer Acknowledgement
 I, hereby acknowledge receipt of the medicines listed in this invoice, which are supplied based on the original prescription issued by my doctor. I hereby confirm that I have verified the contents of the invoice with the original prescription and found everything in order. I authorise the pharmacy to store all my personal information including the above details in an electronic encrypted format as required under applicable laws with a third party contractor / intermediary or technology partner. I understand that such personal information will not be disclosed with any third party without my express permission and I have option to access or request deletion of the same at any time.

Goods sold at MRP. Goods once sold will not be taken back.

Pharmacist Signature

Name of the Pharmacist

RP Number:

Date:

WAY 2 WELLNESS

(A Unit Of Health Medivision Pvt.Ltd)

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

9654350634 & 8800293059

Page No: 1

5:35PM

GST No: 09AADCH989812M

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

CASH MEMO NO. 4,694

DATE : 17/11/2018

NAME: CASH

Pr.By: Dr.

ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY DATE	RATE	AMOUNT
1.	10	1*10	NOXOVAS 0.3 TAB	KHH810A	06/20	80.30	80.30

[Signature]
Dr. (MS) GAGAN GROVER
M.B.B.S., D.H.A.
Medicine
TOTAL AMT 80.00
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida
80.00
Amt. (R/O): -0.30

Rupees: Eighty Only

All disputes are subject to Delhi Jurisdiction.

Prices of Medicines are inclusive of all taxes.

Goods once sold will not be taken back.

(Computer Generated Invoice)

E. & O

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

204

ORIGINAL COPY Date: 11/29/2018

Time : 03:44 PM

Invoice No. CAIN18/276903
 Place of Supply U.P (09)
 Patient Name GYANTI PANDEY
 Address

Phone No. 18-11-2018
 Card No.
 Consultant

Indent No.:



QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
15 ✓	1*15	PREGABA M 75MG	9082	131518023	02/20	203.53	0	181.72	6%=10.9	6%=10.9	0%=0
10 ✓	1*10	DNDERO 5MG TAB	9099	AA4140A	04/21	468.00	0	417.86	6%=25.07	6%=25.07	0%=0
15 ✓	1*15	ACUTROL C 400 TAB	9099	KX0877	03/21	162.00	0	144.64	6%=8.68	6%=8.68	0%=0

Printed by Naina Printer 9810434607, 9711267588



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



Items	3	Amount	833.53	(+/-)	-0.53	Net Amt.	833.00
-------	---	--------	--------	-------	-------	----------	--------

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

AROGYA MEDICOS

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

Extn. 542, 543
 544, 617
 194

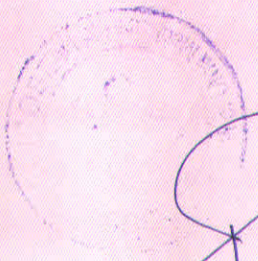


Invoice No. CAIN18/277651
 Place of Supply U.P.(09)
 Patient Name GYANTI PANDEY
 Address
 ORIGINAL COPY Main Date: 1113734
 Phone No. 19-11-2018
 Card No. 9315007776
 Consultant
 Time : 12:20 PM
 Indent No.:

Printed by Maina Printer 9810434607, 9711267588

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

30	1*30	EMBETA XR 25MG TAB	9074	X08082	03/21	127.34	0	113.7	6%=6.82	6%=6.82	
----	------	--------------------	------	--------	-------	--------	---	-------	---------	---------	--



[Handwritten Signature]

[Handwritten Signature]

Items	Amount	Disc.	Net Amt.
1	127.34	0.00	-0.34
			127.00

Price of medicine Rupees One Hundred Twenty Seven 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 **AROGYA MEDICOS**

CIN: U85110DL1998PLC092382

D.L. No. 16 (634) 20.21.20C.20F (Schedule X) Valid upto 8/7/2019
3DD-11/M & TP (Narcotic Drugs)

GST INVOICE / CASH MEMO

GSTIN : 07AAAFN4518L1Z7



NEW DELHI MEDICOS®

24 HOURS SUPER SPECIALITY PHARMACY ESTABLISHED 1992

Shop No. 12 & 13 Old Rama Krishana Marg,
Gate No. 6, Dr. Ram Manohar Lohia (Willingdon) Hospital N. Delhi-1
mail : newdelhimedicos@yahoo.co.in, Website : www.newdelhimedicos.com

A Trusted Name for Genuine Medicines

011-65005707
011-65005708
9810123218
9717355707

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

Cash Memo No. : 260440

Date : 21/11/2018

Pt. Name : GAYANTI PANDEY

Pr. by Dr. : DR R M L HOSPITAL

Address

No. QTY. PKG. DESCRIPTION BATCH No. EXPIRY M.R.P. AMOUNT GST %

1 1ML WEPOX 4000IU DT10523 05/20 650.00 650.00 12.0



WE WISH YOU SPEEDY RECOVERY

Specialist in : Narcotic Drugs & Schedulex, H.V. AIDS & Anti-cancer Drugs

D.L.NO. : DL-NDE-122750, 122753, 122754

ST DETAILS : 580.36 X 12 % = 69.64g, No. MCI 18854
Kailash Hospital & Heart Institute, Noida

Rupees Six Hundred Fifty Only

650.00

Deals in : All Kinds of Indian & Imported Medicines, Surgical Goods, Operation Goods & Suture, Orthopedic Goods & Implants, Urology, Angiography, Diyalisis items, Pressure Garment, Saisatio Gelsheet, 777 Oil Cosmetics & General Items.

- Prices of Medicines are inclusive of GST.
- Goods once sold will not be taken back.
- All Disputes Are Subject To Delhi Jurisdiction.
- (Computer Generated Invoice)

For New Delhi 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

207

BILL Specialist OPD-IV

UHID: 2494657 Dated: 22/11/18 12:48 Bill No.: OPD/N/18/335843
 NAME: GYANTI PANDEY AGE: 60-1 SEX: Female
 ADDRESS: C-69, SECTOR-23, NOIDA Tel No.: 9315007796

	Rate	Amount
KAILASH PRIVILEGE CARD	150	150.00

Net Amount: 150.00

GSTIN: 09AABCK8840N1ZY

SAC-999312 Payable Amount: 150.00

RECEIPT

Receipt Dt	Receipt NO	Receipt Ty	Cash	Tender	Change	Return	NetAmount
22/11/18	CV/18NO/152453	By Cash	150		0		150.00
Total Receipt :							150.00
Net Receivable:							0.00

Dr. GAGAN GROVER
M.B.B.S., D.H.A.

22/11/18 12:48
Medical Officer For
Reg. No. MCI 18854
Kailash Hospital & Heart Institute, Noida

Kailash Hospital & Heart Institute

VIKAS KUMAR

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

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.)

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

208



Invoice No. CAIN18/281765
 Place of Supply U.P (09)
 Patient Name GYANTI PANDEY
 Address

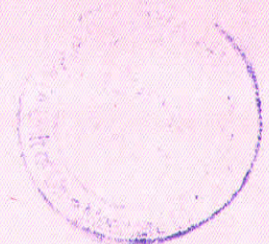
Date 22-11-2018
 Phone No.
 Card No.
 Consultant

Time : 01:03 PM
 Indent No.:

QTY.	PKG.	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC.	TAXABLE	CGST	SGST	IGST
10	1*10	MOXIVAS 0.3 TAB	9079	KMH008A	05/20	80.30	0	71.7	6%=4.3	6%=4.3	0%=0

Printed by Naina Printer 9810434607, 9711267588

Dr. (Ms.) GAGAN GROVER
 M.B.B.S. D.H.A.
 Medical Officer
 Amount MCI 18854
 Rest 80.30
 Kailash Hospital & Heart Institute, Noida



Items 1

Rupees Eighty Only.

Disc. 0.00

(+/-) -0.30

Net Amt 80.00

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

22/11/2018 12:37 PM [O-0234]

12768739
GYANTI PANDEY
60/F

BILL LABORATORY

UHID : 2494657 DATE 22/11/2018 (12:32) BILL NO - LAB/N/18/260626
NAME : GYANTI PANDEY SEX: Female AGE: 60-1
Claim No

ADDRESS : C-69, SECTOR-23, NOIDA
PHONE NO. : 9315007796
REferred BY: Dr. S.K. BEHURA

Sr No.	Laboratory Charges	Amount
1.	KIDNEY FUNCTION TEST (KFT)	890.00
2.	URINE ROUTINE (AUTOMATED)	140.00
Bill Amount		1,030.00
Amount Payable		1,030.00

GSTIN: 09AABCKB840N1ZY

SAC-999316

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tende	Change Returned	Amount
22/Nov/2018	V/18NL/36137	By Cash	1100	70	1,030.00
Total Received					1,030.00
Net Recivable					0.00

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

22/11/18 12:32
Note :- You can also collect your reports (except Outsource) from our web site.
User Name: 12768739 Password: 29551665
:- This Bill is valid for 3 days only.
:- Refund, if any, will be made against surrender of original receipt only.

Printed by Naina Printer 9810434607, 9711267588

CIN: U85110DL1998PLC092382

24/11/2018

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

Ph. : 0120 - 2444381
0120 - 2444444
0120 - 2466666
Extn. 542, 543
544, 617
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ORIGINAL COPY
(A UNIT OF UMA MEDICARE LTD.)
H-33, KAILASH HOSPITAL, SECTOR-27, NOIDA-201307 (U.P.)

250
210

06:34 PM

M-289
0918

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

Date 9315007796
Phone No. Dr. SARIKA CHANDRA
Card No.
Consultant

Time :
Indent No.:

QTY	RKG	DESCRIPTION	HSN	BATCH NO.	EXPIRY	AMOUNT	DISC	TAXABLE	CGST	SGST	IGST
10	1x10	NEXIRON 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

*** CASH INVOICE ***

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

Items	2	248.50	Medical Officer	0.00	-0.50
Rupees Two Hundred Forty Eight Only.			Reg. No. MCI 18854	Disc.	(+/-) 248.00
			Kailash Hospital & Heart Institute, Noida		Net Amt.

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

SANAD



Signature of Sanad

WAY 2 WELLNESS

(A Unit Of Health Medivision Pvt.Ltd)

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

Ph. 9654350634 & 8800293059

211

Page No: 1

GST No: 09AADCK0999B17

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

6:30PM

CASH MEMO NO. 5,065

DATE : 24/11/2018

NAME: CASH

Pr.By: Dr.

ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
1.	15	1*15	ACUTROL C 400 TAB	KX1803	06/21		162.00	162.00

Gross : 162.00

Less Dis: 19.00

Rupees: One Hundred Forty Three Only

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

All disputes are subject to Delhi Jurisdiction.

E. & O

Prices of Medicines are inclusive of all taxes.

Goods once sold will not be taken back.

(Computer Generated Invoice)

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

(212)

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.

ORIGINAL COPY Main Store Date 21/24

Time :

Place of Supply

WIN18/286072

Phone No. 1-2018

11:43 PM

Patient Name

U.P (09)

Card No.

Indent No.:

Address

GAYANTI PANDAY

Consultant

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

1	1*4ML	LASIX AMP AML	9079	2118076	05/21	6.94	0	6.2	6% = 0.37	6% = 0.37	0% = 0
---	-------	---------------	------	---------	-------	------	---	-----	-----------	-----------	--------

Printed by Naina Printer 9810434607, 9711267588



8

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

Items	Amount	Disc	Net Amt.
1	6.94		6.94

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

WAY 2 WELLNESS
 (A Unit Of Health Medivision Pvt.Ltd)
 B99A, SHOP NO.5, SECTOR-23, NOIDA
 Ph. 9654350634 & 8800293059

213

GST No: 09AACH098981ZH

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

Page No: 1
3:48PM

CASH MEMO NO. **5,152**

DATE : 26/11/2018

NAME: GYANTI PANDEY

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
2.	10	1*10	AGELESS TAB	AGT8019	11/19		144.00	144.00
3.	15	1*15	ACUTROL C 400 TAB	KX1803	06/21		162.00	162.00
4.	15	1*15	SHELCAL 500MG TAB	GAY80246	02/20		82.00	82.00

Gross : 468.30
 Less Dis: 56.33

Dr. (Ms) **GAGAN GROVER**
 MBBS, D.H.A.
 Medical Officer
 Reg. No. MC 18854
 Kailash Hospital & Heart Institute, Noida
 Net Amt. (R/O): -0.13

Rupees: Four Hundred Twelve Only

All disputes are subject to Delhi Jurisdiction.
 Prices of Medicines are inclusive of all taxes.
 Goods once sold will not be taken back.

E. & O

(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 & 2466+Extn. Fax: 0120 - 2 53 33 33

214

1

BILL Specialist OPD-I

UHID: 2494657

Dated: 26/11/18 11:55

Bill No.: OPD/N/18/340750

NAME: GYANTI PANDEY

AGE: 60-1 SEX: Female

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

Tel No.: 9315007796

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

OPD Consultation Fee

Rate	Amount
800	800.00

Net Amount: 800.00

Discount: 120.00

Payable Amount: 680.00

GSTIN: 09AABCK8840N1ZY

RECEIPT

Receipt Dt 26/11/18
Receipt NO CV/18ND/154679

Receipt Ty	Cash	Tende	Change	Return	NetAmount
By Cash	1000	320			680.00
Total Receipt :					680.00
Net Receivable:					0.00

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

Medical Officer
Reg. No. MCI 18854

Remarks: 26/11/18 11:56

15% Discount For
Kailash Hospital & Heart Institute, Noida

Kailash Hospital & Heart Institute

NITU SINGH

* Valid till 30-Nov-2018

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

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

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 - 27, NOIDA - 201301

Phone : 0120 - 2 44 44 44, 2 46 60 60 60 Extn. Fax: 0120 - 2 53 33 33

215

Casualty

LHID: 2494657 Dated: 26/11/18 0:49 Bill No.: OPD/N/18/340133

NAME: GYANTI PANDEY

AGE: 60-1 SEX: Female

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

Tel No.: 9315007796

CONSULTANT SPECIALIST

Dr. SARIKA CHANDRA
(CCMO-Specialist)

	Rate	Amount
OPD Consultation Fee	250	250.00
INJECTIONS CHARGES (IM/IV/SC) - P	25	25.00
NEBULIZATION CHARGES (OPD)	100	100.00
Medication charges	48	48.00

Net Amount: 423.00

BSTIN: 09AABCK8840N1ZY

SAC-999312 Payable Amount: 423.00

RECEIPT

Receipt Dt	Receipt NO	Receipt Ty	Cash Tende	Change Return	Net Amount
26/11/18	CV/18NOIDA/15489		423	0	423.00

GAGAN GROVER
M.B.B.S., D.H.A.

Total Receipt : 423.00

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

Net Receivable: 0.00

Printed by Naina Printer 9810434607, 9711267588



KAILASH HOSPITAL & HEART INSTITUTE

(A UNIT OF KAILASH HEALTHCARE LTD.) CIN : U74899DL1993PLC054864
325 Beds Super Speciality (NABH & NABL ACCREDITED)
H-33, SECTOR - 27, NOIDA - 201301
Phone : 0120 - 2 44 44 44, 2 46 66 66 8 246 Extn. Fax: 0120 - 2 53 33 33

216

DIAGNOSTICS

UHID: 2494657 DATED 26/11/2018 (00:49) BILL NO : . DIAG/N/18/117253
NAME: GYANTI PAMDEY SEX: : Female AGE: : 60-1

ADDRESS: C-69, SECTOR-23 NOIDA, NOIDA TELEPHONE NO.: 9315007796
Reg No.: 10498003 REFERRED BY:

Sr No.	Investigation Charges	Amount
1	ECG (RESTING)	230.00
Bill Amount		230.00
Discount		35.00
Amount Payable		195.00

ESTIN:09AABDK8840N1ZY

SAC-999316

RECEIPT

Receipt Dt	Receipt No	Payment Type	Cash Tender	Change Returned	Amount
26/Nov/2018	CV/18NOV/26523	By Cash	195	0	195.00
Total Amt. Received					195.00
Net Receivable :					0.00

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

Remarks: 15% Discount Against PRIVILEGE CARD

26/11/18 00:49 For Kailash Hospital & Heart Institute

PREMCHAND

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

Printed by Naina Printer 9810434607, 9711267588

D.L. No. 16 (634) 20.21.20C.20F (Schedule X) Valid upto 8/7/2019
3/DD-11/M & TP (Narcotic Drugs)

GST INVOICE / CASH MEMO

GSTIN : 07AAAFN4518L1Z7



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

Cash Memo No. : 266772 Date : 27/11/2018
Pt. Name : GYANTI PANDEY Pr. by Dr. : R.M.L.HOSPITAL
Address

No. QTY. PKG. DESCRIPTION BATCH No. EXPIRY M.R.P. AMOUNT GST %

1	1	1ML	WEPOX 4000IU	DT10523	05/20	650.00	650.00	12.0
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Kailash Hospital & Heart Institute, Noida

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- Goods once sold will not be taken back.
- All Disputes Are Subject To Delhi Jurisdiction.
- (Computer Generated Invoice)

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04/12/2018 11:55 AM [O-0206]



12781655
GYANTI PANDEY

60/F

KAILASH HOSPITAL & HEART INSTITUTE

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325 Beds Super Speciality (NABH & NABL ACCREDITED)
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04/12/2018 11:55 AM [O-0206]



12781655
GYANTI PANDEY

60/F

BILL LABORATORY

(218)

UHID : 2494657 DATE : 04/12/2018 (11:28) BILL NO - LAB/N/18/273542
NAME : GYANTI PANDEY SEX: Female AGE: 60-2
ADDRESS : D-69, SECTOR-23 NOIDA, NOID PHONE NO. : 9315007796
Req No. : 12781655 REFERRED BY: Dr. S.K. BEHURA

Claim No

Sr No.	Laboratory Charges	Amount
1.	KIDNEY FUNCTION TEST (KFT)	890.00
2.	COMPLETE BLOOD COUNT (C.B.C)	390.00
3.	PROTEIN-CREATININE RATIO -24 HOUR URINE	800.00
4.	URINE ROUTINE (AUTOMATED)	140.00
Bill Amount		2,220.00
Discount		335.00
Amount Payable		1,885.00

GSTIN: 09AABCK8940N1Z SAC-999316

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

Receipt No.	Medical Officer	Payment Type	Tendered	Returned	Amount
04/Dec/2018/18N/18	Reg. No. MCI 18854	By Cash	2000	115	1,885.00
Total Received :					1,885.00
Net Recivable :					0.00

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

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

Website : www.kailashhealthcare.com