

परिशिष्ट-ग  
(भाग पाँच नियम-16 तथा 18)

संख्या :-

माननीय जनपद न्यायाधीश  
इलाहाबाद।

विषय :- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।

सदस्य

में

आमित कुमार वर्मा  
वर्मापत्नी

माता

पारिवारिक

सदस्य

के

डिलीवरी (प्रसव) के

दिनांक

15/07/2019 से 21/03/2020 तक जे. सी. मेटरनिटी सेंटर, प्रभागाँज में उपचार करवाया है। मैं

विभिन्न सिविल डॉक्टरों के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ।

- 1 उपचारो चिकित्सक / चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित / प्रतिहस्ताक्षरित अनिवार्यता प्रमाण पत्र।
- 2 उपचारी चिकित्सक द्वारा विधिवत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (बिल), बाउचर।
- 3 यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझपर पूर्णतया आश्रित है और सामान्यतया मेरे साथ निवास करता है।

मेरे द्वारा खर्च किये गये रुपये 26,007/- के मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करे। यह प्रमाणित किया जाता है कि उपरोक्त धनराशि का भुगतान मेरे द्वारा किसी अन्य संस्था एवम् बीमा कम्पनी से नहीं लिया गया है न ही भुगतान हेतु कोई दावा प्रस्तुत किया गया है।

दिनांक: 22/10/2020

प्रार्थी  
Anil Kumar  
22/10/2020

(हस्ताक्षर)

कर्मचारी / अधिकारी का नाम  
पद नाम - मातृक दण्डाधिकारी  
तैनाती का स्थान: इलाहाबाद

ORDER

Seen. send it to concerned committee.

District Judge  
Allahabad

APPENDIX VIII  
Form of Certificates A and B

Certificate granted to Mrs./Mr./Miss JYOTI VERMA  
.....wife/Son/Daughter of Mr. AMIT KUMAR VERMA  
employed in the JUDICIAL MAGISTRATE, DISTRICT & SESSIONS COURT,  
ALLAHABAD.

CERTIFICATE A

(To be completed in the case of patients who are not admitted to hospital for treatment)

I, ..... hereby certify  
(a) that I charged and received Rs. 500 x 13 = 6500/- for consultation on  
..... (dates to be given) at my consulting room at the  
residence of patient.

(b) that I charged and received Rs. .... for administering  
..... intra-muscular-injections on..... sub-cutaneous at  
my consulting room..... at the residence of the patient.

(c) that the injections administered were for immunising or prophylactic  
purposes. .... were not.

(d) that the patient has under treatment at hospital/ my consulting room  
and the undermentioned medicines prescribed by me in this connection  
were essential for the recovery/ prevention of serious, deterioration in the  
condition on the patient. The medicines are not stocked in the v.  
..... v. for supply to private patient.....  
(name of the hospital), and do not include proprietary preparations for  
which cheaper substances of equal therapeutic value are available nor  
preparations which are primarily/foods, toilets or

NAME OF MEDICINES

PRICE

LEST ENCLOSED.

26004/-

(e) that the patient is/was suffering from ..... and is/  
was under my treatment from JULY 2019 to MARCH 2020.

(f) that the patient is/was not given prenatal or postnatal treatment.

*Self Attested*  
*Amrit Kumar Verma*

(g) that the X-ray, laboratory test, etc. for which on expenditure of Rs. 2900/- was incurred were necessary and were undertaken on my advice at KRITE SCANNING & VISION DIAGNOSTICS ..... (Name of hospital or laboratory)

(h) that I referred the patient to Dr. .... for specialist consultation and that the necessary approval of the ..... (Name of the Chief) ..... as required under the rules (Administrative Medical Officer of State.)

(i) that the patient did not required hospitalisation..... required.

Dated.....

Signature & Designation of the Medical Officer in charge of the dispensary to which attached.   
*Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
10E, Lala Lal Bahadur Shastri Road  
New Katra, Allahabad

N.B. : Certificates not applicable should be struck off. Certificates (a) is compulsory and must be filled my by the Medical officer in all cases.

COUNTERSIGNED

*Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
10E, Lala Lal Bahadur Shastri Road  
New Katra, Allahabad

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

Place :  
Dated :

Medical Superintendent  
.....Hospital

काया  
डिप्टी/काउन्सिलर क. नाम  
गो का नाम श्री/श्रीमती  
अधिकारी/कर्मचारी से  
डिप्टी का विवरण

क्र. सं.	दिनांक
1.	15/7
2.	2/8
3.	7
4.	
5.	

# कार्यालय मुख्य चिकित्सा अधिकारी - इलाहाबाद

रोग/कार्यालय का नाम .....

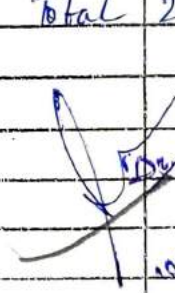
रोगी का नाम श्री/श्रीमती/कु. ....

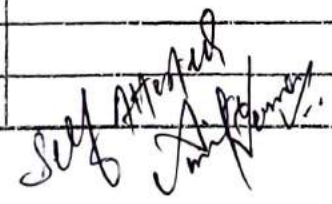
6-मोति कर्मा  
पति

अधिकारी/कर्मचारी से रोगी का सम्बन्ध .....

चिकित्सा का दिवरण तालिका दिनांक 15/07/2019 से 21/03/2020 तक

क्र. सं.	दिनांक	बाउचर संख्या एवं एजेन्सी का नाम	बाउचर की धनराशि	देय धनराशि	धनराशि देय योग्य नहीं है।	अभ्युक्ति
1.	15/7/19	00009178, J.C. Maternity Centre	336/=			
2.	21/8/19	00011109,	2940/=			
3.	7/9/19	00014411,	168/=			
4.	4/10/19	00016995,	17/=			
5.	9/11/19	00020198;	2613/=			
6.	14/12/19	00023683,	448/=			
7.	11/1/20	01025086,	1356/=			
8.	8/2/20	00027100,	2333/=			
9.	24/2/20	00028829,	878/=			
10.	26/2/20	00029079	774/=			
11.	14/3/20	00030664	773/=			
12.	23/3/20	00031471	91/=			
13.	27/8/19	C032-19-00240966 Pharm easy online	2493/=			
14.	17/12/19	C046-19-00258875 Pharm easy online	1884/=			
15.	21/3/20	55365 Krite Scanning	1100/=			
16.	21/3/20	C/NO. 2073 " "	2000/=			
17.	8/11/19	6186, Vision Diagnostics	1700/=			
18.	26/2/20	8972, " "	1700/=			
19.	21/3/20	C/NO. 2072 Krite Scanning	1300/=			
20.	21/3/20	C/NO. 2071, " "	1100/=			
21.		Total	26004/-			
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

  
**Dr. Sharda Chandra**  
 M.B.B.S., M.S.  
 J.C. Maternity Center  
 10E, Lala Bai Pat Rai Road  
 New Khatia Allahabad

  
 Sub-Attendant

आकस्मिक रिधति में बिना सन्दर्भ के अलाजकीय चिकित्सालय में  
उपचार प्राप्त करने की दशा में

अनिवार्यता प्रमाण-पत्र

प्रमाणित किया जाता है कि रोगी श्रीमती ज्योति कर्मा  
पुत्र/पुत्री/पत्नी श्री अशोक सुभाष कर्मा  
निवासी H26-75, समको डेगंज, प्रभाकराज  
की बीमारी डिलीवरी (प्रसव) के सम्बन्ध में  
(चिकित्सालय का नाम) जे. सी. मैटरनिटी सेन्टर, प्रभाकराज  
इमरजेन्सी उपचार प्रदान किया गया और इन्हें प्रदान की गयी  
मेडिसिन/उपचार/नर्सिंग केयर आदि की सुविधा इनकी इमरजेन्सी कन्डीशन को  
दृष्टिगत रखते हुए अति आवश्यक थी, जिसके लिए इनसे चिकित्सालय फीस के रूप  
में रुपये ..... प्राप्त किये गये।

चिकित्सालय में अनुपलब्ध औषधियां जो इनके उपचार हेतु आवश्यक थी,  
को इनके द्वारा स्थानीय बाजार से कय किया गया, जिस पर रुपये.....  
व्यय हुए। इस प्रकार इनके उपचार पर कुल रुपये 26,004/-  
शब्दों में द्वेस हजार पाठ सत्रह मात्र  
व्यय हुए।

*Dr. Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Centre  
Lala Laj Pat Rai Road  
New Katra-Allahabad

चिकित्सा अधिकारी का नाम  
चिकित्सालय का नाम व मुहर

*Dr. Anil Kumar*  
*Anil Kumar*

# MATERNITY CENTRE

DRUGGISTS  
LAJPATRAI ROAD  
ALLAHABAD  
U.P. 202002-2640064

NO. ALLD/12/20/257, ALLD/12/21/257  
TIN: 09ABMPC3244M1ZG TIN. No.: 09612702555

**CASH**

**NAME:-SMT.JYOTI VERMA**  
**DR.SHARDA CHANDRA**

**Inv No** 00009178  
**Date** 15-07-2019

S.No.	Item Description	Pack	Batch	EXP.	Qty.	Rate	Dis%	Amount
1	a MACFOLATE	1*10	KMA905A	3/21	30CAP	10.89	0.00	326.70
2	a ECOSPRIN-75 TAB	1*14	04007419	12/20	30TAB	0.33	0.00	9.75

*Signature*

**Rs. Three Hundred Thirty Six Only**

**Terms & Conditions**

All disputes are subject to "ALLAHABAD" Jurisdiction only  
Please consult doctor before using the medicines  
MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS

**For J.C.MATERNITY CENTRE**

**Authorised signatory**

*Dr. Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
10E, Lala Lal Pat Rai Road  
New Katra-Allahabad

**G. Total**

**336.00**

# MATERNITY CENTRE

& DRUGGISTS  
 LAJPATRAI ROAD  
 RA, ALLAHABAD  
 : 0532-2640064  
 NO ALLD/12/20/257, ALLD/12/21/257  
 TIN No : 09612702555

CASH

NAME:-SMT.JYOTI VERMA  
 DR.SHARDA CHANDRA

Inv No 00011109

Date 02-08-2019

Sr.No.	Item Description	Pack	Batch	EXP.	Qty.	Rate	Dis%	Amount
1	a DOXINATE PLUS	1*30	DAM1908	2/22	45TAB	6.37	0.00	286.50
2	a GESTOFIT SR 300mg TAB	1*10	EY9303007	4/21	15TAB	54.62	0.00	819.30
3	a DUPHASTON TAB	1*10	KAVA9043	4/22	30TAB	61.14	0.00	1834.14

*Handwritten signatures*

*Dr. Sharda Chandra*  
 M.B.B.S., M.S  
 J.C. Maternity Center  
 Lala Laj Pat Rai Road  
 New Katra-Allahabad

Rs. Two Thousand Nine Hundred Forty Only

For J.C.MATERNITY CENTRE

Authorised signatory

G. Total

2940.00

**Terms & Conditions**

All disputes are subject to "ALLAHABAD" Jurisdiction only  
 Please consult doctor before using the medicines  
 MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS

**J.C. MATERNITY CENTRE**

LAJPATRAI ROAD

KATRA, ALLAHABAD

532-2640064

**Patient Name : SMT.JYOTI VARMA**

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

*Handwritten signature*

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00014411

Date: 07-07-2019

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	MACFOLATE	1*10	3004	KMA905A	3/21	15 CAP	108.90	10.89	6.00	6.00	163.35
2.	ECOSPRIN-75 TAB	1*14	3004	04007478	3/21	15 TAB	4.70	0.34	6.00	6.00	5.04

*Handwritten signature*

GST 150.35\*6+6%=9.02SGST+9.02CGST, MEDICINE WILL NOT BE RETURN AFTER 30 DAYS

SUB TOTAL

168.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS  
 Prescribed Sales Tax declaration will be given.

Remark :

Rs. One Hundred Sixty Eight Only

*Dr. Sharda Chandra*  
 M.B.B.S., M.S.  
 J.C. MATERNITY CENTER  
 108, Lala Laj Pat Rai Road  
 New Katra, Allahabad

Authorised Signatory

**GRAND TOTAL****168.00**



**J.C. MATERNITY CENTRE**

LAJPATRAI ROAD

RA, ALLAHABAD

0532-2640064

**Patient Name : JYOTI**

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

*Imal copy*

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00016995 Date: 04-10-2019

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	T.T. INJ(BETT)	1*0.5ML	3002	A0112019	1/22	1 PCS	10.44	10.44	2.50	2.50	10.44
2	2 ML SYRINGE	1*1	3004	9036722	1/24	1 SYRI	7.00	7.00	6.00	6.00	7.00

GST 9.94\*2.5+2.5%=0.25SGST+0.25CGST, 6.24\*6+6% = 0.38SGST+0.38CGST, MEDICINE WILL SUB TOTAL 17.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS  
Prescribed Sales Tax declaration will be given.

Remark :

Rs. Seventeen Only

*Buyer's Name  
Shipper's Name*

*Dr. Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
10E, Lajpatri Road  
New Kaira, Allahabad

For J.C. MATERNITY CENTRE

Authorised Signatory

**GRAND TOTAL 17.00**

# MATERNITY CENTRE

LAJPATRAI ROAD

RA. AL LAHABAD

0532-2640064

Patient Name : SMT.JYOTI

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

STIN 09ABMPC3244M1ZG

Invoice No. : 00020198

Date: 09-11-2019

## GST INVOICE

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1	T.T. INJ(BETT)	1*0.5ML	3002	A0117319	2/22	1 PCS	10.89	10.89	2.50	2.50	10.89
2	2 ML SYRINGE	1*1	3004	9036722	1/24	1 SYRI	7.00	7.00	6.00	6.00	7.00
3	MACFOLATE	1*10	3004	KMA907A	6/21	30 CAP	108.90	10.89	6.00	6.00	326.70
4	ECOSPRIN-75 TAB	1*14	3004	04007478	3/21	30 TAB	4.70	0.34	6.00	6.00	10.07
5	GESTOFIT SR 300mg TAB	1*10	3004	EY9303611	6/21	30 TAB	546.20	54.62	6.00	6.00	1638.60
6	VEHYCAL-TAB	1*10TAB	3005	B09362024	5/21	20 TAB	120.00	13.00	9.00	9.00	260.00
7	MAMA PROTINEX	1*400GM	3005	ZMVS0C1217	6/20	1 PCS	360.00	360.00	9.00	9.00	360.00

GST 10 37\*2 5+2 5%=0 26SGST+0.26CGST, 1760.97\*6+6%=106.2SGST+106.2CGST, 525.42\*9+9

### Terms & Conditions

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS  
Prescribed Sales Tax declaration will be given.

Remark :

Rs. Two Thousand Six Hundred Thirteen Only

For J.C.MATERNITY CENTRE

Authorised Signatory

*Dr. Sharda Chandra*  
M.B.B.S., D.S.  
J.C. Maternity Centre  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

SUB TOTAL 2305 77  
SGST 153 75  
CGST 153 75  
Round off 0 26

**GRAND TOTAL 2613.00**

# MATERNITY CENTRE

LAJPATRAI ROAD

KATRA, ALLAHABAD

0532-2640064

Patient Name : SMT.JYOTI

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00023683 Date: 14-12-2019

## GST INVOICE

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	ECOSPRIN-75 TAB	1*14	3004	52000889	6/21	30 TAB	4.70	0.34	6.00	6.00	10.07
2.	PAVITOP-40 TAB	1*10TAB	3004	SVT-2077	1/21	10 TAB	78.00	7.80	6.00	6.00	78.00
3.	MAMA PROTINEX	1*400GM	3005	ZMVS001427	7/20	1 PCS	360.00	360.00	9.00	9.00	360.00

GST  $78.63 * 6 + 6\% = 4.72$  SGST +  $4.72$  CGST,  $305.08 * 9 + 9\% = 27.46$  SGST +  $27.46$  CGST, MEDICINE WILL

### Terms & Conditions

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS  
Prescribed Sales Tax declaration will be given.

Remark :

Rs. Four Hundred Forty Eight Only

*Handwritten signature and notes:*  
Smt. Jyoti  
Dr. Sharda Chandra

For J.C.MATERNITY CENTRE

Authorised Signatory

*Handwritten signature and stamp:*  
Dr. Sharda Chandra  
M.B.B.S  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

SUB TOTAL 383.72  
SGST 32.18  
CGST 32.18  
Round off 0.07

**GRAND TOTAL 448.00**

# J.C. MATERNITY CENTRE

LALPATRAI ROAD

KATRA, ALLAHABAD

0532-2640064

Patient Name : SMT.JYOTI

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

*Handwritten signature*

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00025086

Date: 11-01-2020

## GST INVOICE

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	UDIHEP FORTE 300MG	1*10	3002	F0569	5/21	30 TAB	348.00	34.80	2.50	2.50	1044.00
2.	PAVITOP-40 TAB	1*10TAB	3004	SVT-2077	1/21	15 TAB	78.00	7.80	6.00	6.00	117.00
3.	CETZINE TAB	1*10	3004	EMV190066	5/22	15 TAB	18.03	1.80	6.00	6.00	27.05
4.	MACFOLATE	1*10	3004	KMA908A	8/21	15 CAP	108.90	10.89	6.00	6.00	163.35
5.	ECOSPRIN-75 TAB	1*14	3004	23002228	7/21	15 TAB	4.70	0.34	6.00	6.00	5.04

GST 994.28\*2.5+2.5%=24.86SGST+24.86CGST, 278.96\*6+6%=16.74SGST+16.74CGST, MEDICI

SUB TOTAL 1356.00

### Terms & Conditions

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS

Prescribed Sales Tax declaration will be given.

Remark :

For J.C.MATERNITY CENTRE

Authorised Signatory

GRAND TOTAL 1356.00

Rs. One Thousand Three Hundred Fifty Six Only

*Handwritten signature*

*Handwritten signature: Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
New Katra-Lallahabad

**MATERNITY CENTRE**

LAJPATRAI ROAD

A. ALLAHABAD

0532-2640064

Patient Name : SMT.JYOTI

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00027100 Date: 03-02-2020

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	UDIHEP FORTE 300MG	1*10	3002	D0499	3/21	30 TAB	348.00	34.80	2.50	2.50	1044.00
2.	BECOSULE. CAP	1*20	3004	920-30319S	2/21	15 CAP	37.76	1.89	6.00	6.00	28.32
3.	VEHYCAL-TAB	1*10TAB	3005	B09362034	11/21	15 TAB	130.00	13.00	9.00	9.00	195.00
4.	GESTOFIT SR 300mg TAB	1*10	3004	EY9303014	8/21	15 TAB	546.20	54.62	6.00	6.00	819.30
5.	INTAFOL-D CAP	1*10	3004	S19E016	4/21	15 CAP	164.00	16.40	6.00	6.00	246.00

GST 994.28\*2.5+2.5%=24.86SGST+24.86CGST 976.44\*6+6%=58.59SGST+58.59CGST,165.26\*9

SUB TOTAL 2333.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS  
Prescribed Sales Tax declaration will be given.

Remark :

Rs. Two Thousand Three Hundred Thirty Three Only

For J.C.MATERNITY CENTRE

Authorised Signatory

*Dr. Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

**GRAND TOTAL 2333.00**

**MATERNITY CENTRE**

LAJPATRAI ROAD

A. ALLAHABAD

0532-2640064

Patient Name : SMT. JYOTI

Patient Address :

Dr Name : DR. SHARDA CHANDRA

Dr Reg No.

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00028829

Date: 24-02-2020

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	UDIHEP FORTE 300MG	1*10	3002	D0499	3/21	14 TAB	348.00	34.80	2.50	2.50	487.20
2.	BECOSULE. CAP	1*20	3004	920-30327S	2/21	7 CAP	37.76	1.89	6.00	6.00	13.22
3.	VEHYCAL-TAB	1*10TAB	3005	B09362036	11/21	7 TAB	130.00	13.00	9.00	9.00	91.00
4.	INTAFOL-D CAP	1*10	3004	S19I067	8/21	7 CAP	179.00	17.90	6.00	6.00	125.30
5.	RARICAP-M TAB	1*30TAB	3004	GRAG19010	9/21	7 TAB	264.00	8.80	6.00	6.00	61.60
6.	CARMITON SYP	1*200ML	3004	KCN11	9/20	1 SYS	100.00	*****	6.00	6.00	100.00

GST 464\*2.5+2.5%=11.6SGST+11.6CGST,267.96\*6+6%=16.08SGST+16.08CGST,77.12\*9+9%=6.

SUB TOTAL

878.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS

Prescribed Sales Tax declaration will be given.

Remark :

Rs. Eight Hundred Seventy Eight Only

For J.C. MATERNITY CENTRE

Authorised Signatory

*Dr. Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
Lala Laj Pat Rai Road  
New Katra-Allahabad

GRAND TOTAL

878.00

**MATERNITY CENTRE**

LALPATRAI ROAD

KATRA, ALLAHABAD

0552-2640064

Patient Name : SMT.JYOTI

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00029079

Date: 26-02-2020

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	OROFER S INJ	PCS	3004	ELF8BA9010	3/21	2 INJ	294.53	*****	6.00	6.00	589.06
2.	NS 100ML	1*100ML	3004	2K92472	10/22	1 INJ	17.33	17.33	6.00	6.00	17.33
3.	I/V DRIP SET	1*1	3004	G39313	8/23	1 DRIP	138.00	138.00	6.00	6.00	138.00
4.	S/V SET	1*1	3004	G19062412	5/24	1 DRIP	21.00	21.00	6.00	6.00	21.00
5.	5 ML SYRINGE	1*1	3004	9334284	11/24	1 SYRI	9.00	9.00	6.00	6.00	9.00

GST 691.41\*6+6%=41.49SGST+41.49CGST MEDICINE WILL NOT BE RETURN AFTER 30DAYS

SUB TOTAL 774.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS  
Prescribed Sales Tax declaration will be given

Remark :

Rs. Seven Hundred Seventy Four Only

For J.C.MATERNITY CENTRE

Authorised Signatory

*Dr. Sharda Chandra*  
M.B.B.S  
J.C. Maternity Centre  
108, Laj Pat Rai Road  
New Katra-Allahabad

**GRAND TOTAL 774.00**

**ERNITY CENTRE**

LAPATRAI ROAD

A.ALLAHABAD

2-2640064

**Patient Name : SMT.JYOTI**

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

TIN : 09ABMPC3244M1ZG

Invoice No. : 00030664 Date: 14-03-2020

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	UDIHEP FORTE 300MG	1*10	3002	D0499	5/21	14 TAB	348.00	34.80	2.50	2.50	487.20
2.	BECOSULE. CAP	1*20	3004	920-30385S	4/21	7 CAP	37.76	1.89	6.00	6.00	13.22
3.	VEHYCAL-TAB	1*10TAB	3005	B00852001	12/21	7 TAB	130.00	13.00	9.00	9.00	91.00
4.	INTAFOL-D CAP	1*10	3004	S191068	8/21	7 CAP	179.00	17.90	6.00	6.00	125.30
5.	RARICAP-M TAB	1*30TAB	3004	GRAG19002	12/20	7 TAB	240.00	8.00	6.00	6.00	56.00

GST 464\*2.5+2.5%=11.6SGST+11.6CGST,173.68\*6+6%=10.42SGST+10.42CGST,77.12\*9+9%=6.

SUB TOTAL 773.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS

Prescribed Sales Tax declaration will be given.

Remark :

Rs. Seven Hundred Seventy Three Only

For J.C.MATERNITY CENTRE

Authorised Signatory

*Dr. Sharda Chandra*  
 M.B.B.S., M.S.  
 J.C. Maternity Center  
 10E, Laj Pat Rai Road  
 New Khatra-Allahabad

**GRAND TOTAL 773.00**



**MATERNITY CENTRE**

LAJPATRAI ROAD

KATRA, ALLAHABAD

22632-2640064

**Patient Name : SMT.JYOTI**

Patient Address :

Dr Name : DR.SHARDA CHANDRA

Dr Reg No.

GSTIN : 09ABMPC3244M1ZG

Invoice No. : 00031471 Date: 23-03-2020

**GST INVOICE**

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	VEHYCAL-TAB	1*10TAB	3005	B00852003	12/21	7 TAB	130.00	13.00	9.00	9.00	91.00

GST 77.12\*9+9%=6.94SGST+6.94CGST, MEDICINE WILL NOT BE RETURN AFTER 30DAYS

SUB TOTAL 91.00

**Terms & Conditions**

MEDICINE WILL NOT BE RETURNED AFTER 30 DAYS

Prescribed Sales Tax declaration will be given

Remark :

Rs. Ninty One Only

*Self Accepted*  
*Shri Jyoti*

For J.C.MATERNITY CENTRE

Authorised Signatory

*Dr. Sharda Chandra*  
 M.B.B. M.S.  
 J.C. Maternity Center  
 10E, Laj Pat Rai Road  
 New Katra-Allahabad

**GRAND TOTAL****91.00**

# Tax Invoice



Invoice Number: C032-19-00240966

Original for Recipient

Keep the original invoice and barcode on medicines intact for returns

Sold By  
Jadhav Chemist

A-9, Ground Floor, Hall Number -1, Mayapuri  
Industrial Area Phase -2, Delhi -110064

Order Id: 11275274  
Order Date: 2019-08-26  
Invoice Date: 2019-08-27

Bill To / Ship To (Patient)

Jyoti Verma  
75, HIG Colony, Mumfordganj, Near  
Tripathi Chauraha, Allahabad, Uttar  
Pradesh, 211001

DL Number DL-HRN-122010(2023-09-26), DL-HRN-122009(2023-09-26), DL-  
HRN-122011(2023-09-26), DL-HRN-122012(2023-09-26),

Doctor Name Dr. Rajendra  
Choudhary

GSTIN 07AANFJ4669H1ZV POS: 09-Uttar Pradesh

S No	Description of Goods	MFR/MKT	HSN	Batch No	Exp	MRP	Discount	Unit Price	GST %	Qty	Amount
1	MACFOLATE SOFGELS	MAC	30045090	KMA905A	03/21	108.90	0.00	0.00	12.00	2	217.8
2	SUSTEN SR 300MG TAB	SUN	30043919	RSW0045	03/21	530.00	0.00	0.00	12.00	1	530
3	ECOSPRIN 75MG TAB 14'S	USV	30049062	52000857	05/21	4.70	0.00	0.00	12.00	1	4.7
4	SUSTEN SR 300MG TAB	SUN	30043919	RSW0032	02/21	530.00	0.00	0.00	12.00	1	530
5	DUPHASTON 10MG TAB 10'S	ABB	30043919	KAVA9048	04/22	611.38	0.00	0.00	12.00	3	1,834.14

*Self Attached Trip Khung*

*Dr. Sharda Chandra*  
M.B.B.S., M.S  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

Taxable Value	IGST %	IGST Amt.
	12.0	267.12
	18.0	0
Total	0.0	0

Notes:

Name of the Pharmacist Mohd. Musharaf  
PR Number 26096

For Jadhav Chemist

Pharmacist Signature

MRP Total 3,116.64  
PharmEasy Savings 623.33

Note: Total savings Rs. 623.33

Total Invoice Amount Rs.

2493.31

Amount In Words : Two Thousand Four Hundred Ninety Three Rupees And Thirty One paise.

\*Charges inclusive of GST (HSN - 9997)

Customer Acknowledgement: I, Jyoti Verma hereby recognise and accept the delivery of my order in full as prescribed by my doctor. I acknowledge that the ordered medicines are for my own consumption and will not be used to sell to any third party until specified for. Pharmeasy is only a technology platform and facilitates the connect between the retailer and customer. For further details please visit <https://pharmeasy.in/terms-and-conditions>.

Thank You!

For ordering medicines with us

Whether reverse charge is applicable - No

Contact For Support : 07666100300 || Email: care@pharmeasy.in

# Tax Invoice



Invoice Number: C046-19-00258875

Original for Recipient

Keep the original invoice and barcode on medicines intact for returns

Sold By  
Be Healthy Pharmacy Udyog Vihar

Order Id: 14410180

1st Floor, Plot Number - 17 18 19 20, Udyog Vihar  
Phase -4, Gurgaon - 122001

Order Date: 2019-12-15

Invoice Date: 2019-12-17

DL Number 4392-OB(2023-10-11), 4392-B(2023-10-11),

Bill To / Ship To (Patient)

Jyoti Verma  
75, HIG Colony, Mumfordganj, Near  
Tripathi Chauraha, Allahabad, Uttar  
Pradesh, 211001

Doctor Name Dr. SHARDA  
CHANDRA

GSTIN 06AATFB6476A1ZC POS : 09-Uttar Pradesh

S No	Description of Goods	MFR/MKT	HSN	Batch No	Exp	MRP	Discount	Unit Price	GST %	Qty	Amount
1	NEW VEHYCAL TAB 10'S	ALE	2106	B09362025	05/21	130.00	26.00	104.00	18.00	2	260
2	NEW VEHYCAL TAB 10'S	ALE	2106	B09362026	05/21	130.00	26.00	104.00	18.00	1	130
3	GESTOFIT SR 300MG TAB	ALE	30043919	EY9303012	07/21	546.20	109.24	436.96	12.00	3	1,638.6
4	MACFOLATE SOFGELS	MAC	30045090	KMA908A	08/21	108.90	21.78	87.12	12.00	3	326.7

*Ajay Dheeraj*

*Dr. Sharda Chandra*  
M.B.B.S., M.S.  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

Taxable Value	IGST %	IGST Amt.
1403.79	12.0	168.45
264.41	18.0	47.59
<b>Total</b>	<b>0.0</b>	<b>216.04</b>

Notes:

Name of the Pharmacist	Ajay, Dheeraj
PR Number	29183, 33040

For Be Healthy Pharmacy Udyog Vihar

Pharmacist Signature

MRP Total	2,355.3
PharmEasy Savings @ 20.0%	-471.06
Subtotal	1884.24
Rounding Off	-0.24

Note: Total savings Rs. 471.00

Total Invoice Amount Rs.

1884.00

Amount In Words : One thousand Eight Hundred Eighty Four Rupees And zero paise.

\*Charges inclusive of GST (HSN - 9997)

Customer Acknowledgement: I, Jyoti Verma hereby recognise and accept the delivery of my order in full as prescribed by my doctor. I acknowledge that the ordered medicines are for my own consumption and will not be used to sell to any third party until specified for. Pharmeasy is only a technology platform and facilitates the connect between the retailer and customer. For further details please visit <https://pharmeasy.in/terms-and-conditions>

Thank You!

For ordering medicines with us

Whether reverse charge is applicable - No

Contact For Support : 07666100300 || Email: care@pharmeasy.in



# Kriti Scanning Centre (P.) Ltd.

59/18-E Lowther Road, (In front of Medical College), Allahabad

Ph. : 2256805, 2256266

55365

No.

Date 21/3/2020

Received with thanks from

Shri/Smt./Km Jyoti

PWB

Ultrasound

1,100/-

Others

-

Total

1,100/-

Rs. One thousand one

hundred only

*Very Attached  
Jyoti*

Kriti Scanning Centre (P.) Ltd.  
59/18-E Lowther Road, Allahabad  
For Kriti Scanning Centre (P.) Ltd.

*Sharda Chandra  
M.B.B.S., M.S.  
Kriti Scanning Centre  
59/18-E Lowther Road  
Allahabad*

Dated 26-Feb-2020

## VISION DIAGNOSTICS

## Cash Receipt

Patient Name : JYOTI VERMA (CD)  
 Ref. By : DR. SHARDA CHANDRA MS

Age / Sex : 29 Female

Sl No	Test Name	Amount
1	USG SINGLE PREGNANCY COLOR DOPPLER	2,200.00
	Less : Discount	(-)500.00
	Total	₹ 1,700.00

Amount Chargeable (in words)

INR One Thousand Seven Hundred Only

E. &amp; O.E

*Dr. Sharda Chandra*  
*Dr. Sharda Chandra*

for VISION DIAGNOSTICS

*Dr. Sharda Chandra*

MBBS, M.S

Authorised Signatory

J.C. Maternity Center  
10E. Lala Laj Pat Rai Road  
New Katra-Allahabad

## Remarks:

1. This is a computer generated receipt, required no signature or stamp.
2. Please provide this receipt for your report.
3. Please Check your Name, age and provide necessary corrections, if any.
4. Name can not be changed after report is printed.
5. Please collect your report within one month.

This is a Computer Generated Invoice

Dated 8-Nov-2019

VISION DIAGNOSTICS

Cash Receipt

Name : JYOTI VERMA (L-2)

Age / Sex : 29 Female

By : DR. SHARDA CHANDRA MS

Sl No.	Test Name	Amount
1	USG SINGLE PREGNANCY LEVEL -2 SCAN	2,200.00
	Less : Discount	(-)500.00
	Total	₹ 1,700.00

Amount Chargeable (in words)

INR One Thousand Seven Hundred Only

*Key Expert  
Dr. Sharda Chandra*

E. & O.E

for VISION DIAGNOSTICS

*Dr. Sharda Chandra*  
Authorised Signatory  
M.B.B.S...  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

Remarks:

1. This is a computer generated receipt, required no signature or stamp.
2. Please provide this receipt for your report.
3. Please Check your Name, age and provide necessary corrections, if any.
4. Name can not be changed after report is printed.
5. Please collect your report within one month.

This is a Computer Generated Invoice

# Kriti Scanning Centre (P) Ltd.

DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)  
Registered Office. : 5S-B Lowther Road, Prayagraj (Allahabad)  
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com  
Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100



NABH ACCREDITED  
NIS-2018-0073

## Receipt

C/NO.2073

Date of Issue: 21-03-2020

Received with thanks from Mrs. Jyoti Verma a sum of Rs. 2,000/-

(Rupees: Two Thousand Only) A/c of USG NTNBS SCAN.

Done on 06.09.2019

Thanking you

M/S Kriti Scanning Centre (P) Ltd  
Kriti Scanning Centre (P) Ltd.  
59/18-E Lowther Road, Allahabad

*Dr. Sharda Chandra*  
M.B.B.S., M.S  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

*By Jyoti Verma*  
*Jyoti Verma*

# Kriti Scanning Centre (P) Ltd.

DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)  
Registered Office. : 55-B Lowther Road, Prayagraj (Allahabad)  
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com  
Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100



NABH ACCREDITED  
MIS-2018-0073

## Receipt

C/NO.2071

Date of Issue: 21-03-2020

Received with thanks from Mrs. Jyoti Verma a sum of Rs. 1,100/-  
(Rupees: One Thousand One Hundred Only) A/c of USG FWB WITH TVS.

Done on 19.08.2019

Thanking you

M/S Kriti Scanning Centre (P) Ltd  
Kriti Scanning Centre (P) Ltd.  
59/18-E Lowther Road, Allahabad

*Dr. Ananda Chandra*  
M.B.B.S., M.S  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

*Jyoti Verma*  
*Jyoti Verma*



2399  
**Kriti Scanning Centre (P) Ltd.**

**DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER,  
ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY**

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)

Registered Office. : 55-B Lowther Road, Prayagraj (Allahabad)

e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com

Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100



NABH ACCREDITED  
MIS-2018-0073

**Receipt**

C/NO.2072

Date of Issue: 21-03-2020

Received with thanks from Mrs. Jyoti Verma a sum of Rs. 1,300/-

(Rupees: One Thousand Three Hundred Only) A/c of USG FWB WITH TVS.

Done on 05.08.2019

Thanking you

M/S Kriti Scanning Centre (P) Ltd  
Kriti Scanning Centre (P) Ltd.  
59/18-E Lowther Road, Allahabad

*(Signature)*  
M.B.B.S. M.S  
J.C. Maternity Center  
10E, Lala Laj Pat Rai Road  
New Katra-Allahabad

*(Signature)*  
Mrs. Jyoti Verma

# Kriti Scanning Centre (P) Ltd.

DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEXA BMD, CBCT, OPG, MAMMOGRAPHY

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)  
Registered Office. : 55-B Lowther Road, Prayagraj (Allahabad)  
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com  
Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100



NABH ACCREDITED  
MS-2014-0673

## Receipt

C/NO.2072

Date of Issue: 21-03-2020

Received with thanks from Mrs. Jyoti Verma a sum of Rs. 1,300/-

(Rupees: One Thousand Three Hundred Only) A/c of USG FWB WITH TVS.

Done on 05.08.2019

Thanking you

M/S Kriti Scanning Centre (P) Ltd  
Kriti Scanning Centre (P) Ltd.  
59/18-E Lowther Road, Allahabad

  
J.C. Motherhood Centre  
M.B.B.S. Centre  
10E, Lala Lal, Pat Rai, Road  
New Raebareilly, Allahabad

  
Jyoti Verma

प्रेषक,

अमित कुमार वर्मा  
न्यायिक मजिस्ट्रेट  
कक्ष संख्या 4, इलाहाबाद

सेवा में,

माननीय जनपद न्यायाधीश  
इलाहाबाद।

विषय- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति दावा के  
विलंब के संबंध में नियम 11(बी) के तहत छूट हेतु।

महोदय,

माननीय महोदय को अवगत कराना है कि मेरी धर्मपत्नी के  
डिलीवरी (प्रसव) के पूर्व में चिकित्सा उपचार पर किये गये व्यय की  
प्रतिपूर्ति से संबंधित सूचना देने में विलंब हुआ है।

अतः माननीय महोदय जी से विनम्र निवेदन है कि विलंब को क्षमा  
करने की कृपा करें, जिससे उपचार में व्यय की धनराशि की प्रतिपूर्ति हो  
सके।

विलंब के लिए क्षमा प्रार्थी है।

ससम्मान !

दिनांक- 21-10-2020

भवदीय

(अमित कुमार वर्मा)

न्यायिक मजिस्ट्रेट

कक्ष संख्या 4, इलाहाबाद

# भारतीय गैर न्यायिक



उत्तर प्रदेश UTTAR PRADESH

22AE 981111

सम्झा: सक्षम अधिकारी



22-10-2020

शपथकर्ता द्वारा अमित कुमार वर्मा पुत्र स्व० रमेश चन्द्र वर्मा निवासी एच आई जी 75 मम्फोर्डगंज नजदीक त्रिपाठी चौराहा तहसील सदर जिला प्रयागराज। शपथपूर्वक निम्न बयान करता हूँ :-

1. यह कि शपथकर्ता 10 प्र० न्यायिक सेवा में सेवारत है।
2. यह कि शपथकर्ता वर्तमान समय में न्यायिक मजिस्ट्रेट का स० 4 डला हा बाद के पर पर कार्यरत है।
3. यह कि शपथकर्ता की पत्नी श्रीमती ज्योति वर्मा के प्रसव के पूर्व में चिकित्सा उपचार पर किए गए व्यय की प्रतिकृति से संबंधित सूचना देने में शपथकर्ता से विलम्ब हुआ है।
4. यह कि शपथकर्ता द्वारा चिकित्सा उपचार पर किए गए व्यय की प्रतिकृति दावा

के संबंध में नियम 11 १बी के तहत छूट दिया जाना न्यायव्यवह में होगा।

शपथकर्ता उपरोक्त बहाने तस्दीक करता हूँ कि शपथकर्ता की धारा उपरोक्त and accepted the contents of Affidavit to be true। व सत्य है इसमें कोई बात झूठ नहीं है न छिपाया गया है।

दिनांक: 22.10.2020  
V.B. Shukla  
NOTARY  
Prayagraj (U.P.)

Identified  
Dhiraj Mishra  
Advocate All  
22/10/2020

शपथकर्ता

# भारतीय गैर न्यायिक



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INDIA NON JUDICIAL

उत्तर प्रदेश UTTAR PRADESH

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सम्पत्ति अधिकारी

शमशत्रु द्वारा अमित कुमार वर्मा पुत्र स्व० रमेश चन्द्र वर्मा निवासी एच आई जी 75 मम्फोर्डगंज नजदीक त्रिपाठी चौराहा जिला प्रयागराज शमश्रु पूर्वक निम्न लिखित बयान करता हूँ :-

1. यह कि शमशत्रु 30 प्र० न्यायिक सेवा में सेवारत है।
2. यह कि शमशत्रु वर्तमान समय में न्यायिक मजिस्ट्रेट का सी० 4 इलाहाबाद के पद पर कार्यरत है।
3. यह कि शमशत्रु शादी शुदा है शमशत्रु की पत्नी ज्योति वर्मा पूर्णतया शमशत्रु के ऊपर आश्रित है उसका कोई आय का स्रोत नहीं है।
4. यह कि शमशत्रु की पत्नी शमशत्रु के साथ रहती है। और उन्होंने वर्तमान समय में एक बच्चे को जन्म दिया है।
5. यह कि शमशत्रु की पत्नी को शिक्षा आदि की सम्पूर्ण जिम्मेदारी शमशत्रु के ऊपर है।

शमशत्रु उपरोक्त तस्दीक करता हूँ कि शमशत्रु की धारा उपरोक्त सही व सत्य है।

दिनांक:

V.B. Shukla  
NOTARY  
Prayagraj (U.P.)

Identified  
Advocate Aild  
21/11/2020

शमशत्रु  
02/11/2020



02/11/2020

Amit Kumar Verma  
who is identified by  
has sworn before me on  
and accepted the contents of  
Affidavit to be true.