

Appendix as herby substituted  
APPENDIX-"C"  
(SEE PART-V, RULE 16 and 18)

To,  
The Registrar General  
Hon'ble High Court of Judicature at  
Allahabad

No. 32/2022

Dated: 03-03-2022

Subject: Reimbursement of expenditure done on medical treatment  
Amounting to Rs. 18,819/-

Sir,


I **Kuldeep Kumar-II** took treatment of Self from **13.10.2021** to **20.01.2022** at **District Hospital, Sitapur.**

I am submitting the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating doctor/Superintendent of the Hospital.
2. Original Cash memo Bills, Vouchers and Prescription duly signed and verified by treating doctor.
3. It is certified that above named family member is wholly dependent upon me and generally resides with me. (N/A)

Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs nil sanctioned for my treatment vide letter no. ....X..... dated .....X..... of .....X.....

Dated.....

  
Name of Officer - **Kuldeep Kumar-II**  
Designation - District & Session Judge  
Place of Posting - Sitapur  
I.D. No. - U.P.-1916

Encl.

1. Original recommendation letter of C.M.S. Sitapur
2. Essentiality Certificate "A"
3. List of Medical expenses calculation sheet
4. Original Bills & Vouchers (Nos. 35)
5. Original Slip of District Hospital, Sitapur



प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

जिला - माया घीश सीतापुर

पत्रांक : जि0चि0/चिकित्सा प्रतिपूर्ति/20 22/4390 दिनांक 20/2/22

विषय : श्री/श्रीमती/कु0 कुलदीप कुमार जिला - माया घीश सीतापुर  
की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय

उपर्युक्त विषयक आपके पत्र सं0- 14/2022

दिनांक 28-1-22 के क्रम में शासनादेश संख्या-56/2019/578-पांच -6-2019-04  
(जी0)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया  
गया।

- 1- लाभार्थी का नाम/पदनाम कुलदीप कुमार जिला - माया घीश
- 2- लाभार्थी के पिता/पति का नाम
- 3- उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम
- 4- उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध 2-पुत्र
- 5- निवास का पता - सीतापुर
- 6- चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो)  
STC जे. एन. सिंह  
(निजी हैं अथवा सरकारी) सरकारी
- 7- बीमारी का नाम Dm
- 8- उपचार की अवधि 13.10.21 से 20-1-2022 तक
- 9- चिकित्सा पर कुल व्यय धनराशि 18819 = 00
- 10- परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि 18819 = 00

### प्रमाणीकरण

प्रमाणित किया जाता है कि चिकित्सा अनुभाग-6, उ0प्र0 शासन की उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पाँच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पाँच -6-14-1082/87 टी0सी0 दिनांक 04 मार्च 2014 एवं उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पाँच-6-2016-19 जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के0जी0एम0यू0/एस0जी0पी0जी0आई, लखनऊ की दर पर की जाती हैं। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक :- यथोक्त (मूल रूप में)

मुख्य चिकित्सा अधीक्षक  
जिला चिकित्सालय, सीतापुर।  
जिला चिकित्सालय-सीतापुर



Appendix as herby substituted  
APPENDIX-"C"  
(SEE PART-V, RULE 16 and 18)

To,  
The Registrar General  
Hon'ble High Court of Judicature at  
Allahabad

No. 32/2022

Dated: 03-03-2022

Subject: Reimbursement of expenditure done on medical treatment  
Amounting to Rs. 18,819/-

Sir,

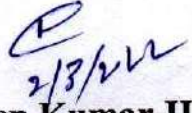
I **Kuldeep Kumar-II** took treatment of **Self** from **13.10.2021** to **20.01.2022** at **District Hospital, Sitapur.**

I am submitting the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating doctor/Superintendent of the Hospital.
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Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs nil sanctioned for my treatment vide letter no. ....X..... dated .....X..... of .....X.....

Dated.....

  
Name of Officer - **Kuldeep Kumar-II**  
Designation - District & Session Judge  
Place of Posting - Sitapur  
I.D. No. - U.P.-1916

Encl.

1. Original recommendation letter of C.M.S. Sitapur
2. Essentiality Certificate "A"
3. List of Medical expenses calculation sheet
4. Original Bills & Vouchers (Nos. 35)
5. Original Slip of District Hospital, Sitapur



**APPENDIX VIII**

**Form of Certificates A/B**

Certificate granted to the **Sri Kuldeep Kumar-II, District Judge, Sitapur**

**CERTIFICATE 'A'**

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

- I Dr. .... hereby certify:-
- (a) that I charged/received Rs. .... for consultation on ..... (dates to be given) at my consulting room at the residence for the patient.
- (b) that I charged and received Rs. .... for administering .....intra-muscular-injections on .....sub-coetaneous at my consulting room.....at the residence of the patient.
- (c) that the injections administered were for immunizing or prophylactic purposes. .... were not
- (d) that the patient has under treatment at ..... hospital/my consulting room and the under mentioned medicines prescribed by me in this connection were essential for the recovery /prevention of serious, deterioration in the condition of the patient. The medicines are not stocked in the ..... for supply to private patients ..... (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

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	579	13.10.2021	Mahaveer Medical Hall, Sitapur	278		
2	13672	22.10.2021	Sitapur Medical Hall, Sitapur	258		
3	13668	22.10.2021	Sitapur Medical Hall, Sitapur	372		
4	417	25.10.2021	Pankaj Medical Hall, Sitapur	541		
5	598	29.10.2021	Mahaveer Medical Hall, Sitapur	264		
6	601	30.10.2021	Mahaveer Medical Hall, Sitapur	1891		
7	14585	4.11.2021	Sitapur Medical Hall, Sitapur	578		
8	607	4.11.2021	Mahaveer Medical Hall, Sitapur	223		
9	6593	4.11.2021	Shukla Medical Store, Sitapur	178		
10	14637	6.11.2021	Sitapur Medical Hall, Sitapur	295		
11	611	9.11.2021	Mahaveer Medical Hall, Sitapur	1325		
12	625	16.11.2021	Mahaveer Medical Hall, Sitapur	295		
13	644	20.11.2021	Mahaveer Medical Hall, Sitapur	385		
14	15965	23.11.2021	Sitapur Medical Hall, Sitapur	403		



15	28980	24.11.2021	Shivansh Associates, Sitapur	564		
16	3606	24.11.2021	Biswan Medical Store, Sitapur	549		
17	666	2.12.2021	Mahaveer Medical Hall, Sitapur	630		
18	667	2.12.2021	Mahaveer Medical Hall, Sitapur	659		
19	30549	8.12.2021	Shivansh Associates, Sitapur	1296		
20	685	15.12.2021	Mahaveer Medical Hall, Sitapur	290		
21	1885	16.12.2021	Dheeraj Medical Center, Sitapur	219		
22	424	17.12.2021	Guddu Medical Store, Sitapur	130		
23	31583	17.12.2021	Shivansh Associates, Sitapur	888		
24	31970	21.12.2021	Shivansh Associates, Sitapur	1619		
25	32115	22.12.2021	Shivansh Associates, Sitapur	183		
26	33176	1.1.2022	Shivansh Associates, Sitapur	415		
27	33938	7.1.2022	Shivansh Associates, Sitapur	636		
28	4326	7.1.2022	Biswan Medical Store, Sitapur	224		
29	33988	7.1.2022	Shivansh Associates, Sitapur	366		
30	6686	10.1.2022	Shukla Medical Store, Sitapur	269		
31	705	11.1.2022	Mahaveer Medical Hall, Sitapur	1249		
32	6687	11.1.2022	Shukla Medical Store, Sitapur	144		
33	6692	14.1.2022	Shukla Medical Store, Sitapur	326		
34	6700	20.1.2022	Shukla Medical Store, Sitapur	399		
35	35540	20.1.2022	Shivansh Associates, Sitapur	478		
			<b>Total</b>	<b>18819</b>		

प्रयोग की सकल धनराशि रु. 18,819-00  
 परीक्षाप्राप्त अवेय धनराशि रु. \_\_\_\_\_  
 शुद्ध देय धनराशि रु. 18,819-00  
 धनराशि शब्दों में रु. Eighteen Thousand  
Eight Hundred Ninety

[Signature]  
 फिजीशियन  
 जिला चिकित्सालय, सीतापुर

मुख्य चिकित्सा अधिकारी  
 जिला चिकित्सालय  
 सीतापुर



- (e) that the patient is/was suffering from Fracture of R. Ankle & Metatarsal and is/was Female under my treatment from 13.10.2021 to 20.01.2022.
- (f) that the patient is/was not given prenatal or postnatal treatment
- (g) that the X-Ray, Laboratory test, etc. for which expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at .....  
(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 hospitalization ..... Required.

Dated:.....

[Signature]  
Signature & Designation of the Medical Officer and the hospital dispensary to which attached.

N.B.:- Certificate not applicable should be struck off.  
Certificate (A) is compulsory and must be filled by the Medical Officer in all cases.

**COUNTERSIGNED**

Medical Superintendent  
.....Hospital

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

Place.....Sitapur  
Date.....23.2.22

[Signature]  
Medical Superintendent  
.....Hospital



## DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Sri Kuldeep Kumar-II, District Judge, Sitapur


Name of Institution:- DISTRICT HOSPITAL, SITAPUR


Period of Treatment:- 13.10.2021 to 20.1.2022

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
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35	35540	20.1.2022	Shivansh Associates, Sitapur	478		
			<b>Total</b>	<b>18819</b>		

पि०प्र०पू० के कार्यालय धनराशि रु. 18819/-  
 परीक्षा के लिये धनराशि रु. 18819/-  
 शुद्ध देय धनराशि रु. 18819/-  
 धनराशि शब्दों में

Eighteen Thousand Eight Hundred Ninety

  
 मुख्य निरीक्षक  
 जिला चिकित्सालय  
 सीतापुर

  
 फिजीशियन  
 जिला चिकित्सालय, सीतापुर





# जिला चिकित्सालय सीतापुर (उ०प्र०)

214414

वाह्य रोगी टिकट

रुपया  
**1**  
RUPEE

वैधता की अवधि 15 दिन

ओ.पी.डी. संख्या	आयुष्मान लाभार्थी हैं <input type="checkbox"/> नहीं <input type="checkbox"/>	कार्ड संख्या
कक्ष संख्या	रोगी का नाम <i>मनदीप कुमार - 58</i>	
श्रेणी	वर्ग	लिंग <i>B</i> अनुमानित आयु <i>58</i> दिनांक
निदान		

Rx विवरण/जाँच/उपचार

*fresh DM-2 c AR. Ashman  
o Myxo Rhabdus c  
Genure.*

*met. ar ad*

*lap Rabinne DSR - 0*

*d albumin 4-2/50<sup>1/2</sup>*

*d TONNER 100g -*

*d MURKIN Golds.*

*d MURKIN CC -*

*flomil same 5mg*

*flurilam 1ml/100*

7 AUG 2020

*Ashman*  
फिजीशियन  
जिला चिकित्सालय, सीतापुर

1. आपका अपना शौचालय है या नहीं।
2. अपने निजी व्यक्तिगत शौचालय का निर्माण कराकर उसका उपयोग करें।

नोट-कुत्ता काटे का इन्जेक्शन प्रत्येक सामुदायिक स्वास्थ्य केन्द्र पर उपलब्ध है। अतः अपने निकटतम सामुदायिक स्वास्थ्य केन्द्र पर ही कुत्ता काटे का इन्जेक्शन लगवायें।

1. ईकोकार्डियोग्राफी तथा रक्तकोष में रक्त की सुविधा उपलब्ध है।
2. एकस-रे/अल्ट्रासाउण्ड व पैथोलोजी की जाँच का समय प्रातः 8.00 बजे से 11.00 बजे तक एवं एकस-रे 8.00 बजे से 1.00 बजे तक।
3. क्षय एवं कुछ रोगियों के लिए निःशुल्क सुविधाएं उपलब्ध है एवं कटरेक्ट का निःशुल्क आपरेशन।
4. चिकित्सालय में धूम्रपान करना एवं पान व पान मसाला खाकर प्रवेश करना वर्जित है। पकड़े जाने पर 200/- जुर्माना देना होगा।
5. सार्वजनिक/राजकीय अवकाश एवं हर माह के द्वितीय शनिवार को ओपीडी का पर्चा 11 बजे तक ही बनाया जायेगा।
6. 24 घंटे आकस्मिक एम्बुलेंस सेवा उपलब्ध है।
7. राष्ट्रीय स्वास्थ्य बीमा योजना की सेवायें उपलब्ध है। बीपीएल0 कार्ड धारक एवं निर्धन मरीजों का मुफ्त उपचार।

Toll Free No. : 1800-180-5145

चिकित्सालय आपका है इसे स्वच्छ रखने में सहयोग प्रदान करें। छोटा परिवार सुखी परिवार

U.P.G.S.S.



CSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० **579** दिनांक 13/10/21  
नाम..... *Kuldeep Kumar*  
डाक्टर का नाम..... *Dr. P.K. Dhawan*

विवरण	बैच नं० एक्स०डि०	मूल्य रु० पे०
10 टैब - ZIFI CR 200	69H003	2782

*Dr. P.K. Dhawan*  
फिजीशियन  
जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
फर्म 21/1630/2010

## SITAPUR MEDICAL HALL

CHEMIST & DRUGGIST  
GREEK-GANJ, NAI BASTI,  
SITAPUR  
Phone : 05862-271636

Patient Name: MR.KULDEEP KUMAR  
Dr Name : Dr. P.K. DHAWAN

GSTIN : 09AAKPA1904B1ZE  
D.L. No. : UP34200000351/UP34210000351  
FSSAI : 22718915000021

### GST INVOICE

Invoice No. : T0013672 001  
Date : 22-10-2021 TIME 20:28

SN.	Description	PACK	BATCH	EXP.	QTY		RATE	AMOUNT
1.	AZEE 500 TAB	1*5	BA11066	4/24	5.00	TAB	119.50	119.50
2.	ZIFI 200	1*10	011H007	1/23	10.00	TAB	107.60	107.60
3.	DOLO-650 TAB	1*15	2414	5/25	15.00	TAB	30.91	30.91

*Dr. P.K. Dhawan*

*Dr. P.K. Dhawan*  
फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 230.37\*6+6%=13.82SGST+13.82CGST.

TOTAL Amt. 258.00

#### Terms & Conditions

MAY YOU GET WELL SOON.

Goods once sold will not be taken back or exchanged.  
Please get medicines verified by DR. before use.  
All disputes subject to SITAPUR Jurisdiction only.  
Cutting, Loose & Cold chain medicines will not be taken back.

E&OE *Dr. P.K. Dhawan*

*Dr. P.K. Dhawan*  
Authorised Signatory

For SITAPUR MEDICAL HALL

Rs. Two Hundred Fifty Eight Only



# SITAPUR MEDICAL HALL

Patient Name: MR.KULDEEP KUMAR

CHEMIST & DRUGGIST  
GREEK GANJ,NAI BASTI,  
SITAPUR  
Phone : 05862-271636

Dr Name :Dr.

GSTIN : 09AAKPA1904B1ZE  
D.L. No. : UP3420000351/UP34210000351  
FSSAI : 22718915000021

## GST INVOICE

Invoice No. : T0013668 001  
Date : 22-10-2021 TIME 19:13

SN.	Description	PACK	BATCH	EXP.	QTY		RATE	AMOUNT
1.	ELECTRAL POWDER 21.8GM	1*1	031E012	4/23	10.00	POW	19.84	198.40
2.	AZEE 500 TAB	1*5	BA11066	4/24	5.00	TAB	119.50	119.50
3.	DOLO-650 TAB	1*15	2414	5/25	15.00	TAB	30.91	30.91
4.	LIMCEE	1*15	HAJA1447	11/22	15.00	TAB	23.05	23.05

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 188.96\*2.5+2.5%=4.72SGST+4.72CGST,154.88\*6+6%=9.29SGST+9.29CGST,

TOTAL Amt. 372.00

### Terms & Conditions

MAY YOU GET WELL SOON.

Goods once sold will not be taken back or exchanged.  
Please get medicines verified by DR. before use.  
All disputes subject to SITAPUR Jurisdiction only.  
Cutting, Loose & Cold chain medicines will not be taken back.

E&OE

Authorised Signatory

For SITAPUR MEDICAL HALL

Rs. Three Hundred Seventy Two Only

Mob.: 9452115699  
9935721534

SALE INVOICE

DL. No. 20/1349/2008  
21/1350/2008

## PANKAJ MEDICAL HALL

Distt. Hospital - Sitapur

Date: 25-10-21

Sr.No. 417

Doctor's Name: Self

Patient's Name: Smd. Neeraj

Qty.	Particulars	Bh.No & Exp.Dt.	Tax	Rate	Amount
10.	Tab Azee 500	0110864 3/24	12%	119.50 5	239.00
15	Tab Medical Dmg	FE 1098 3/24	12%	78.37 14	83.97
10	Tab Zipl 200	0111007 1/23	12%	107.60 10	107.60
1.	Syp Taspel Plus	TSR3ECA 4/23	12%	110.90 1	110.90
Total					541.47

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GSTIN:09BTYPS4421F124

E.&O.E.

Goods once sold can't be returned

For: PANKAJ MEDICAL HALL

Signature



GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 601

नाम..... कुलदीप कुमार II दिनांक 23/10/21

डाक्टर का नाम.....

विवरण	बैच नं० एक्स०दि०	रु०	मूल्य पै०
30 Tab Cefakind 800	CGAED06 2022	1840-	
30 Tab Alnid-D	620666 2022	141-	
15 Tab Medrol-D	FC4721 2024	84-	
15 Tab Clinzime	YDAB10 2022	64-	
3 Sup Lupsturb CPM	M210485 2022	462-	
		2	
		1091-	

फर्म 20/1629/2010  
फर्म 21/1630/2010

फिजीशियन  
जिला विक्रिसालय, सीतापुर

हस्ताक्षर

GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 598

नाम..... कुलदीप कुमार II दिनांक 29/10/21

डाक्टर का नाम.....

विवरण	बैच नं० एक्स०दि०	रु०	मूल्य पै०
20bb Kanflet	2023	402	
15bb-Limacee	50101	232	
25bb-Becazine	00934	94-	
10bb-zifi 200	N028	1072	
		2642	

फर्म 20/1629/2010  
फर्म 21/1630/2010

फिजीशियन  
जिला विक्रिसालय, सीतापुर

हस्ताक्षर

## SITAPUR MEDICAL HALL

Patient Name: KULDEEP KUMAR 2ND

CHEMIST & DRUGGIST  
GREEK GANJ, NAI BASTI,  
SITAPUR  
Phone : 05862-271636

Dr Name : Dr.

GSTIN : 09AAKPA1904B1ZE  
D.L. No. : UP34200000351/UP34210000351  
FSSAI : 22718915000021

### GST INVOICE

Invoice No. : T0014585 001  
Date : 04-11-2021 TIME 16:15

SN.	Description	PACK	BATCH	EXP.	QTY	RATE	AMOUNT
1.	FORAIR 250 R/C 1*30	1*1	S001856	9/22	1.00	R/C 360.80	360.80
2.	ALLEGRA 180 TAB	1*10	1NG008	2/23	10.00	TAB 217.48	217.48

फिजीशियन  
जिला विक्रिसालय, सीतापुर


GST 516.32\*6+6%=30.98SGST+30.98CGST,

TOTAL Amt. 578.00

#### Terms & Conditions

MAY YOU GET WELL SOON.

Goods once sold will not be taken back or exchanged.  
Please get medicines verified by DR. before use.  
All disputes subject to Jurisdiction only.  
Cutting, Loose & Cold chain medicines will not be taken back.

E&OE 

Authorised Signatory

For SITAPUR MEDICAL HALL

Rs. Five Hundred Seventy Eight Only



GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाइ Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 657 दिनांक 04.11.21  
नाम Kulddeep Kumar J  
डाक्टर का नाम Dr

विवरण	वेव नं० एक्स०दि०	मूल्य रु०
15 Tab Tonact 20	U1011 86 23	223-
		223-

जिला अस्पताल, सीतापुर

फर्म 20/1629/2010  
फर्म 21/1630/2010

हस्ताक्षर

GSTIN - 09DFUPS2079B1ZX Cash Memo Mo. : 9795686042

For All kinds of Medicines Please Visit

## SHUKLA MEDICAL STORE

Retailer : All Kinds of Medicine

Near - District Female Hospital, Sitpur

Date: 4-11-21

No. 6593

Prescribed by District Hospital STP

Purchaser's Name Kulddeep Kumar J

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
15	Tab felouby 40mg		S1C1754A 11-21	178.50	
				178.50	
All Local Taxes Extra				Total	178.50

जिला अस्पताल, सीतापुर

Form 20/2123/2011  
Form 21/2124/2011

Signature



# SITAPUR MEDICAL HALL

CHEMIST & DRUGGIST  
GREEK GANJ, NAI BASTI,  
SITAPUR  
Phone : 05862-271636

Patient Name: KULDEEP KUMAR 2ND

Dr Name : Dr.

## GST INVOICE

GSTIN : 09AAKPA1904B1ZE  
D.L. No. : UP3420000351/UP34210000351  
FSSAI : 22718915000021

Invoice No. : T0014637 001  
Date : 06-11-2021 TIME 12:36

SN.	Description	PACK	BATCH	EXP.	QTY		RATE	AMOUNT
1.	MONOCEF O CV 200	1*10	BPJ212665	2/23	10.00	TAB	295.00	295.00

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 263.4\*6+6%=15.8SGST+15.8CGST,

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
Please get medicines verified by DR. before use.  
All disputes subject to Jurisdiction only.  
Cutting, Loose & Cold chain medicines will not be taken back.

MAY YOU GET WELL SOON.

TOTAL Amt. 295.00

Authorised Signatory

For SITAPUR MEDICAL HALL

E&OE  
Rs. Two Hundred Ninety Five Only

GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

## महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 625 दिनांक 16/11/21  
नाम Kuldeep Kumar  
डाक्टर का नाम H

विवरण	बैच नं० एक्स०दि०	मूल्य रु० प०
10 Tab - Monoccef - CV 1787		295 =
		295

फिजीशियन  
जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
फर्म 21/1630/2010

GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

## महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 611 दिनांक 9/11/21  
नाम Kuldeep Kumar  
डाक्टर का नाम H

विवरण	बैच नं० एक्स०दि०	मूल्य रु० प०
Vipolizer		4502
2 Ref Candida Pader	AS98	2702
15 Tab - Panab 40	210746	1362
15 Tab - Cefep 500	176	152
10 Tab - Novoflex 400	104	70 =
10 Tab - Kaylet		202
1 Mawon spray	AS68	139 =
18 deo milk		225
		1925 =

फिजीशियन  
जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
फर्म 21/1630/2010



GSTIN : 09ADQPS7788A1ZS किल ऑफ सप्लाई Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 644 दिनांक 20/11/2021  
 नाम Kulddeep Kumar  
 डाक्टर का नाम Dr. D.H.S

विवरण	बैच नं० एक्स०दि०	मूल्य रु०	₹
15 Tab Febhtoz 40	31671114 2023	178-	
15 cap Pantop DSR	SPH211234 2023	129-	
1 Tube Oxazon	08E323 2023	78-	
		385-	

जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
 फर्म 21/1630/2010

हस्ताक्षर

## SITAPUR MEDICAL HALL

Patient Name: KULDEEP KUMAR SHARMA

CHEMIST & DRUGGIST  
 GREEK GANJ, NAI BASTI,  
 SITAPUR  
 Phone : 05862-271636

Dr Name : Dr.

GSTIN : 09AAKPA1904B1ZE  
 D.L. No. : UP34200000351/UP34210000351  
 FSSAI : 22718915000021

### GST INVOICE

Invoice No. : T0015965 MARG  
 Date : 23-11-2021 TIME 20:02

SN.	Description	PACK	BATCH	EXP.	QTY		RATE	AMOUNT
1.	GLUCONORM SR 1GM TAB	1*15	U101367	5/23	10.00	TAB	60.44	40.29
2.	DOXOLIN-400MG TAB	1*30	I104185	8/23	10.00	TAB	104.88	34.96
3.	MONTAIR LC TAB (NEW)	1*15	20022	4/23	10.00	STRI	305.86	203.91
4.	ASCORIL SF SYP 100ML	1*1	05211084	5/23	1.00	SYP	124.00	124.00

जिला चिकित्सालय, सीतापुर

GST 359.98\*6+6%=21.59SGST+21.59CGST,

TOTAL Amt. 403.00

#### Terms & Conditions

MAY YOU GET WELL SOON.

Goods once sold will not be taken back or exchanged.  
 Please get medicines verified by DR. before use.  
 All disputes subject to Jurisdiction only.  
 Cutting, Loose & Cold chain medicines will not be taken back.

Authorised Signatory

For SITAPUR MEDICAL HALL

E&OE

Rs. Four Hundred Three Only



# SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 9235251117, 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP34200000108, UP34210000108

## CASH GST INVOICE

Invoice No. : RT-0028980 Date 24-11-2021

SN.	Description of Goods	MRP	BATCH NO	EXPTD	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	PANTOP DSR	129.50	SPE210775	4/23	1	129.50	129.50	20.00	103.61	103.61
2.	JANUVIA 50	290.00	JVB21003	1/23	1	290.00	290.00	20.00	232.04	232.04
3.	GLUCONORM SR 1000 MG	60.44	U100976	3/23	1	60.44	60.44	20.00	54.15	54.15
4.	TONACT 20 TAB	222.33	U002023	10/22	1	218.22	218.22	20.00	174.60	174.60

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 503.94\*6+6%=30.23SGST+30.23CGST,

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

Remark :

Rs. Five Hundred Sixty Four Only

For SHIVANSH ASSOCIATES

  
Authorised Signatory

SUB TOTAL 698.16  
Discount 139.63

GRAND TOTAL 564.00

TIME-14:20

ORIGINAL COPY

## BISWAN MEDICAL STORE

GREEK GANJ, SITAPUR

Phone : 9935000364, 9415568273

FSSAI NO: 22720915000127

LICENCE NO.: SPC-2017/20/000135, SPC-2017/21/000135



Patient Name : MR KULDEEP KUMAR 2

Patient Address :

patient mobile no : 222222

Dr Name : DR DISTRICT HOSPITAL SITA

GSTIN : 09AAEPH9207N1ZC

## GST INVOICE

Invoice No.: T0003606 Date: 24-11-2021

SN.	QTY	PRODUCT NAME	BATCH	EXPIRY	MRP	HSN	AMOUNT
1.	1:0	SULISENT 100MG TAB 1*10	KCL3K00	2/23	549.00	3004	549.00

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 490.18\*6+6%=29.41SGST+29.41CGST,

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% interest.  
All disputes subject to Jurisdiction only.  
Prescribed Sales Tax declaration will be given.

Rs. Five Hundred Forty Nine Only

For BISWAN MEDICAL STORE

  
Authorised Signatory

SUB TOTAL 549.00  
DISCOUNT 0.00

GRAND TOTAL 549.00



GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

# महावीर मेडिकल हाल

667 निकट - जिला अस्पताल, सीतापुर

नं० ..... दिनांक 02/12/21  
 नाम .....  
 डाक्टर का नाम .....

विवरण	बैच नं० एक्स0दि०	मूल्य रु०	पै०
15db-Januvia Song	1002	290	=
1db-Glucosamin	SR12	1345	60
1sky Asconil SF	10429	124	=
1006 Nomdecyl LC	A0514	1035	=
		659	=

फिजीशियन  
जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
 फर्म 21/1630/2010

GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० ..... दिनांक 02/12/21  
 नाम .....  
 डाक्टर का नाम .....

विवरण	बैच नं० एक्स0दि०	मूल्य रु०	पै०
10 Tab Oxatil	LC21009A	433	-
15 Tab Mitancep	1K210020	83	-
1 Day Otorol	CBR1503	114	00
		630	

फिजीशियन  
जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
 फर्म 21/1630/2010

## SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 9235251117, 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
 D.L.No. : UP34200000108, UP34210000108

Invoice No. : RT-0030549 Date 08-12-2021

### CASH GST INVOICE

SN.	Description of Goods	MRP	BATCH NO	EXPD T	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	GLUCONORM G 1	169.40	U101831	7/23	1	169.40	169.40	20.00	135.53	135.53
2.	PANTOP DSR	129.50	SPH211236	7/23	1	129.50	129.50	20.00	103.61	103.61
3.	SULISENT 100	593.00	00L700	12/23	1	593.00	593.00	15.00	504.14	504.14
4.	JANUVIA 50	290.00	JVB21003	1/23	1	290.00	290.00	20.00	232.04	232.04
5.	FEBUTAZ 40	178.50	SIC2319A	2/24	1	178.50	178.50	20.00	142.82	142.82
6.	TONACT 20 TAB	222.33	U000727	3/22	1	222.33	222.33	20.00	177.89	177.89

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 1157.17\*6+6%=69.43SGST+69.43CGST,

SUB TOTAL 1582.73  
 Discount 286.90

#### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&.O.E  
 PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
 RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
 Goods return - Before 10th of Next Month

Remark :

For SHIVANSH ASSOCIATES

Authorised Signatory

Rs. One Thousand Two Hundred Ninety Six Only

GRAND TOTAL 1296.00



GSTIN : 09ADQPS7788A1ZS बिल ऑफ सप्लाय Mob. 9415437444

# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 685 दिनांक 15/12/21  
नाम Kuldeep Kumar  
डाक्टर का नाम

विवरण	बैच नं० एक्स०दि०	मूल्य रु०	पै०
2 Peds - Condo's Peds	20039	290 =	

फिजिशियन  
जिला चिकित्सालय, सीतापुर

फर्म 20/1629/2010  
फर्म 21/1630/2010

290  
हस्ताक्षर

GSTIN-09AHUPJ6965G1ZK टैक्स इनवाइस Mo.: 8090605173

# धीरज मेडिकल सेन्टर

हर प्रकार की अंग्रेजी, देशी एवं जानवरों की दवायें मिलने की एक मात्र दुकान

322, जेल रोड, हसन अली चौराहा-सीतापुर 261001

No. 1885 Date 16/12/2021  
Name Kuldeep Kumar  
Prescribed by Dr.

Particulars	Bh. No Exp. Date	Amount
10 Tw Allegra-m	4043	219000
TOTAL		219000

फिजिशियन  
जिला चिकित्सालय, सीतापुर

SPC-2017/20/00183  
SPC-2017/21/00183  
नोट :- 1. बिका हुआ माल वापस नहीं होगा।  
2. भूल-चूक लेनी-देनी।

Signature

## Tax Invoice

D. L. UP34200000342 GSTIN: 09BGUPV7412E1ZT  
UP34210000342 Mob.: 9450382043

# गुड्डू मेडिकल स्टोर

हर प्रकार की अंग्रेजी, देशी व जानवरों की दवाओं के विक्रेता

No. 424 श्रीकंगज चौराहा, सीतापुर Date 17/12/2021

Name Kuldeep Kumar  
Prescribed by Dr. Kuldeep

Particulars	Batch No. Exp. Dt.	Rate	Amount Rs. P.
1000g Volicine 1673A			13000
TOTAL			13000

फिजिशियन  
जिला चिकित्सालय, सीतापुर

Goods once sold can't be returned.  
Price Includes local Taxes

Signature



# SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 9235251117, 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP3420000108, UP34210000108

Invoice No. : RT-0031583 Date 17-12-2021

## CASH GST INVOICE

SN.	Description of Goods	MRP	BATCH NO	EXPDT	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	SULISENT 100	593.00	00L700	12/23	1	593.00	593.00	15.00	504.14	504.14
2.	JANUVIA 50	290.00	JVB21003	1/23	1	290.00	290.00	20.00	232.04	232.04
3.	GLUCONORM SR 1000 MG	60.44	UI01178	4/23	1	60.44	60.44	20.00	48.36	48.36
4.	PANTOP DSR	129.50	SPJ211468		1	129.50	129.50	20.00	103.61	103.61

फिजीशियन  
निला चिकित्सालय, सीतापुर

GST 792.99\*6+6%=47.58SGST+47.58CGST,

SUB TOTAL 1072.94  
Discount 184.94

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

For SHIVANSH ASSOCIATES

Remark :

Authorised Signatory

Rs. Eight Hundred Eighty Eight Only

GRAND TOTAL 888.00

# SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 9235251117, 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP3420000108, UP34210000108

Invoice No. : RT-0031970 Date 21-12-2021

## CASH GST INVOICE

SN.	Description of Goods	MRP	BATCH NO	EXPDT	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	JANUVIA 50 ✓	290.00	JVB21003	1/23 ✓	1 ✓	290.00 ✓	290.00	20.00	232.04	232.04
2.	THYRONORM-100 ✓	160.28	AEG1885	5/23 ✓	1 ✓	160.28 ✓	160.28	20.00	128.24	128.24
3.	PANTOP DSR ✓	129.50	SPJ211468		1 ✓	129.50 ✓	129.50	20.00	103.61	103.61
4.	ALLEGRA M TAB ✓	228.46	1NG049	9/23 ✓	1 ✓	228.46 ✓	228.46	20.00	182.79	182.79
5.	GLUCONORM SR 1000 MG ✓	60.44	UI01178	4/23 ✓	1 ✓	60.44 ✓	60.44	20.00	48.36	48.36
6.	FEBUTAZ 40 ✓	178.50	SIC2319A	2/24 ✓	1 ✓	178.50 ✓	178.50	20.00	142.82	142.82
7.	TONACT 20 TAB ✓	223.52	U101645	7/23 ✓	1 ✓	223.52 ✓	223.52	20.00	178.85	178.85
8.	SULISENT 100 ✓	549.00	KC2560	2/23 ✓	1 ✓	549.00 ✓	549.00	15.00	466.72	466.72
9.	GLUCONORM G 1 ✓	169.40	U101831	7/23 ✓	1 ✓	169.40 ✓	169.40	20.00	135.54	135.54

GST 1445.53\*6+6%=86.72SGST+86.72CGST,

SUB TOTAL 1989.10  
Discount 370.37

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

For SHIVANSH ASSOCIATES

Remark :

Authorised Signatory

Rs. One Thousand Six Hundred Nineteen Only

GRAND TOTAL 1619.00



# SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP34200000108, UP34210000108

## CASH GST INVOICE

Invoice No. : RT-0032115 Date 22-12-2021

SN.	Description of Goods	MRP	BATCH NO	EXPD	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	ALLEGRA M TAB	228.46	1NG049	9/23	1	228.46	228.46	20.00	182.79	182.79

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 163.21\*6+6%=9.79SGST+9.79CGST,

**SUB TOTAL** 228.46  
**Discount** 45.69

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

For SHIVANSH ASSOCIATES

Remark :

Authorised Signatory

Rs. One Hundred Eighty Three Only

**GRAND TOTAL** 183.00

# SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP34200000108, UP34210000108

## CASH GST INVOICE

Invoice No. : RT-0033176 Date 01-01-2022

SN.	Description of Goods	MRP	BATCH NO	EXPD	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	ALLEGRA M TAB	228.46	1NG049	9/23	1	228.46	228.46	20.00	182.79	182.79
2.	JANUVIA 50	290.00	JVB21003	1/23	1	290.00	290.00	20.00	232.04	232.04

फिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 370.39\*6+6%=22.22SGST+22.22CGST,

**SUB TOTAL** 518.46  
**Discount** 103.69

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

For SHIVANSH ASSOCIATES

Remark :

Authorised Signatory

Rs. Four Hundred Fifteen Only

**GRAND TOTAL** 415.00



# SHIVANSH ASSOCIATES

NAI BASTI, SITAPUR

Phone : 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP34200000108, UP34210000108

## CASH GST INVOICE

Invoice No. : RT-0033938 Date 07-01-2022

SN.	Description of Goods	MRP	BATCH NO	EXPTD	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	GLUCONORM G 1	169.40	U101832	7/23	2	169.40	338.80	20.00	135.54	271.08
2.	FEBUTAZ 40	178.50	SIC1939A	12/23	2	178.50	357.00	20.00	142.82	285.64
3.	PANTOP-D	99.50	SPH211151	7/23	1	99.50	99.50	20.00	79.60	79.60

पिजीसीयन  
जिला चिकित्सालय, सीतापुर

GST 0\*2.5+2.5%=0SGST, 568.16\*6+6%=34.08SGST+34.08CGST,

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

Remark :

Rs. Six Hundred Thirty Six Only

For SHIVANSH ASSOCIATES

Authorised Signatory

SUB TOTAL 795.30  
Discount 159.06

GRAND TOTAL 636.00

TIME-11:09

ORIGINAL COPY

# BISWAN MEDICAL STORE

GREEK GANJ, SITAPUR

Phone : 9935000364, 9415568273

FSSAI NO: 22720915000127

LICENCE NO.: SPC-2017/20/000135, SPC-2017/21A000135



Patient Name : KULDEEP KUMAR 2ND

Patient Address :

patient mobile no : DLIP

Dr Name : DIST HOSPITAL SITAPUR

GSTIN : 09AAEPH9207N1ZC

## GST INVOICE

Invoice No: T0004326 Date: 07-01-2022

SN.	QTY	PRODUCT NAME	BATCH	EXPIRY	MRP	HSN	AMOUNT
1.	1.0	TONACT 20 TAB 1*15	U100910	3/23	223.52	3004	223.52 ✓

पिजीसीयन  
जिला चिकित्सालय, सीतापुर

GST 199.58\*6+6%=11.97SGST+11.97CGST, \*\*\*\*\*

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% interest.  
All disputes subject to Jurisdiction only.  
Prescribed Sales Tax declaration will be given.



For BISWAN MEDICAL STORE

Authorised Signatory

SUB TOTAL 223.52  
DISCOUNT 0.00

GRAND TOTAL 224.00

Rs. Two Hundred Twenty Four Only



# SHIVANSH ASSOCIATES

NAI DASTI, SITAPUR

Phone : 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP3420000108, UP34210000108

Invoice No. : RT-0033988 Date 07-01-2022

## CASH GST INVOICE

SN.	Description of Goods	MRP	BATCH NO	EXPDT	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	ALLEGRA M TAB	228.46	1NG049	9/23	2	228.46	456.92	20.00	182.81	365.61

फिराक  
जिला चिकित्सालय, सीतापुर

GST 326.43\*6+6%=19.59SGST+19.59CGST,

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&.O.E  
PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR  
RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY  
Goods return - Before 10th of Next Month

Remark :

For SHIVANSH ASSOCIATES

*Shivansh*  
Authorized Signatory

SUB TOTAL 456.92  
Discount 91.38

GRAND TOTAL 366.00

Rs. Three Hundred Sixty Six Only

GSTIN - 09DFUPS2079B1ZX Cash Memo Mo. : 9795686042

For All kinds of Medicines Please Visit

# SHUKLA MEDICAL STORE

Retailer : All Kinds of Medicine

Near - District Female Hospital, Sitpur

Date 10.1.22

No. 6686

Prescribed by *Dr. S. T. P.*

Purchaser's Name *Kuldeep Kumar*

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Rs.	Amount P.
15766	Vertin - 16mg		173 8/24	269.00	
	All Local Taxes Extra				
	<b>Total</b>				269.00

फिराक  
जिला चिकित्सालय, सीतापुर

Form 20/2123/2011

Form 21/2124/2011

Signature



# महावीर मेडिकल हाल

निकट - जिला अस्पताल, सीतापुर

नं० 705 दिनांक 11.01.22  
 नाम श्री. Kulddeep Kumar II  
 डाक्टर का नाम.....

विवरण	बैच नं० एक्सपिरी	मूल्य रु०	पे०
7 Tab JANUJIA 504	JUB 21003	290	= 40
0 Cap DV 60K	023 215105	265	= 40
15 Tab Tonant TC	023 U102060	399	= -
1 In DR. ORTHO oil	023 DQ323	295	= 40
	023	1	
		1249	= 40

फर्म 20/1629/2010  
 फर्म 21/1630/2010

जिला निमित्तपाल, सीतापुर

हस्ताक्षर

Mo. : 9795686042

Cash Memo

GSTIN - 09DFUPS2079B1ZX

For All kinds of Medicines Please Visit

## SHUKLA MEDICAL STORE

Retailer : All Kinds of Medicine

Near - District Female Hospital, Sitpur

Date: 11-1-22

Prescribed by: Dr. District Hospital S.I.P

No. 6687

Purchaser's Name: Kulddeep Kumar II

Qty	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
10 Tab	Stova ER 400		JK 0114 06AK SEP25	14480	
All Local Taxes Extra					
Total				14480	

जिला निमित्तपाल, सीतापुर

Form 20/2123/2011  
 Form 21/2124/2011

Signature



GSTIN - 09DFUPS2079B1ZX Cash Memo Mo.: 9795686042

For All kinds of Medicines Please Visit

# SHUKLA MEDICAL STORE

Retailer : All Kinds of Medicine

Near - District Female Hospital, Sitpur

No. **6692** Date: 14/01/2022

Prescribed by: Dr. D.H.P. Hospital, Sitapur

Purchaser's Name: Kuldeep Kumar II

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
1.00	Otecim - C EP		BV002 Exp-8/22	58	ce
15-16	Vertin - 16		00173 Exp-8/24	268	89
किसान जिला चिकित्सालय, सीतापुर					
All Local Taxes Extra					
Total				226	89

Form 20/2123/2011  
Form 21/2124/2011

Signature

GSTIN - 09DFUPS2079B1ZX Cash Memo Mo.: 9795686042

For All kinds of Medicines Please Visit

# SHUKLA MEDICAL STORE

Retailer : All Kinds of Medicine

Near - District Female Hospital, Sitpur

No. **6700** Date: 20/01/22

Prescribed by: District Hospital, Sitapur

Purchaser's Name: Kuldeep Kumar II

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
15-16	Tonec-T6		101202 5-23	399	00
किसान जिला चिकित्सालय, सीतापुर					
All Local Taxes Extra					
Total				399	

Form 20/2123/2011  
Form 21/2124/2011

Signature



# SHIVANSH ASSOCIATES

NAI BASUL, SITAPUR

Phone : 8808662389

Patient Name : K KULDEEP KUMAR SECOND

Patient Address :

Dr Name : DISTRICT HOSPITAL STP

Dr Reg No.

GSTIN : 09AHKPA1338A1ZY  
D.L.No. : UP34200000108,UP34210000108

## CASH GST INVOICE

Invoice No. : RT-0035540 Date 20-01-2022

SN.	Description of Goods	MRP	BATCH NO	EXPD	QTY	RATE	AMOUNT	DISC%	NETRATE	NETAMOUNT
1.	PANTOP DSR	129.50	SPG211085	6/23	1	129.50	129.50	20.00	103.61	103.61
2.	FEBUTAZ 40	178.50	SIC1939A	12/23	1	178.50	178.50	20.00	142.82	142.82
3.	JANUVIA 50	290.00	JVB21003	1/23	1	290.00	290.00	20.00	232.04	232.04

डिजीशियन  
जिला चिकित्सालय, सीतापुर

GST 427.21\*6+6%=25.63SGST+25.63CGST,

### Terms & Conditions

Subject to SITAPUR Jurisdiction only. E.&O.E

PLEASE GET VERFY MDICINES FROM PRESCRIPTION BY DOCTOR

RETURN TIMING BETWEEN 3.00 PM TO 6.00 PM ONLY

Goods return - Before 10th of Next Month

Remark :

Rs. Four Hundred Seventy Eight Only

For SHIVANSH ASSOCIATES

Authorised Signatory

SUB TOTAL 598.00  
Discount 119.60

GRAND TOTAL 478.00