

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. 104/2022

Dated: 26/05/22

Subject: Reimbursement of expenditure done on medical treatment  
Amounting to Rs. 63,807/-.

Sir,

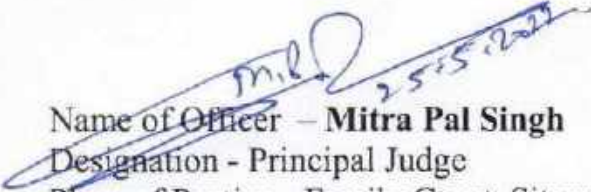
I **Mitra Pal Singh** took treatment of **My wife** at K.G.M.C., LUCKNOW  
for HTN/LVN/CATRACT RT from 08.07.2021 to 28.03.2022.

I am submitting the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating doctor/Medical Superintendent of the Hospital.
2. Original Cash memo Bills/Vouchers and Prescription duly signed and verified by treating doctor/C.M.S.
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 – **Mitra Pal Singh**  
Designation - Principal Judge  
Place of Posting – Family Court, Sitapur  
I.D. No. – U.P.-5775

1. Original letter of C.M.S. Sitapur (Regarding technical examination.) (no. 6)
2. Essentiality Certificate "A"
3. List of Medical expenses calculation sheet
4. Original Bills & Vouchers
5. Original Slip of K.G.M.C, Lucknow

प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,  
प्रधान न्यायाधीश,  
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/598

दिनांक 17/05/2022

विषय:-मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

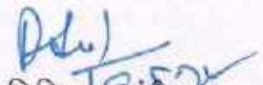
उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) : डा० रिषी सेठी ✓  
कें०जी०एम०यू० लखनऊ ✓
- (निजी हैं अथवा सरकारी) : सरकारी
- 7-बीमारी का नाम : HTM
- 8-उपचार की अवधि : दि० 08-07-2021 से 06-08-2021 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रु० 2204.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रु० 2204.00 (दो हजार दो सौ चार रुपये मात्र)

#### प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति कें०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

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



I

APPENDIX VIII  
Form of Certificates A

Certificate granted to the Smt. Savita Singh W/o Sri Mitra Pal  
Singh, Principal Judge, Family Court, Sitapur.

Certificate 'A'

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

I Dr. Pravesh Vishwakarma , 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-cutaneous at my consulting room..... 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 the 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
1	27393	8.7.2021	AMA MEDICAL STORE, LUCKNOW	677
2	12555	8.7.2021	OLD LUCKNOW PHARMACY, LUCKNOW	369
3	9537	13.7.2021	LAL PATHLABS, SITAPUR	600
4	13825	14.7.2021	SATYAM DIAGNOSTIC CENTER, SITAPUR	300
5	6481	6.8.2021	SHUKLA MEDICAL STORE, SITAPUR	258
<b>Total</b>				<b>2204</b>

(e) That the patient is/was suffering from ..... and is/ was under my treatment from 08.7.2021 to 6.8.2021

दिनांक ०८.०७.२०२१ की सकल चिकित्सा खर्च २२०४/-

परीभागीप्रान्त अर्थात् धनराशि रु. २२०४/-

शुद्ध देय धनराशि रु. २२०४/-

धनराशि शब्दों में रु. Two Thousand Two Hundred and Four only

Dr. P. V.

मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सितापुर

Dr. P. V. Sethi  
Professor  
Department of Cardiology  
KG's Medical University, Lko.



(f) That the patient is/was not given prenatal or postnatal treatment  
(g) that the X-Ray, laboratory test, etc. for which on 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  
..... as required under  
the rules (Administrative Medical Officer of State.)

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

Dated.....

Signature & Designation of the  
Medical Officer and hospital  
dispensary to which attached.  
Dr. Rishabh Sethi  
Professor  
GGS Medical University, GGS

N.B.:- Certificate not applicable should be struck off.

Certificate (a) is compulsory and must be filled in by the Medical  
Officer in all cases.

**COUNTERSIGNED**

Medical Superintendent  
.....Hospital

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

Counter Signed for Rs. 2,204/-  
(Rupees Two thousand two hundred four only)

Place.....

Date.....

D.N. 27789  
02/12/2021

Superintendent  
G.M. & Associated Hospital  
Medical Superintendent  
.....Hospital

## DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh, Principal Judge, Family Court, Sitapur

Disease- ✓

Name of Institution:- K.G.M.U. LUCKNOW

Period of Treatment:- 8.7.2021 to 6.8.2021

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	27393	8.7.2021	AMA MEDICAL STORE, LUCKNOW	677		
2	12555	8.7.2021	OLD LUCKNOW PHARMACY, LUCKNOW	369		
3	9537	13.7.2021	LAL PATHLABS, SITAPUR	600		
4	13825	14.7.2021	SATYAM DIAGNOSTIC CENTER, SITAPUR	300		
5	6481	6.8.2021	SHUKLA MEDICAL STORE, SITAPUR	258		
Total				2204		

निम्न प्रपत्र की संकुल धनराशि रु० 2204/-

परीक्षणार्थ प्राप्त अवेस धनराशि रु०

शुद्ध देय धनराशि रु० 2204/-

धनराशि शब्दों में रु० Two Thousand

*D.S.*  
मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सितापुर

*Dr. Anil Kumar Singh*  
Professor  
Department of Cardiology  
K.G.M.U. Lucknow University, Lko





# KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW

Gandhi Memorial & Associated Hospitals

UHD: 20210155155  
 DATE: 08-07-2021 08:55:21 AM  
**MRS. SAVITA SINGH** Age  
 (Female)  
 M.D. MITRA PAL SINGH  
 Address: HNO-4 CHHAPRA NAKUR  
 SAHARANPUR, UTTAR PRADESH, INDIA  
 Patient Type: NON-NLE

Fees: ₹ 50  
 GENERAL  
 TOKEN NO: 2  
 Monthly Income: 20000  
 CLINIC Unit: Cardiac  
 OPD UNIT-3  
 Room No. 1, 2, 3

10/15/17



Dr. Praveesh Vishwakarma  
 Main OPD, Cardiology  
 08-07-2021

BP: 185 / 104

P- 100

HTN (25yrs) uncontrolled.

DOE II.

Creat @ → 1.2

CBC → WNL

ECG: LVH +  
 Strain pattern

पूरा चिकित्सा अधिन  
 जिला चिकित्सालय  
 सीतापुर

2 DECHO today to

① Rule out cardiomyopathy,  
 See for any coarct.

② X USG Abdomen for kidney size

③ Urine - R/E

④ Renal Artery Doppler to  
 Rule out Renal Artery  
 Stenosis.

⑤ FT<sub>4</sub>, TSH, FT<sub>3</sub>.

⑥ Fundus examination.

Regula  
 BP check up

Exam today

- ① Tab Nicardia R 20 mg  
 TDS
- ② Tab Moxvas 0.2 mg BD
- ③ Tab Emheta XR 50 mg 100
- ④ Tab cloze MD 5 mg 1Hs  
 (277 H)
- ⑤ Tab panhep 40 mg 100 BBF

1 month

Signature

GET INVOICE CASH  
**AMA MEDICAL STORE**  
 CHEMIST & DRUGGISTS

G.M. S.P. HOSPITAL K.G.M. UNIVERSITY CAMPUS CHOWK, LUCKNOW  
 P.L.NO. UP32200000851 UP32210000846 GSTIN NO-09AAGF46556121

Per Name: **SAVITA SINGH** 0  
 Dr. Name: K.G.MEDICAL UNIVERSITY LTD

Bill No.: **UP027393**  
 Bill Dt.: 06/07/2021  
 Time: 12:57:04

PARTICULARS	Quantity	Batch No	Expiry	Mfr	Spd(%)	RATE	Amount
PANTHON TAB	11X10	30	14/02/2025	11/07/22	77.00	0.00%	159.78
NICARDIPINE RETARD 20 TAB	11X15	30	14/02/2027	11/08/23	53.01	0.00%	233.77
CLONIDINE 0.5 TAB	11X10	30	14/02/2025	11/01/24	33.20	0.00%	73.42
INDOMETHACIN 0.2 TAB	11X10	30	14/02/2025	11/08/22	79.00	0.00%	56.00
EMGETA XR-50 TAB	11X30	30	11/02/2024	11/08/23	193.54	0.00%	142.25

No of Product : 5 Tax Tarable 36.27 36.27  
 GST 12% 4.35 40.62  
 TOTAL 44.13

E & O.S.



*Verified that the following was/were  
 procured in the hospital*

ROUNDING  
 VALUE

*Physician in charge  
 Deptt. of Cardiology, KGMU, Lucknow*

Suppose Six Hundred Seven

Subject to Lucknow Jurisdiction only  
 Replacement within 30 Days With Cash Memo Only  
 We do not RETURN Cut/Open Medicines.  
 Please Get Verify medicines From Prescription By Dr. Before Use.  
 Software By: PEKOH SALES PVT. LTD.

**PAID**



**OLD LUCKNOW PHARMACY**

MEDICAL COLLEGE CROSSING

LUCKNOW

MOB-9695721135

E-Mail: lucknowpharmacy24x7@gmail.com

**Patient Name : SAVITA SINGH**

Patient Address :

Dr Name : K.G.M.U LKO

Dr Reg No.

GSTIN : 09AAGFO7589E1Z0

D.L.No. : UP32200001498,UP32210001495

**GST TAX INVOICE**

Invoice No. : 0012555 Date: 08-07-2021

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	AMOUNT
1.	MOXOVAS 0.2MG ✓	1X10	3003	KMG21001A	12/22	4:0 ✓	79.00	79.00	316.00
2.	MOXOVAS 0.2MG ✓	1X10	3003	904A	9/21	1:0 ✓	72.00	72.00	72.00

**Terms & Conditions**

Goods once sold will not be taken back after 3 days.  
 Bills not paid due date will attract 24% interest.  
 All disputes subject to LUCKNOW Jurisdiction only.  
 Please get Medicines verify from Prescription Doctor before use.

Remark :  
 Rs. Three Hundred Sixty Nine Only ✓

For OLD LUCKNOW PHARMACY

Authorised Signatory

**SUB TOTAL 388.00****DISCOUNT- 19.40****GRAND TOTAL 369.00**

Verified that the following medicines / items  
 prescribed in the form of  
 Dept. of Prescription Incharge  
 K.G.M.U. LKO.



**Dr Lal PathLabs**

011-3988-5050 (National Customer Care)

**VINEET KUMAR MISHRA**

HALWAPUR HOUSE STATION ROAD NEAR CHASKA  
 RESTURANT , Sitapur, Sitapur261001 UTP ,IND

9044589760

**Authorised Collection Center**

**INVOICE CUM CASH RECEIPT**  
 (PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

**Patient Name :** Mrs. SAVITA SINGH  
**Age & Sex :** 53 Year, F  
**Ref. Doctor :** Dr. KGMU  
**Contact No :** 9458475244

**Invoice cum Receipt no :** CC9086/0721/009537  
**Lab No :** 305908734  
**LPL Client Code :** CC9086  
**Date & Time :** 13/07/2021 11:56:14 AM  
**Reporting Location :** KRISHNA CARE CENTRE-CC

S.No.	Test Code	Test Name	Estimate of report by #	Amount (Rs.)
1	Z045	THYROID PROFILE, FREE	13/07/2021 04:00 PM	600.00
			<b>Miscellaneous Charges</b>	<b>0.00</b>
			<b>Amount</b>	<b>600.00</b>

**Note :**

1. Please check your Name, Tests and contact details. These will be used to send Report related notifications.
2. To download the Reports, please visit www.lalpathlabs.com or Download the App and click on 'VIEW ALL YOUR TEST REPORTS'.
3. Enter Lab No. (as given on receipt) as your Lab/Visit ID and your surname (as given on receipt) as password. e.g. if your name is RAM KUMAR, then KUMAR is your Password.
4. Partially paid or unpaid reports cannot be accessed on the Website or App.
5. You can now get the Cumulative Report (One Report for all your Values) by downloading the App and creating an account with the same mobile number given at the time of registration. All your previous reports will also be available on the same dashboard. Download the App now from Play Store/ App Store or Give a missed call on 9222002333
6. Services provided hereunder are healthcare services which are exempt from GST under serial no. 74 of notification 12/2017 - Central Tax(Rate).
7. # Reports may be delayed due to unforeseen circumstances; inconvenience regretted.
8. You may experience delay in your report delivery time on account of COVID-19/Coronavirus situation.Regret inconvenience and appreciate your understanding.
9. By accepting this invoice / transacting with the Company, I agree/confirm having understood the Terms and Conditions mentioned in Dr. Lal PathLabs Privacy Policy and Terms of Use (as available on the website).

Verified that the following was / were analysed in the hospital  
 For VINEET KUMAR MISHRA  
 Authorised Signatory  
 GSTIN-0909078124

Dept. of Clinical Pathology

✓



L30 - KRISHNA CARE CENTRE-CC  
 Halwapur House, Bus Stand Chouraha Near  
 Chaska Restaurant Sitapur-261001  
 Sitapur

Name : Mrs. SAVITA SINGH  
 Lab No. : 305908734 Age: 53 Years Gender: Female  
 A/c Status : P Ref By : Dr. KGMU  
 Collected : 13/7/2021 11:53:00AM  
 Received : 13/7/2021 12:19:06PM  
 Reported : 13/7/2021 6:58:45PM  
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE, FREE, SERUM (CLIA)</b>			
T3, Free; FT3	3.41	pg/mL	2.30 - 4.20
T4, Free; FT4	1.10	ng/dL	0.89 - 1.76
TSH, Ultrasensitive	2.773	µIU/mL	0.550 - 4.780

**Note**

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.
- TSH Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

**Reference Ranges for pregnancy**

PREGNANCY	REFERENCE RANGE for TSH in µIU/mL (As per American Thyroid Association)	REFERENCE RANGE for FT3 in pg/mL	REFERENCE RANGE for FT4 in ng/dL
1st Trimester	0.100 - 2.500	2.11-3.83	0.70 -2.00
2st Trimester	0.200 - 3.000	1.96-3.38	0.50 -1.60
3st Trimester	0.300 - 3.000	1.96-3.38	0.50 -1.60

*Jai Ram*

*Pragati Agnihotri*

Dr Jeevan Prasad Kishwaha  
 Ph.D. Biochemistry  
 Consultant Biochemist  
 Dr Lal PathLabs Ltd

Dr Pragati Agnihotri  
 MD, Pathology  
 Chief of Laboratory  
 Dr Lal PathLabs Ltd

-----End of report-----







L30 - KRISHNA CARE CENTRE-CC  
Halwarpur House, Bus Stand Chouraha Near  
Chaska Restaurant Sitapur-261001  
Sitapur

Name : Mrs. SAVITA SINGH

Lab No. : 305908734

Age: 53 Years

Gender: Female

A/c Status : P

Ref By: Dr. KGMU

Collected : 13/7/2021 11:53:00AM

Received : 13/7/2021 12:19:06PM

Reported : 13/7/2021 6:58:45PM

Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
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### IMPORTANT INSTRUCTIONS

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
 \*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
 (#) Sample drawn from outside source.





L30 - KRISHNA CARE CENTRE-CC  
Halwapur House, Bus Stand Chouraha Near  
Chaska Restaurant Sitapur-261001  
Sitapur

Name	: Mrs. SAVITA SINGH	Collected	: 13/7/2021 11:53:00AM		
Lab No.	: 305908734	Age: 53 Years	Gender: Female	Received	: 13/7/2021 12:19:06PM
A/c Status	: P	Ref By: Dr. KGMU	Reported	: 13/7/2021 6:58:45PM	
			Report Status	: Final	

Test Name	Results	Units	Bio. Ref. Interval
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(#) Sample drawn from outside source.







जिला चि

Container - 411225  
DH-177433 / 180106  
S.S.F : Shavin Singh / 13-Jul 10:16  
CRM

सीतापुर (उ०प्र०)

177433

रुपया

1

RUPEE

वैधता की अवधि 15 दिन

ओपी.डी. संख्या	आयुष्मान लाभार्थी हैं <input type="checkbox"/> नहीं <input type="checkbox"/>	कार्ड संख्या
कक्ष संख्या	रोगी का नाम	
श्रेणी	वर्ग	लिंग
निदान	अनुमानित आयु	दिनांक

विवरण/जाँच/उपचार

Rx

17 2 JUL 2024

By :-  
U.S.G. Abdomen  
9 urine Rpt.

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।

Toll Free No. : 1800-180-5145

1. इकोकार्डियोग्राफी तथा रक्तकोष में रक्त की सुविधा उपलब्ध है।
2. एक्स-रे/अल्ट्रासाउण्ड व पैथोलोजी की जाँच का समय प्रातः 8.00 बजे से 11.00 बजे तक एवं एक्स-रे 8.00 बजे से 1.00 बजे तक।
3. क्षय एवं कुछ रोगियों को लिए निःशुल्क सुविधाएं उपलब्ध हैं 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 पर्व 11 बजे तक ही बनाया जायेगा।
6. 24 घंटे आकस्मिक एम्बुलेंस सेवा उपलब्ध है।
7. राष्ट्रीय स्वास्थ्य बीमा योजना की सेवायें उपलब्ध हैं। बीपीएल/एलओ कार्ड धारक एवं निर्धन मरीजों का मुफ्त उपचार।

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

U.P.G.S.S.

# DISTRICT HOSPITAL

SITAPUR, (UTTAR PRADESH)

DEPARTMENT OF PATHOLOGY

"AN ISO 9001:2015 CERTIFIED LABORATORY"

Date : 13-Jul-2021      Reg/Ref: DH-177438 / 180106      Collected At : DCH  
Name : MRS. SHAVITA SINGH      Age/Sex : 53 Yrs./Female  
Ref.By : Dr. SELF      Ward : OPD  
Receipt : NA  
Requested Test : URM  
Coll Time : 13-Jul-2021 10:16 AM      Validate : 13-Jul-2021 11:27 AM      Prn. Time: 13-Jul-2021 11:27 AM

## URINE EXAMINATION ROUTINE

### PHYSICAL EXAMINATION

Colour	Yellow
Appearance	Pale Yellow
Specific Gravity	1.015
pH	6.0
Proteins	Negative
Glucose	Nil
Ketones	Nil
Nitrate	Nil
Bilirubin	Nil
Urobilinogen	Normal
Leucocyte Esterase	Nil

### MICROSCOPIC EXAMINATION

R.B.C.	Nil	
Pus Cells	1-2	/HPF
Epithelial Cells	1-2	/HPF
Casts	Nil	
Crystals	Nil	
Other Observations	Nil	

----- End of report -----

Checked By :-

Technician

Marked in NABL scope

PATHOLOGIST

Page 1 of 1

Note- this is report to help clinician for better patient management. This is not valid for medical legal purpose.  
Discrepancies due to technical or typing should be reported with in three days for correction. No compensation liability stand.









**Department of Cardiology**  
**KING GEORGE'S MEDICAL UNIVERSITY, LUCKNOW**  
**2D-ECHOCARDIOGRAPHY & DOPPLER STUDY REPORT**

S. No. \_\_\_\_\_

Patient Name Savita Singh Age/Sex 53/m Date 8/7/21  
 Consultant Incharge Prof. D.R. Sethi (M.D., F.A.C.C.)  
 Resident Performing Echo Dr. Anand MD

**2D-Echo & M-mode :**

**Mitral Value :** Normal

AML	PML	EF slope(mm/sec)	DE(cm)	Annulus
Commissures	Thickness	Mobility	Calcium	EPSS(cm)
Wilkin's score	PHT	Gradient(peak/mean)		(mmHg)
Area(PHT)	(Perimetry)	(cm <sup>2</sup> )		PG/MG

**Tricuspid value:** Normal

**Aortic value:**

Morphology	Aortic Root (cm)	2.6	Opening(cm)	1.8	Annulus
					Asc Aorta (cm)

**Pulmonary value:** Normal

Left Atrium(cm)	LA Volume Index	LA/AO ratio	Annulus
Right Ventricle			Right Atrium (cm)
Wall thickness(cm)	Basal(cm)D1	Mid RV(cm)D2	D3= (length)=
RVOT PLAX (cm)	Fractional Area Change(%)		RVOT PSAX(cm)

**Any chamber mass(clot/myxoma/other)** \_\_\_\_\_ **S'** (DVI)

IVC diameter (cm) 1.6 Inspiratory collapse 75% Collapsible

**Interatrial Septum:** Intact

**Interventricular Septum:** Intact

**Pericardium:**

Thickness(cm)	Effusion	RA/RV collapse
---------------	----------	----------------

**LV STUDY**

IVS (d) <u>1.2</u>	IVS (s) <u>1.5</u>	LVPW (d) <u>1.2</u>	LVPW (S) <u>1.6</u>	(cm)
LVID (d) <u>3.8</u>	LVID (s) <u>2.4</u>			(cm)
EDV(ml) <u>50</u>	ESV(ml) <u>24</u>	SF% <u>34.1</u>	EF% <u>66.1</u>	

**SEGMENTAL WALL MOTION ABNORMALITIES:** NO

**Any other abnormality:**



**Doppler and color flow imaging**

**Mitral Study**

E(m/s) **0.50**    A(m/s) **0.69**    IVRT(sec)    E/A **0.73** % of Resp variation  
 DT(m/s)    E'(m/s) **2.06**    A' (m/s)    E/E' **12.16** LVDD grade  
 Regurgitation    % of LA area    Vena contracta(cm)  
 PISA(2Ar2)    ERO(cm2)    RF (%)    Regurgitant volume (ml)  
 (RF=PISAxAliasing velocity, ERO=RF + Peak MR velocity, Regurgitant vol = EOAxMR VTI)

**Aortic study**

Peak velocity (m/s) **1.31**    Aortic VTI    AVA    Peak/Mean Gradient (mmHg)  
 AT (msec)    Regurgitation    % of LVOT    Extent  
 PHT (msec)    Slope(msec)    vena contracta(cm)  
 PISA (2Ar2)    ERO(cm2)    Regurgitant volume(ml)    RF(%)

**Pulmonary Study:**

**Mild TR**    MPA    RPA    LPA  
 Peak velocity (m/s)    Peak/Mean Gradient (mmHg)    AT (msec)  
 Regurgitation    Peak PR velocity (m/s)    PREDG  
 Peak PR gradient (mmHg)    Predicted mean PA Pressure(mmHg)    PREDV

**Tricuspid Study:**

E(m/s)    A(m/s)    E/A ratio    % of respiratory variation    E'(m/s)  
 Regurgitation **mild TR**    % of RA area    Peak TR Velocity (m/s) **2.1**  
 Peak TR gradient    Predicted RAP    RVSP/PASP    (mmHg)

**Pulmonary venous flow**

**Hepatic venous flow**

**Any other findings**

**Summary of findings & final diagnosis:**

**NO RWMA**  
**LVDD 3.8cm**  
**EF = 66%**  
**Conc LVH**  
**Grade I LVDD (E/A 0.73)**  
**mild TR (2.1 m/sec)**  
**NO MR / NO AR**  
**NO clot / reg / PE**  
**IAs / Ivs intact.**

**Amind**  
**Resident**

**Consultant**



08/07/2021 12:07:46 PM

82

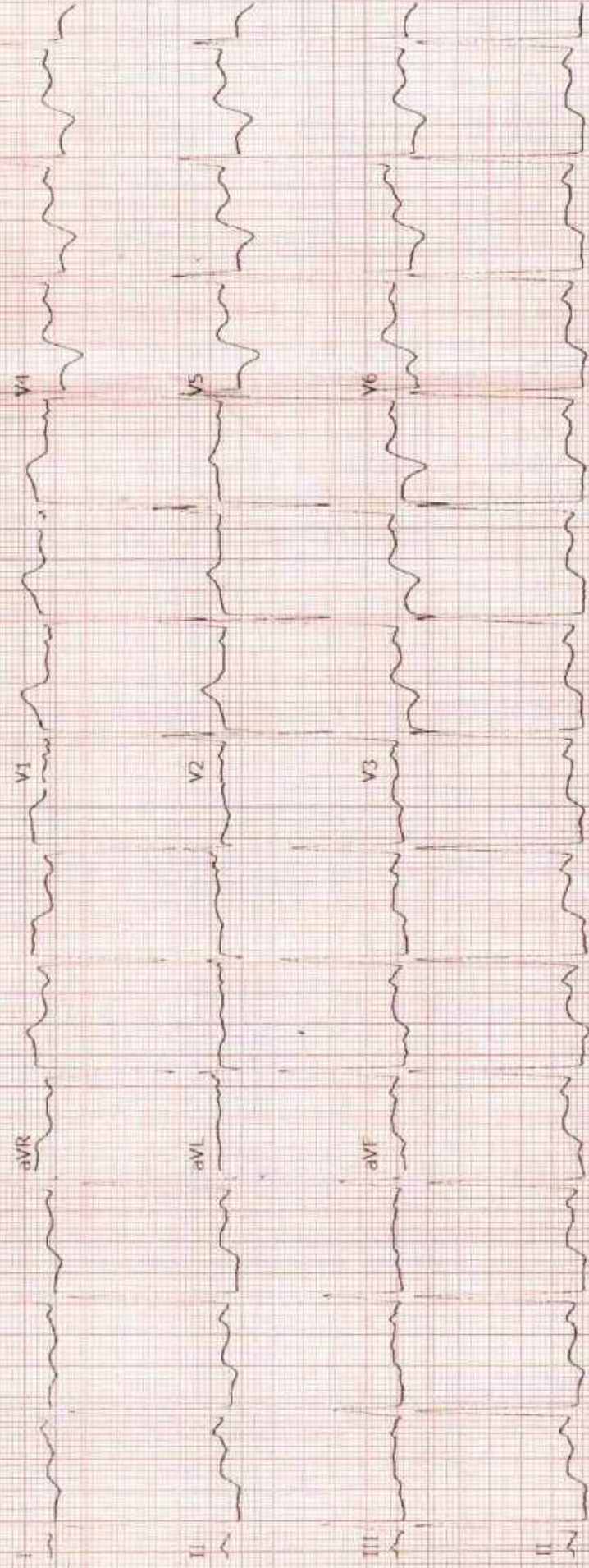
161 / 83

Savita Singh

Normal sinus rhythm  
Left ventricular hypertrophy with repolarization abnormality  
Prolonged QT  
Abnormal ECG

QRS	300 ms
PR	176 ms
P	102 ms
RR/PP	734 / 731 ms
P/QRS/T	68 / 55 / 207 degrees

Normal sinus rhythm  
Left ventricular hypertrophy with repolarization abnormality  
Prolonged QT  
Abnormal ECG





# VIJAYAM DIAGNOSTIC CENTRE

310/A, Buttsganj, Near Kainchi Pul, G.T. Road - Sitapur

Mob.: 8009112938, 8738954410, Ph: 05862-270131

20  
14/2/21

13825

Date.....

Name Shri/Smt. Ku. Savita Singh

e. 5341R

f. By Dr. Self

estigation. USG K.U.B. - 200

d Rs. 200

Verified that the following was/were  
presented in the hospital.

Physician Incharge  
Deptt. of Cardiology, KGMU, Lko.

Signature



For All kinds of Medicines Please Visit

# SHUKLA MEDICAL STORE

Retailer : All Kinds of Medicine  
Near - District Female Hospital, Sitpur

No. **6481**

Date: 06/08/2021

Prescribed by: Dr. K.G.M.C. Akhanna

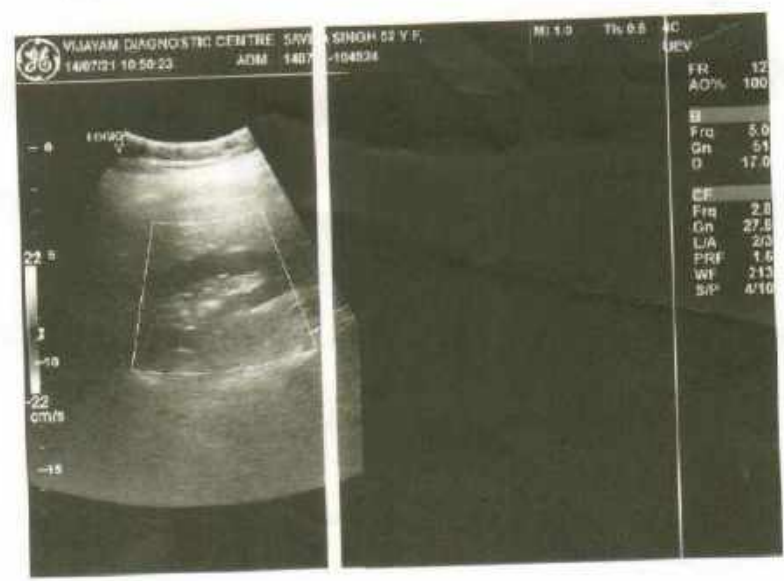
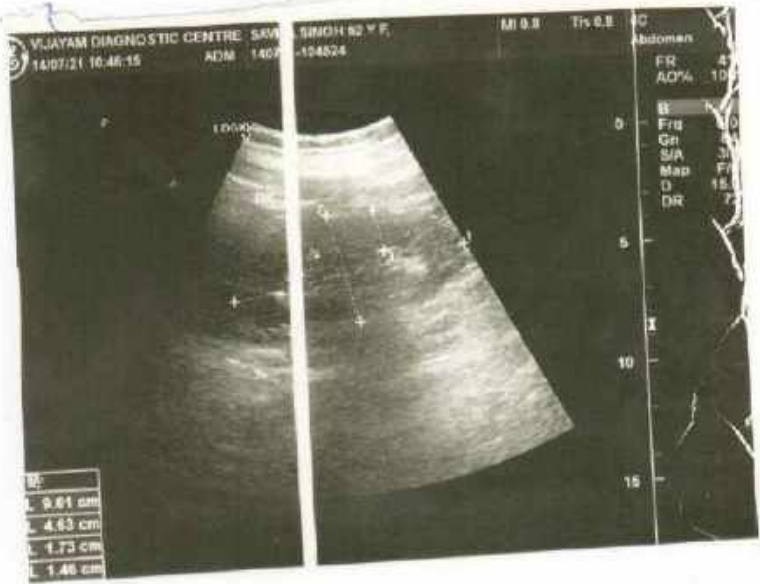
Purchaser's Name: Salvita Singh

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
10- <del>10</del>	Morovag-0-2		2005A Exp. 10/22	79-00	
5- <del>10</del>	Pamta-p-40		210309 Exp. 6/23	45-66	
15- <del>10</del>	Nicardip-Retard/20		20046 Exp. 10/23	53-00	
10- <del>10</del>	Fambeta-7A-50		102042 Exp. 12/23	64-33	
5- <del>10</del>	Cloze-0-5		32TM Exp. 1/24	16-50	
All Local Taxes Extra			<b>Total</b>	<b>250-49</b>	

Verified that the following was prescribed at the hospital.

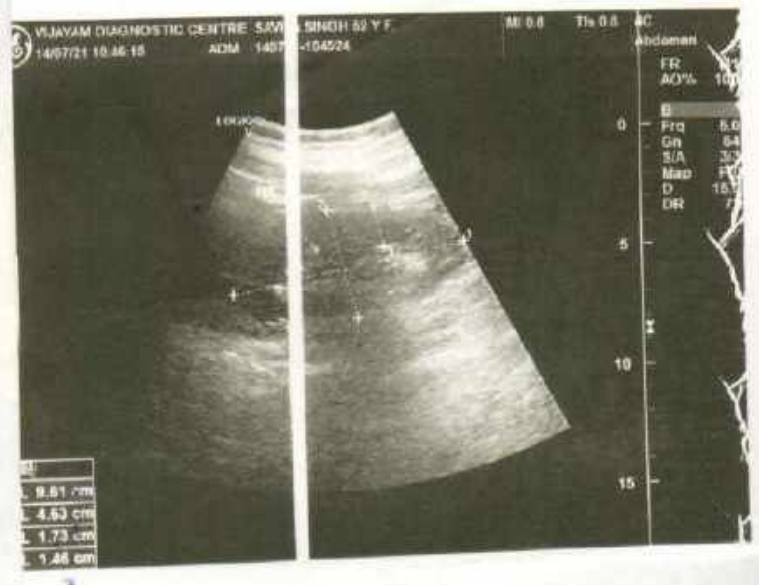
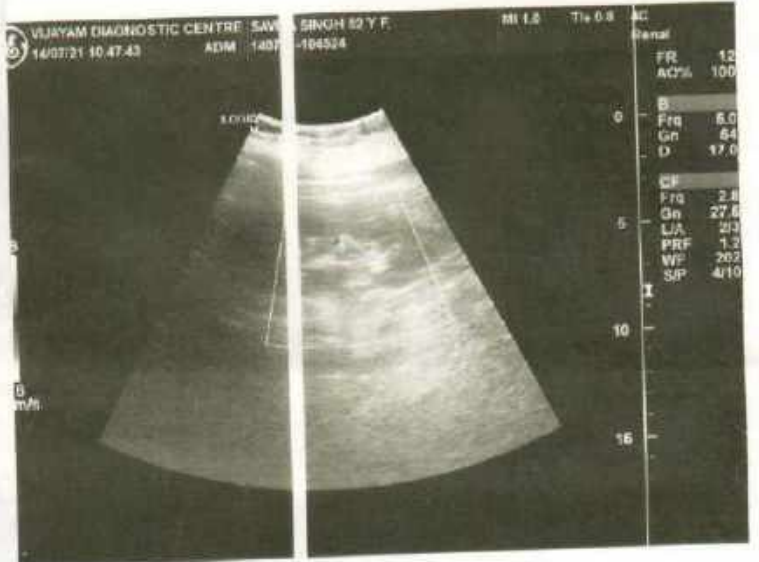
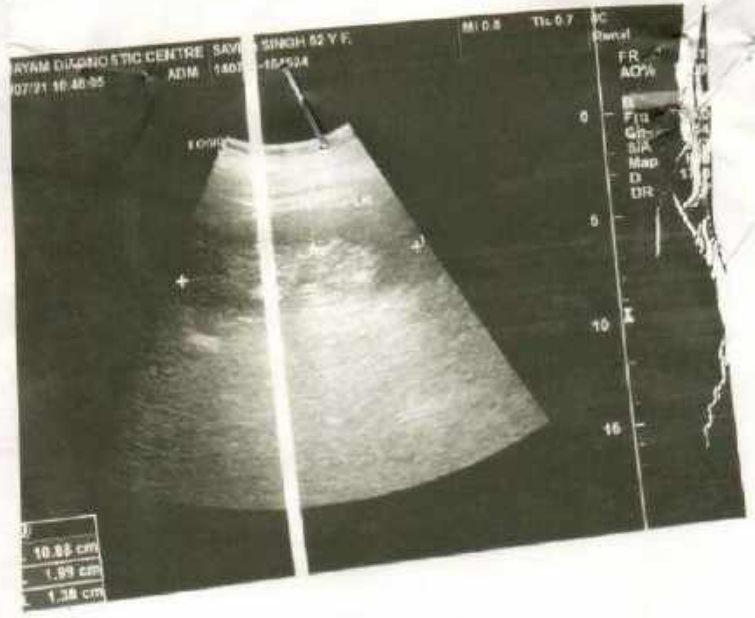
Physician Incharge  
Deptt. of Cardiology, KEMU

Signature











# VIJAYAM DIAGNOSTIC CENTRE

485, Buttsganj, Near Kainchi Pul, G.T. Road- Sitapur

Mob.: 8009112938, 8738954410

Patient's Name : Mrs. SAVITA SINGH

Age : 53Yrs \ F

Referred By : Dr. SELF

Srl No. : 280140702021

Specimen : USG KUB ABDOMEN (TAS)

Date : 14/07/2021

## USG KUB ABDOMEN (TAS)

**Right Kidney** : is normal in size ( 96 x 46 mm parenchyma thickness 20 mm and cortical thickness 14 mm ), shape, position & echotexture. Pelvicalyceal systems are not dilated. Ureter could not be seen.

**Left Kidney** : is normal in size ( approx 109 x 46 mm parenchyma thickness 17 mm and cortical thickness 15 mm ), shape, position & echotexture. Pelvicalyceal systems are not dilated. Ureter could not be seen.

**Urinary Bladder** : is empty.

**Uterus** –and **Ovaries** – obscured.

No significant free fluid detected in peritoneal cavity.

### Conclusion:-

- No significant abnormality detected.

Adv. 3D / 4D CT Renal angiography if strong suspicion

Please correlate clinically and with other investigations

*Thanks for referral*

Dr. VIJAY KUMAR SINGH  
M.D. RADIODIAGNOSIS  
CONSULTANT RADIOLOGIST

प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,  
प्रधान न्यायाधीश,  
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/599

दिनांक 17/05/2022

विषय:-मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,


उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) : डा० अभिषेक सिंह ✓  
के०जी०एम०यू० लखनऊ ✓  
(निजी हैं अथवा सरकारी) : सरकारी
- 7-बीमारी का नाम : LUM
- 8-उपचार की अवधि : दि० 12-08-2021 से 28-08-2021 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रू० 3277.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू० 3277.00 (तीन हजार दो सौ सतहत्तर रुपये मात्र) ✓

#### प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

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



17

APPENDIX VIII  
Form of Certificates A

Certificate granted to the Smt. Savita Singh W/o Sri Mitra Pal  
Singh, Principal Judge, Family Court, Sitapur.

Certificate 'A'

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

I Dr. Abhishek Singh, 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-cutaneous at my consulting room..... 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 the 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
1	44688	12.8.2021	AMA MEDICAL STORE, LUCKNOW	511
2	43977	12.8.2021	SARKAR DIAGNOSTICS, LUCKNOW	1720
3	6487	13.8.2021	SHUKLA MEDICAL STORE, SITAPUR	385
4	7003	28.8.2021	PARWATI MEDICINE, LUCKNOW	661
<b>Total</b>				<b>3277</b>

(e) That the patient is/was suffering from ..... and is/ was under my treatment from 12.8.2021 to 28.8.2021

निम्नोक्त की सकल धनराशि रु. 3277  
परिचरणा के अर्थे धनराशि रु. ....  
शुद्ध धन धनराशि रु. 3277  
धनराशि शब्दों में रु. Three Thousand

*Dr. A.*

मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सीतापुर

*Dr. Abhishek Singh*  
Asstt. Prof.  
Cardiology Department  
K.G's Medical University  
Lucknow



(f) That the patient is/was not given prenatal or postnatal treatment  
(g) that the X-Ray, laboratory test, etc. for which on 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  
..... as required under  
the rules (Administrative Medical Officer of State.)

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

Dated.....

*Dr. Akshay Singh*  
Asst. Prof.  
Cardiology Department  
G.M. & Associated Hospital  
Lucknow  
Signature & Designation of the  
Medical Officer and hospital  
dispensary to which attached.

N.B.:- Certificate not applicable should be struck off.

Certificate (a) is compulsory and must be filled in by the Medical  
Officer in all cases.

**COUNTERSIGNED**

Medical Superintendent  
.....Hospital

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

*Counter signed for Rs. 3,277/-  
(Rupees Three thousand two hundred seventy seven only)*

Place.....

Date.....

*D.N. 27767*

Medical Superintendent  
.....Hospital  
Superintendent  
G.M. & Associated Hospital  
Lucknow

*02/12/2021*



## DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh, Principal Judge, Family Court, Sitapur

Disease- /

Name of Institution:- K.G.M.U. LUCKNOW

Period of Treatment:- 12.8.2021 to 28.8.2021

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	44688	12.8.2021	AMA MEDICAL STORE, LUCKNOW	511		
2	43977	12.8.2021	SARKAR DIAGNOSTICS, LUCKNOW	1720		
3	6487	13.8.2021	SHUKLA MEDICAL STORE, SITAPUR	385		
4	7003	28.8.2021	PARWATI MEDICINE, LUCKNOW	661		
			<b>Total</b>	<b>3277</b>		

चिकित्सा की सकल धनराशि रु. 3277/-  
परीक्षणार्थक अथवा धनराशि रु. \_\_\_\_\_  
शेष रु. \_\_\_\_\_  
धनराशि \_\_\_\_\_ रु. 3277/-  
Signature of \_\_\_\_\_  
मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सीतापुर

Dr. Abhinav Singh  
Asstt. Prof.  
Cardiology Department  
K.G.M.U. Medical University  
Lucknow



**KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW**  
 Gandhi Memorial & Associated Hospitals

**D. ANKISHWAR SINGH**  
 Assistant Professor  
 Cardiology Dept  
 K.G.M.U. Medical University  
 Lucknow

PHARMACY  
 K.G.M.U. LUCKNOW  
 DR. ANKISHWAR SINGH  
 CARDIOLOGY DEPT  
 K.G.M.U. MEDICAL UNIVERSITY  
 LUCKNOW

By: LVA Estim

CVT 22

BP - 120/70  
108

Htn  
uncontrolled

P - 112

Normal Renal size

Adv  
Color Renal Doppler

to Ho RAS

T. Concor 10mg 1x1 - गलत से मत  
 T. Nicardipine R (20) 270 - 100  
 T. Natrilix SR 1000 - गलत से मत  
 T. Paracetamol 1000 RAS - काली 1

x 1 month

- Was to be operated

cat-cut

- found to be Hypertensive 12/10/21

14/09/2021

All investigator was

Home Monitor -  
 BP. Usual is 140-150/80-90

May be taken up for cat-cut surgery

Rx - Concor 10 1x1  
 Natrilix SR 1x1  
 Amlogand 5 1x1

50



Blood Sugar / R  
HIV, HCV, HbsAg



JES  
Eyehance



D Ann  
9415010832



SAVITA SINGH  
DI. NAME: P. S. SINGH





**SARKAR DIAGNOSTICS***Making a difference in patient care*

(Venture of Sarkar Medical Diagnostic Centre Pvt. Ltd.)

**B-307, SECTOR-B, MAHANAGAR, LUCKNOW-226006**

B.Time 10:25:13  
 Receipt No 21 - 22/43977 12/08/2021 Id / Pass : 102143360 / 1C46B520  
 Date 12/08/2021 Patient Id 102143360  
 Name : Mrs. SAVITA SINGH Age : 53 Yrs Sex : Female  
 Ref. By : Dr. ABHISHEK SINGH  
 Panel :

Received with thanks a sum of Rs. 1720/-- from Mrs. SAVITA SINGH

By : Cash on a/c of :

Sr.	Investigations	Charge (Rs.)
1	RENAL ARTERY DOPPLER <i>sp</i>	1700
2	REGISTRATION CHARGES	20
Total Charge		1720 Rs.

Total Charge : Rs. 1720/- Net Charged : Rs. 1720/- Total Received : Rs. 1720/-

Created By VIJAY

For : SARKAR DIAGNOSTICS

**PAID**

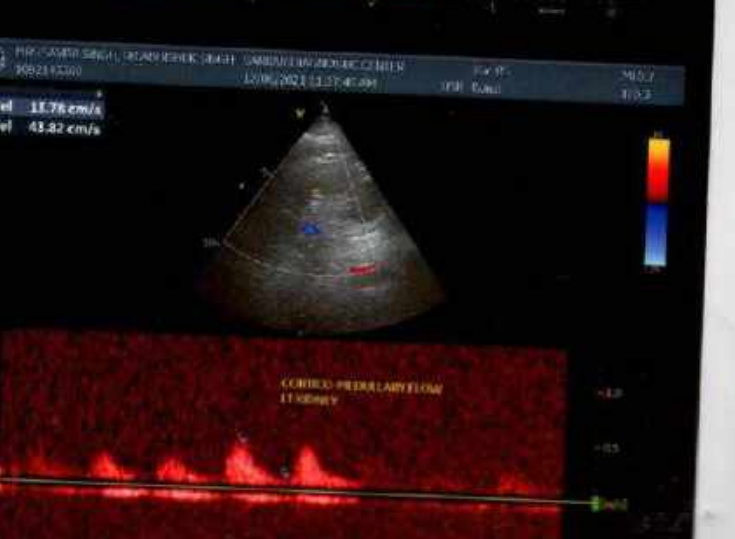
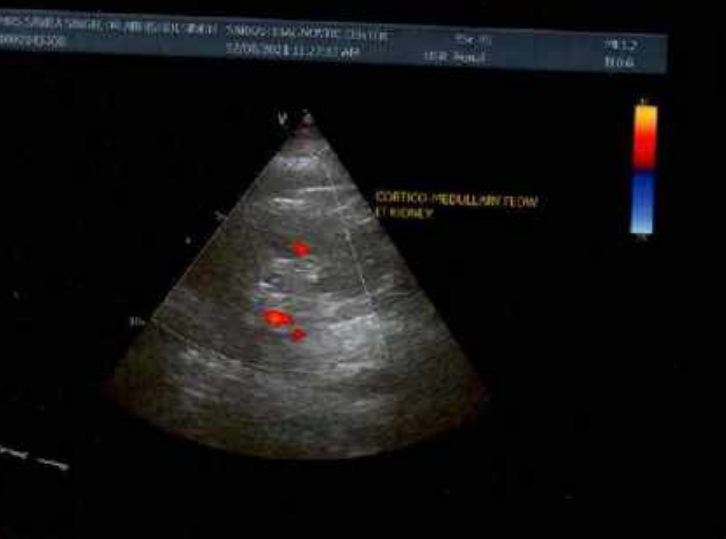
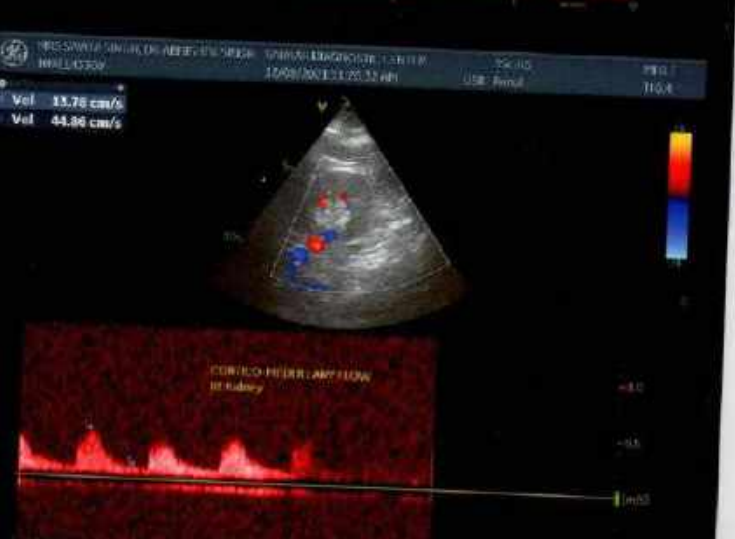
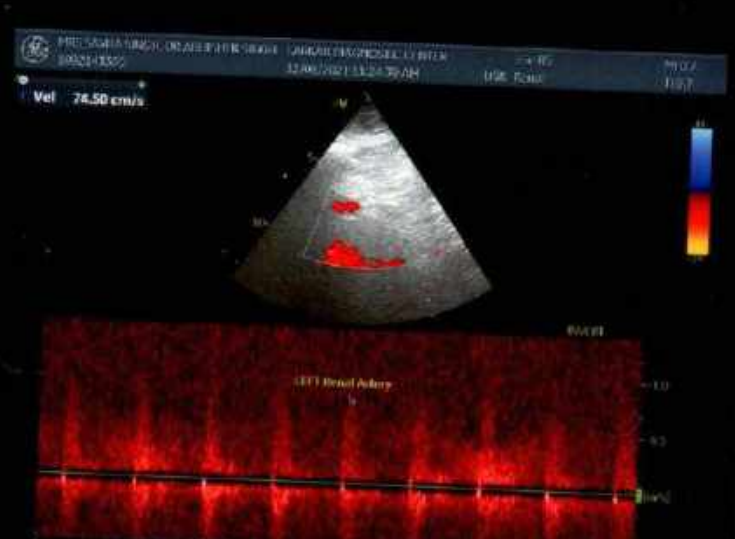
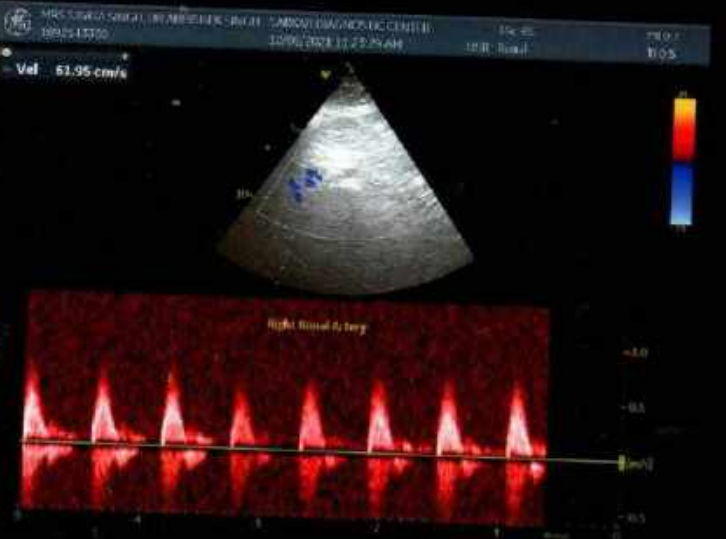
Mrs. SAVITA SINGH

Please bring this slip for Report delivery

TIMINGS: Weekdays - 9 a.m. to 8 p.m. Sundays - 9 a.m. to 5 p.m.

- Please draw Cheques in favour of SARKAR MEDICAL DIAGNOSTIC CENTRE (P) Ltd.
- AMBULANCE AVAILABLE.
- NO EMERGENCY SERVICES

P.T.O.







# SARKAR DIAGNOSTICS

*Making a difference in patient care*

Founder Chairman

*Dr. Sabya Sachi Sarkar*

MBBS, MD

PADMA SHRI (2016)



ISO 9001-2008 Certified Organisation

307, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	12/08/2021	Patient Id	102143360	Age	53 Yrs	Sex	Female
Name	Mrs. SAVITA SINGH	Collected					
Ref Dr	Dr. ABHISHEK SINGH	Authenticated		12/08/2021 15:02:04			

## RENAL ARTERY DOPPLER

### NON INVASIVE VASCULAR LABORATORY

#### PERIPHERAL VASCULAR VENOUS COLOUR DUPLEX SONOGRAPHY REPORT-

#### PV-ARTERIAL COLOUR DUPLEX STUDY OF RENAL ARTERIES-

#### FINDINGS::

Arterial duplex examination of abdominal Aorta and right and left renal arteries show normal arterial flow with good amplitude. R/A ratio in both normal arteries are within normal range.

Following is the Doppler velocemetric data analysis-

Abdominal Aorta	Renal	Lumen
Peak systolic Velocity	Systolic Velocity	Diameter Reduction
0.72m/s	RT. 0.61m/s	NONE
0.72m/s	LT. 0.74m/s	NONE

Following is the Doppler velocemetric analysis of renal cortico-medullary flow.

	Right	Left
Renal parenchyma flow	44.86m/s	43.82m/s
Peak Diastolic flow	13.78m/s	13.78
Diastolic systolic ratio (DSR)	0.30	0.31

#### *Latest Introduction* - 24 hrs AMBULATORY BP MONITORING

DUAL SOURCE, DUAL ENERGY, HIGH RESOLUTION - 128 SLICE CT SCANNER WITH ALL LATEST APPLICATIONS  
16 CHANNEL 3D VOLUME Hdxt 1.5 Tesla Hi - Definition FUNCTIONAL MRI with 3D MULTI - VOXEL Spectroscopy

- MRI • WHOLE BODY CT SCAN • WHOLE BODY ULTRASOUND • HIGH RESOLUTION ULTRASOUND • EEG • MAMMOGRAPHY • PFT • BMD
- TRANSVAGINAL/TRANSRECTAL & SOFT TISSUE ULTRASOUND • ENDOSCOPY (Upper & Lower G.I.) • BRONCHOSCOPY • TMT & ECG • VEP
- FETAL COLOUR DOPPLER • 2D ECHO WITH COLOUR DOPPLER & TISSUE HARMONIC IMAGING • PERIPHERAL VASCULAR WITH PW & CW PROBES
- 12 CHANNEL DIGITAL HOLTER • IMAGE INTENSIFIER (IITV) • MOTORISED DOUBLE TUBE 500 & 300 mA X-RAY • COMPUTERISED PATHOLOGY

TIMING : 9 a.m. To 8 p.m.

SUNDAY : 9 a.m. To 4 p.m.

AMBULANCE AVAILABLE  
P.T.O.





# SARKAR DIAGNOSTICS

*Making a difference in patient care*

Founder Chairman

*Dr. Sabya Sachi Sarkar*

MBBS, MD

PADMA SHRI (2016)



ISO 9001-2008 Certified Organisation

8/207, SECTOR-B, MAHANAGAR, LUCKNOW-226006

Date	12/08/2021	Patient Id	102143360	Age	53 Yrs	Sex	Female
Name	Mrs. SAVITA SINGH		Collected				
Ref Dr	Dr. ABHISHEK SINGH		Authenticated				12/08/2021 15:02:04

## IMPRESSION:-

1. NORMAL RENAL ARTERIAL BLOOD FLOW WITH NO SIGNIFICANT PLAQUE OR STENOSIS.
2. NORMAL CORTICOMEDULLARY FLOW IN BOTH KIDNEYS. NO RISE OF RENOVASCULAR RESISTANCE.

*(Signature)*  
DR RAKESH JALOTA MD,  
FICA, FCCP, FIAPSC

\*\*\* End of Report \*\*\*

*Latest Introduction* - 24 hrs AMBULATORY BP MONITORING

DUAL SOURCE, DUAL ENERGY, HIGH RESOLUTION - 128 SLICE CT SCANNER WITH ALL LATEST APPLICATIONS  
16 CHANNEL 3D VOLUME Hdxt 1.5 Tesla Hi - Definition FUNCTIONAL MRI with 3D MULTI - VOXEL Spectroscopy

- MRI ● WHOLE BODY CT SCAN ● WHOLE BODY ULTRASOUND ● HIGH RESOLUTION ULTRASOUND ● EEG ● MAMMOGRAPHY ● PFT ● BMD
- TRANSVAGINAL/TRANSRECTAL & SOFT TISSUE ULTRASOUND ● ENDOSCOPY (Upper & Lower G.I.) ● BRONCHOSCOPY ● TMT & ECG ● VEP
- FETAL COLOUR DOPPLER ● 2D ECHO WITH COLOUR DOPPLER & TISSUE HARMONIC IMAGING ● PERIPHERAL VASCULAR WITH PW & CW PROBES
- 12CHANNEL DIGITAL HOLTER ● IMAGE INTENSIFIER (IITV) ● MOTORISED DOUBLE TUBE 500 & 300 mA X-RAY ● COMPUTERISED PATHOLOGY

TIMING : 9 a.m. To 8 p.m.

SUNDAY : 9 a.m. To 4 p.m.

AMBULANCE AVAILABLE  
P.T.O.



For All kinds of Medicines Please Visit  
**SHUKLA MEDICAL STORE**

Retailer : All Kinds of Medicine  
 Near - District Female Hospital, Sitpur

No. **6487**  
 Prescribed by **K.A. MV Lucknow**  
 Purchaser's Name **Savita Singh**  
 Date **13-8-21**

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
4x10	Tab Concor 5mg		N22AM20035 11-22	385=28	
All Local Taxes Extra					
<b>Total</b>				<b>385=28</b>	

Verified that the following was/were prescribed in the hospital.  
 Dept. of Cardiology, KGMU, Lko.

20/2123/2011  
 21/2124/2011

Signature *[Signature]*

# PARWATI MEDICINE

## GST INVOICE

## CASH MEMO

KAMLA NEHRU MARG, CHOWK, LUCKNOW,  
 Ph: 9951 739  
 E-Mail: yyyyyy  
 D.L. NO. : FDA-710/015 FDA-20-709/015  
 GSTIN : 09AARFP2826N1ZH TIN. No. : 09850045175

Inv No : RI0007003

Patient Name SAVITA SINGH

Date : 28/08/2021

Address

Time : 11.45

Doctor Name KGMU

SR.	DESCRIPTION	Pack	Batch	Exp.	Tab.	M.R.P.	Amount
1	a NICARDIA R 20MG TAB	1*15	0047	11/23	90	53.01	318.06
2	a CONCOR 10MG TAB	1*10	2000	4/22	10	148.26	148.26
3	a NATRILIX SR TAB.	1*10	2005	11/23	10	109.00	109.00
4	a PANTOCID 40MG	1*15	1180A	3/24	15	159.00	159.00

Message : HSN->a-3004 GST 590.06\*6+6%=35.41SGST+35.41CGST. ET WELL SOON TAKE CARE

TOTAL	734.32
Discount "10%"	73.44
Round Off	0.12
NET TOTAL	660.88
PARTY TOTAL	661.00

Rs. Six Hundred Sixty One Only

For PARWATI MEDICINE

Authorized signature

**Grand Total**  
661.00

Terms & Conditions

*Verified that the following was  
 purchased in the following  
 Deptt. of Cardiology, KGMU*



प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,  
प्रधान न्यायाधीश,  
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/600

दिनांक 17/05/2022

विषय:-मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

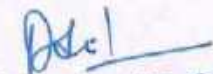
उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) : डा० रिषी सेठी ✓  
के०जी०एम०यू० लखनऊ ✓
- (निजी हैं अथवा सरकारी) : सरकारी ✓
- 7-बीमारी का नाम : LVH, HTN
- 8-उपचार की अवधि : दि० 14-09-2021 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रू० 2617.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू० 2617.00 (दो हजार छः सौ सत्रह रुपये मात्र)

#### प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी०/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, 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 VIII  
Form of Certificates A

Certificate granted to the Smt. Savita Singh W/o Sri Mitra Pal  
Singh, Principal Judge, Family Court, Sitapur.

Certificate 'A'

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

I Dr. Rishi Sethi , 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-cutaneous at my consulting room..... 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 the 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
1	7860	14.9.2021	PARWATI MEDICINE, LUCKNOW	2617
			<b>Total</b>	<b>2617</b>

- (e) That the patient is/was suffering from ..... and is/ was under my treatment from 14.9.2021 to 14.9.2021

निम्नलिखित की राकम ..... 2617  
प्रतिभाषित अथवा धनराशि .....  
..... 2617  
धनराशि राबों में 2617

मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सीतापुर

Dr. Rishi Sethi  
Professor  
Department of Cardiology  
K.G's Medical University, Lko

Dx. Abhishek Singh  
Asstt. Prof.  
Cardiology Department  
K.G's Medical University  
Lucknow



(f) That the patient is/was not given prenatal or postnatal treatment  
(g) that the X-Ray, laboratory test, etc. for which on 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 ..... as required under the rules (Administrative Medical Officer of State.)

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

Dated.....

Dr. Abhishek Singh  
Asstt. Prof. Dr. Rishi Sethi

Signature & Designation of the Medical Officer and hospital dispensary to which attached.  
Cardiology Department, Professor  
R.G.S. Medical University, Lucknow

N.B.:- Certificate not applicable should be struck off.

Certificate (a) is compulsory and must be filled in by the Medical Officer in all cases.

**COUNTERSIGNED**

Medical Superintendent  
.....Hospital

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

Counter Signed for Rs. 2,617/-  
(Rupees Two thousand Six hundred Seventeen Only)

Place.....

Date.....  
D.N. 27768  
02/12/2021

Superintendent  
G.M. & Associated Hospital  
Lucknow  
Medical Superintendent  
.....Hospital

## DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh, Principal Judge, Family Court, Sitapur

Disease-

Name of Institution:- K.G.M.U. LUCKNOW

Period of Treatment:- 14.9.2021 to 14.9.2021

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	7860	14.9.2021	PARWATI MEDICINE, LUCKNOW	2617		
Total				2617		

Dg. Anish Singh  
Asstt. Prof.  
Cardiology Department  
K.G.'s Medical University  
Lucknow

Dr. Rishi Sethi  
Professor

Department of Cardiology  
K.G.'s Medical University, Lko

विशेषज्ञ की सलाह पर  
परिचर्या के अर्थ में धनराशि  
मुझे देय धनराशि रु. 2617  
धनराशि शब्दों में रु. Two Thousand Six Hundred

मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सितापुर





**KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW**  
 Gandhi Memorial & Associated Hospitals

Dr. ADARSH SINGH  
 Assistant Professor  
 Cardiology Dept  
 King George's Medical University  
 Lucknow

UID: 2621055185	Visit No: 008 10620 471:8
DATE: 12-09-2021 06:47:40 AM	Gender:
MRS. SAMETA SINGH	
Age: 57Y 1M 4D 11H 11M 11S	Cardio: OPD/008-40,23
M: (1) MITR. VAL. REGIN	
HINDI: CHHAMPUR N. KATH, UTTAR PRADESH, INDIA	
	
NON-MLE Rachid	

By: CVH ESTANIL

09/12/21

BP -  $\frac{120}{80}$

Htn  
 uncontrolled

P - 112

Normal Renal  
 size

Adv  
 Color Renal  
 Doppler  
 to Ho RAS

h. Concomitant (1) - 90% of cases  
 of Nephrosclerosis (20) 2705  
 T. Natrilix SR 1mg - 1st of cases  
 Pansloid 100 RAS - control of

x 1 month

14/09/2021

- Was to be operated  
 catout  
 - found to be Hypertension 12/10/21

All investigator  
 WSK

Home Monitori -  
 BP. Usual in  
 the range of  
 140-150/80-90

May be  
 taken up  
 for  
 Catout  
 surgery

R - Concom 10 1x OD  
 Natrilix SR 1x B.D  
 Amlogand 5 1x B.D

# PARWATI MEDICINE

KANLA NEHRU MARG, CHOWK, LUCKNOW.  
 Phone : 995990039  
 E-mail : 995990039  
 DL NO : FDA-21-710/015 FDA-20-709/015  
 GSTIN : 09AAAP2026N12H TIN No. : 09850046175

## GST INVOICE

Inv No : RI0007860  
 Date : 14/09/2021  
 Time : 13:13

## CASH MEMO

Patient Name SAVITA SINGH  
 Address  
 Doctor Name K G M U

SR.	DESCRIPTION	Pack	Batch	Exp.	Tab.	M.R.P.	Amount
1	a CONCOR 10MG TAB	100	1002	1/23	60	163.08	978.48
2	a NATRILIX SR TAB	100	2002	2/23	120	109.00	1308.00
3	a AMLOGARD 5MG TAB	100	8591	9/23	120	82.54	330.16

Verified that the following was / were prescribed in the original.

Message : HSN->a-3004 GST 2336.28\*6+6%=140.18SGST+140.18COST. ET WELL SOON TAKE CARE

2616.64	2616.64
Round Off	0.36
NET TOTAL	2616.64
PARTY TOTAL	2617.00

Rs. Two Thousand Six Hundred Seventeen Only

Terms & Conditions

For PARWATI MEDICINE

Authorized signatory

**Grand Total**  
**2617.00**



प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,  
प्रधान न्यायाधीश,  
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/601

विषय:-मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

दिनांक 17/05/2022

महोदय,

उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो (निजी हैं अथवा सरकारी) : डा० अरुण कुमार शर्मा ✓  
के०जी०एम०यू० लखनऊ ✓
- 7-बीमारी का नाम : LVM, HTM
- 8-उपचार की अवधि : दि० 24-09-2021 से 02-03-2022 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रु० 23556.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रु० 23556.00 (तेइस हजार पांच सौ छप्पन रुपये मात्र)

### प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रवेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

*Adi!*  
मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।  
जिला चिकित्सालय  
सीतापुर



**Certificate 'B'**

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

Certificate granted to the Smt. Savita Singh W/O Sri Mitra Pal Singh,  
Principal Judge, Family Court, Sitapur.

**Part 'A'**

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

1. Dr. Arun Kumar Sharma hereby certify

(a) That the patient was admitted to hospital on my advice of.....

(Name of Medical Officer)

(b) That the patient has been under treatment at ..... and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in condition of the patient.

2. The medicines are not stocked in the ..... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets.

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount
1	790509	24.02.2022	K.G.M.U. LUCKNOW	250	
2	3830	24.02.2022	GOMTI MEDICALS, LUCKNOW	246	
3	3892	28.02.2022	GOMTI MEDICALS, LUCKNOW	3334	
4	837	28.02.2022	BAALARK MEDITRADE SERVICES PVT LIMITED	18500	
5	3921	01.03.2022	GOMTI MEDICALS, LUCKNOW	226	
6	808234	02.03.2022	K.G.M.U. LUCKNOW	1000	
			<b>TOTAL</b>	<b>23556</b>	

विशेषज्ञ की सहायता से 23556  
 प्रत्येकवर्षांतरा अथवा अनंतरा 23556  
 मूल्य वसूल करना है  
 धनराशि शर्तों में 23556

*Dr. Arun Kumar Sharma*  
 मुख्य शिक्षता अधिकारी  
 जिला शिक्षाालय  
 सीतापुर

*Dr. Arun Kumar Sharma*  
 Associate Professor  
 Department of Ophthalmology  
 King George's Medical University  
 Medical Director, KGMU Eye Centre



(c) That the injections administered were/were not for immunizing of prophylactic purpose.

(d) That the patient is/was suffering from Coarct..... and is/was under my treatment from **24.02.2022 to 02.03.2022**

(e) That the X-Ray, Laboratory etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advise at .....

(Name of Hospital or Laboratory)

(f) That referred the patient to Dr. .... for specialist consultation and that the necessary approval of the .....

(Name of the Chief Administrative Medical Officer of the State) ..... as required under the rules was obtained.

Signature and Designation of the Medical Officer in charge of the case at the hospital

Department of Ophthalmology  
King George's Medical University  
Medical Officer - Part 'B'

I certify that the patient has been under treatment at the ..... hospital and that the services of the special nurses, for which an expenditure of Rs. .... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of the Medical Officer in charge of the case at the hospital

D.N. 9070  
16/4/2022

**COUNTERSIGNED**

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.

*Counter signed for Rs. 23,556/-  
(Rupees twenty five thousand fifty six only)*

..... Medical Superintendent  
..... Hospital

Superintendent  
& Associated Hospitals  
Lucknow



## DETAIL OF VOUCHERS / EXAMINATION CHART

Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh, Principal Judge, Family Court, Sitapur

Disease-

Name of Institution:- **K.G.M.U. LUCKNOW**

Period of Treatment:- 24.02.2022 to 02.03.2022

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	790509	24.02.2022	K.G.M.U. LUCKNOW	250		
2	3830	24.02.2022	GOMTI MEDICALS, LUCKNOW	246		
3	3892	28.02.2022	GOMTI MEDICALS, LUCKNOW	3334		
4	837	28.02.2022	BAALARK MEDITRADE SERVICES PVT LIMITED	18500		
5	3921	01.03.2022	GOMTI MEDICALS, LUCKNOW	226		
6	808234	02.03.2022	K.G.M.U. LUCKNOW	1000		
			<b>TOTAL</b>	<b>23556</b>		

विशेषज्ञ की सहायता से 23556  
परामर्शानुसार अर्थात् धनराशि रु  
एन डी सेन अस्पताल रु  
अनुसंधान संजोती रु  
23556  
Therapy Shree Theer  
Dr. I

मुद्रा विक्रित्ता अधिकार  
मिठा विक्रित्तालय  
सितापुर

Dr. J. Sharma  
Department of Pathology  
K.G.M.U. Lucknow  
K.G.M.U. Lucknow  
K.G.M.U. Lucknow





**KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW**  
 Gandhi Memorial & Associated Hospitals

6397371268

Dr. ABHISHEK SINGH  
 Assistant Professor  
 Cardiology Dept.  
 K.G.'s Medical University  
 Lucknow

UID: 20210125185  
 DATE: 12-08-2021 (08:17:40 AM)  
 MRS. SAVITA SINGH  
 Age: 57Y (M-40) HBSMC (Female)  
 W/O: MITRA PAL SINGH  
 RES: 44, CHHAPRA NAKHA, UTTAR PRADESH, INDIA  
 Barcode  
 NO. 0125  
 202108

Ey: LVA Estima

CVT-22

BP - 120/7

Htn

108

uncontrolled

P - 112

Normal Renal size

Adv

Color Renal Doppler

to Ho RAS

T. Concor 10mg 1000 - 9:30 AM  
 Xt. Nicardipine R (20) 270  
 T. Natrilix SR 1000 - after 3 AM  
 Cap Pantocid 100 B.D. - after 4

x 1 month

- Was to be operated

catract

- found to be Hypertensive 12/10/21

14/09/2021

All investigator was

Home Monitori -  
 BP. Usual in the range of 140-150/80-90

May be taken up for Cataract surgery

Rx - Concor 10 1x OD  
 - Natrilix SR 1x B.D.  
 - Amlogand 5 1x B.D.



Blood Sugar / R  
 HIV, HCV, HbsAg

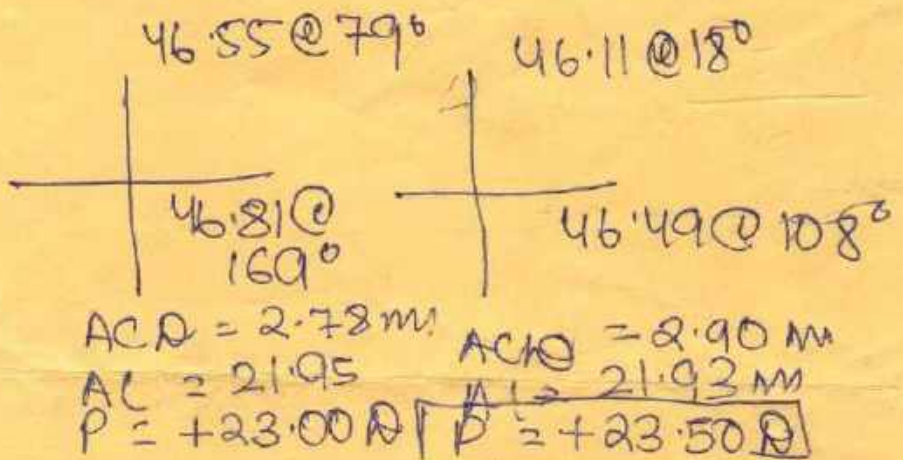


24/2/2002

JEJ  
 Eyehance



Dr Ann  
 9415010832



Vn < 6/36 → 6/18  
 FC 4 Mt ~~+~~ → NS

- 100V (LE > RE) x  
 3 months  
 - H/O HTN x 15 yrs controlled  
 on oral medications

PR < ++  
 ++  
 GOR < 19.4 } mullg  
 19.1 } @ 9:30 am  
 Rest WNL

H/O 2 DM x 1 yr -  
 on oral medications

AS < lens = Nu I - IV  
 out III - IV  
 Rest WNL  
 lens = out III - IV  
 Nu I - II

HC < WNL  
 WNL  
 Central PSC 30-40%.

Admit for management



Dr. A. K Sharma MD



King George's  
1 Shan

QR ID: 21000880031429199



UHID : 20210155155

## Inpatient Hospital Registration

Unit : Ophthalmology-Unit 1	Ward/Bed: OPHTHALMOLOGY NOB DS NEW FEMLAE WARD/3	IPD Fees : Rs. 0	MLC Patient : NON- MLC Case
Treating Doctor : Dr. Arun kumar sharma - Assoc. Professor		IP NO : 202215381	
Date Of Admission And Time: 24/02/2022 10:18:11 AM		Date Of Discharge And Time:	
Patient Name : Mrs. SAVITA SINGH		Age : 53 Years 7 Months 16 Days	
Mother's Name/Mother CR No : /		Sex : Female	
Father's Name :		Husband's Name: MITRA PAL SINGH	
Address : HNO-41 CHHAPPUR NAKUR Saharanpur, UTTAR PRADESH Telephone:		Emergency Contact Address : Mobile No :	
Mobile No : *****268		Caste : Unknown	
Religion : Unknown		Occupation : UNKNOWN	
Education : UNKNOWN		Monthly income : 0	
Billing Type : General		BPL Card No :	
Ration card :		Final Diagnosis :	
Provisional Diagnosis:			
Prepared By : Ms. Prem Prabha New OPD		Signature Of Treating Consultant : Dr. Arun kumar sharma - Assoc. Professor	

Dr. Arun Kumar Sharma  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Medical Director-S2 MU UP Community Eye Care



King George's Medical University

1 Shamina Road, Chowk, Chowk



20210155155



GCASH-790509/202122

IPD Bill Receipt  
Original

UHID :	20210155155	Receipt No	GCASH-790509/202122
Name :	MRS. SAVITA SINGH	Receipt Date :	24/02/2022 10:19 AM
Address :	W RAMITRA PAL SINGH HNO-41 CHILAPPUR NAKUR	Billing Type :	GENERAL
Age & Sex :	53 Yrs 7 Mths 10 Days FEMALE	IP No. :	202215381
Admission Date :	24/02/2022	Ward Name :	OPHTHALMOLOGY NOB DS NEW FEMLAE WARD
Payment Details :	Payment Mode : Cash	Contact No :	83XXXXXX68

Service Details:

Sl	ADMISSION	ADMISSION	Quantity	Rate	Gross	Discount	ADDITION
1			1	250	250	0	250

Amount in Words  
Two Hundred Fifty Rupees And Zero Paise

Total Amount Rs. : 250  
Discount : Rs. 0  
Net Amount : Rs. 250



(Authorized Signature)  
Ms. Preeti Prabha NewOPD

Dr. Anurag Sharma  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Medical Director-KGMU UP Community Eye Bank



GOMTI MEDICALS  
SHAMINA ROAD,  
NEAR KGMU, LUCKNOW PIN CODE 226003  
Phone : 9336712613

M/s SAVITA SINGH  
KGMU KGMU  
Ph.No.:  
GST :

D.E.No. : 20-07/09,21-07/09  
E-Mail : gomtimedicals1970@gmail.com  
GSTIN : 09AAAFG2236L1Z1

**GST INVOICE**

Invoice No. : S0003830 Date : 24/02/2022  
Sales Man : Due Date : 24/02/2022

Sl.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	1:0	5ML	FLUR EYE DROP	93860	5/23	3004	177.14	177.14	0.00	6.00	6.00	177.14
2.	1:0	5ML	TROPY PLUS E/D	TPP-289B	4/23	3004	69.00	69.00	0.00	6.00	6.00	69.00

*Dr. Arun Kumar Sharma*

**\*\* GET WELL SOON \*\***

CLASS	TOTAL	SCH.	DISC.	SGST	COST	TOTAL GST	SUB TOTAL
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	219.76
GST 12.00	246.14	0.00	0.00	13.19	13.19	26.38	SGST PAYBLE 13.19
GST 18.00	0.00	0.00	0.00	0.00	0.00	0.00	CGST PAYBLE 13.19
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	ADD/LESS 0.00
TOTAL	246.14	0.00	0.00	13.19	13.19	26.38	CR/DR NOTE 0.00
<b>GRAND TOTAL</b>							<b>246.00</b>

Rs. Two Hundred Forty Six Only

Terms & Conditions

Reciver

For GOMTI MEDICALS

- Dark glasses ✓
- Eye drape ✓
- Trolley drape ✓
- MVR ✓

Keratome ✓

Lance tip ✓

5ml Syringe

~~26G Needle~~

Eye wipe ✓

~~2ml Syringe~~

Eye wisc PFS 3ml ✓

~~Balanced salt solution 500ml~~

~~3mg Pilocarpine~~

~~Bio blue / Anoblue~~

~~Kitnox Unit Dose~~

~~Eye lid Cleanser~~

Tropicamide EPD Fluid

MD EPD Moximin P ✓

EPD NPE ✓

EPD ~~HP COOL~~ ✓

EPD Cyclohex ✓

Tab. Dymox - (5) ✓

Tab. kofen SP - (10) ✓

Tab. Rabimet LSR - (5) ✓

Tab. Jansox 500mg - (10) ✓

~~EPD Paracaine~~

Tab. Pregamin LA - (10) ✓

Cap Real Omega - (10) ✓

Monday  
को सुबह 9 बजे  
से 12 मिनट  
में सर्जरी  
(Left eye)

Savita



GOMTI MEDICALS

SHAMINA ROAD,  
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone: 9336712613

M/s SAVITA SINGH  
KGMU KGMUPh.No.:  
GST :

D.L.No. : 20-07/09,21-07/09

E-Mail : gomtimedicals1970@gmail.com

GSTIN : 09AAEEF7216L1Z1

## GST INVOICE

Invoice No. : S0003892

Date : 28/02/2022

Sales Man :

Due Date : 28/02/2022

Sl. No.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	✓1:0	1*	EYE DRAPE-D711 AP	2110AF0	9/26	3004	63.00	63.00	0.00	6.00	6.00	63.00
2.	✓1:0	1PCS	PLAIN TOWEL DRAPE	2109BC0	8/26	3004	47.00	47.00	0.00	6.00	6.00	47.00
3.	✓1:0	1*	BLADE EYE BLINK MVR			3004	225.00	225.00	0.00	6.00	6.00	225.00
4.	✓1:0	1*	FINE EDGE KERATOME 2.8R			3004	180.00	180.00	0.00	6.00	6.00	180.00
5.	✓1:0	1*	FINE SIDEPORT LANCETIP 15DEG-R	BLINK035		3004	180.00	180.00	0.00	6.00	6.00	180.00
6.	✓1:0	1	EYE WIPE (EW01)	2101CD0	12/25	3004	68.00	68.00	0.00	6.00	6.00	68.00
7.	✓1:0	1*	VISCOLON P.F SYRINGE 2ML	21M50	11/23	3004	125.00	125.00	0.00	6.00	6.00	125.00
8.	✓1:0	5ML	MOXIWIN P EY/D	021028D	4/23	3004	180.00	180.00	0.00	6.00	6.00	180.00
9.	✓1:0	5ML	NOTEN E/D	021042C	5/23	3004	260.00	260.00	0.00	6.00	6.00	260.00
10.	✓1:0	1*	HPCOOL EYE DROPS	SH2012414A	11/22	3004	460.00	460.00	0.00	6.00	6.00	460.00
11.	✓1:0	5ML	CYCLOGYL EYE(DROPS)	K0CY1008	10/23	3004	66.50	66.50	0.00	6.00	6.00	66.50
12.	✓0:5	1*10	TRYMOX TAB	PDCAM20	9/23	3004	34.84	34.84	0.00	6.00	6.00	17.42
13.	✓1:0	1*10	LOFEN-SP TAB	210147A	12/22	3004	95.00	95.00	0.00	6.00	6.00	95.00
14.	✓0:5	1*10	RABIDOC LS CAP	P-1H0527	7/23	3004	296.00	296.00	0.00	6.00	6.00	148.00
15.	✓1:0	1*10	JAMROX-500	STB-1004	3/23	3004	780.00	780.00	0.00	6.00	6.00	780.00

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 12.00	2894.92	0.00	0.00	155.08	155.08	310.16
GST 18.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2894.92	0.00	0.00	155.08	155.08	310.16

Dr. Arun Kumar Sharma  
Associate Professor  
Department of Ophthalmology  
King George's Hospital Community Eye Centre

Continued... 2

Rs. Three Thousand Three Hundred Thirty Four Only

Terms & Conditions

Receiver

For GOMTI MEDICALS

**GOMTI MEDICALS**SHAMINA ROAD,  
NEAR KGMU, LUCKNOW PIN CODE: 226003

Phone : 9336712613

**M/s SAVITA SINGH**  
KGMU KGMUPh.No.:  
GST :D.L.No. : 20-07/09,21-07/09  
E-Mail : gomtimedicals1970@gmail.com  
GSTIN : 09AAEEG7236L1Z1**GST INVOICE**Invoice No. : S0003892 Date : 28/02/2022  
Sales Man : Due Date : 28/02/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
												<b>TOTAL B/F</b>
16.	✓1:0	1*10	PREGAWIN ALA CAP	ALC-1166	8/23	3004	199.00	199.00	0.00	9.00	9.00	199.00
17.	✓2:0	1*10	REAL OMEGA	FBS-6595	8/22	3401	240.00	240.00	0.00	9.00	9.00	240.00
												<b>2584.74</b>

Dr. Ashwini Kumar Shrivastava  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Lucknow, India

**\*\* GET WELL SOON \*\***

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	2956.78
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE	188.57
GST 12.00	2894.92	0.00	0.00	155.08	155.08	310.16	CGST PAYBLE	188.57
GST 18.00	439.00	0.00	0.00	33.49	33.49	66.98	ADD/LESS	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
<b>TOTAL</b>	<b>3333.92</b>	<b>0.00</b>	<b>0.00</b>	<b>188.57</b>	<b>188.57</b>	<b>377.14</b>	<b>GRAND TOTAL</b>	<b>3334.00</b>

Rs. Three Thousand Three Hundred Thirty Four Only

Terms & Conditions

Receiver

For GOMTI MEDICALS





Tax Invoice

(ORIGINAL FOR RECIPIENT)

<b>Baalark Megitrade Services Private Limited</b> 167, Second Floor, Vijay Nagar Krishna Nagar, Kanpur Road, Lucknow-226023 DL NO. LKO-2017/20B/000367, LKO-2017/21B/000367 GSTIN/UIN: 09AAGCB5991C1ZJ State Name : Uttar Pradesh, Code : 09 CIN: U85191UP2016PTC076583	Invoice No.	Dated
	<b>BMS/21-22/00837</b>	<b>28-Feb-22</b>
Buyer (Bill to) <b>Savita Singh</b>  State Name : Uttar Pradesh, Code : 09	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	<b>Verbal</b>	<b>28-Feb-22</b>
	Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination	
<b>Direct</b>	<b>FOR Store</b>	
Terms of Delivery	<b>As Per Order</b>	



Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	<b>Mini 4 Ready Power 23.50</b>	90213900	12 %	<b>1 Nos.</b>	16,518.0000	Nos.	<b>16,518.0000</b>
	Less:						
			<b>CGST</b>				<b>991.0800</b>
			<b>SGST</b>				<b>991.0800</b>
			<b>Round Off</b>				<b>(-)0.1600</b>
	<b>Total</b>			<b>1 Nos.</b>			<b>₹ 18,500.0000</b>

Dr. Anand Kumar Sharma  
 Associate Professor  
 Department of Ophthalmology  
 King George's Medical University  
 Medical Director, KGMU Community Eye Bank

Amount Chargeable (in words) **INR Eighteen Thousand Five Hundred Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90213900	16,518.0000	6%	991.0800	6%	991.0800	1,982.1600
<b>Total</b>	<b>16,518.0000</b>		<b>991.0800</b>		<b>991.0800</b>	<b>1,982.1600</b>

Tax Amount (in words) : **INR One Thousand Nine Hundred Eighty Two and Sixteen paise Only**

Company's PAN : <b>AAGCB5991C</b>	Pre Authenticated by	for Baalark Megitrade Services Private Limited
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	 Authorized Signatory Name : Designation :	 Issuing Signatory Name : Designation :

GOMTI MEDICALS

SHAMINA ROAD,  
NEAR KGMU, LUCKNOW PIN CODE 226005

Phone : 9336712613

M/s SAVITA  
KGMU KGMUPh.No.:  
GST :D.L.No. : 20-07/09,21-07/09  
E-Mail : gomtimedicals1970@gmail.com  
GSTIN : 09AAEEG7236121

## GST INVOICE

Invoice No. : S0003921 Date : 01/03/2022  
Sales Man : Due Date : 01/03/2022

Sr.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	0.6	1*10	REAL OMEGA	FBS-6595	8/22	3401	240.00	240.00	0.00	9.00	9.00	144.00
2.	1.0	200ML	POTKLOR SYP	LPR-1247	8/23	3004	61.36	61.36	0.00	6.00	6.00	61.36
3.	0.6	1*10	TRYMOX TAB	PDCAM20	9/23	3004	34.84	34.84	0.00	6.00	6.00	20.90

Dr. Anil Kumar Sharma  
Angioplasty Professor  
Department of Ophthalmology  
All India Institute of Medical Sciences  
Community Eye Dept.

\*\* GET WELL SOON \*\*

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	195.48
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE	15.39
GST 12.00	82.26	0.00	0.00	4.41	4.41	8.82	CGST PAYBLE	15.39
GST 18.00	144.00	0.00	0.00	10.98	10.98	21.96	ADD/LESS	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
TOTAL	226.26	0.00	0.00	15.39	15.39	30.78	GRAND TOTAL	226.00

Rs. Two Hundred Twenty Six Only

Terms & Conditions

Receiver

For GOMTI MEDICALS







King Georges  
Medical  
University

1 Shamina Road,  
Chowk,  
Chowk



20210155155



GCASH-808234/202122

OPD Bill Receipt

Original

UHID : 20210155155  
 Name : MRS. SAVITA SINGH  
 Address : W/O MITRA PAL SINGH HN0-41 CHHAPPUR NAKUR  
 Age & Sex : 53 Yrs 7 Mons 25 Days FEMALE  
 Dept. Name : Ophthalmology  
 Payment Details : Payment Mode :Cash  
 Receipt No : GCASH-808234/202122  
 Receipt Date : 02/03/2022 09:51 AM  
 Billing Type : GENERAL  
 Contact No : 83XXXXXX68

Service Details:

SLNo	Service Category	Service Name	Quantity	Rate	Gross	Discount	Amount
1	OPHTHALMOLOGY	PHACOEMULSIFICATION	1	1000	1000	0	1000

Total Rs.

Amount : 1000

Discount : Rs. 0

Net Amount Rs.

: 1000

Amount in Words

One Thousand Zero Rupees And Zero Paisa

[Authorized Signature]

Mr. Ranil Kumar Srivastava

Dr. Anurag Kumar Sharma  
 Associate Professor  
 Department of Ophthalmology  
 King George's Medical University,  
 Medical Officer, KGMU UP Community Eye Centre



**King Georges Medical University**  
**1 Shamina Road, Chowk,**  
**Chowk**

**DISCHARGE SUMMARY**

**UHID :** 20210155155  
**Patient Name:** Mrs. SAVITA SINGH  
**Department:** Ophthalmology  
 53 Years 7 Months  
**Age / Sex:** 25 Days 0 Hours / Unit:: Unit 1  
 Female



**W/O :** MITRA PAL SINGH **Ward::** NOB DS NEW  
 OPTHALMOLOGY  
 FEMLAE WARD

**Billing Type :** General **MLC Patient:** NO  
**IPD**  
**Admission ID** 202215381 **Discharge Type:** Normal Discharge

**Treating Doctor:** Dr. Arun kumar sharma, **Bed No:** 3

**Mobile No:** \*\*\*\*\*268  
**Date of Admission:** 24/02/2022 10:18:11 AM

**Operation Date:**

**Date of Discharge :** 02/03/2022 09:22:00 AM  
 HN0-41

**Address :** CHHAPPPUR  
 NAKUR , UTTAR  
 PRADESH, INDIA

**Surgeon :** **Asst.Surgeon**

**Procedure :** PHACO WITH PCIOL (P=23.5) LE **Operative**  
 UNDER TA ON **Findings :**  
 26/2/22

**Consulting Doctor :** Dr. Arun kumar sharma

Handwritten notes showing refractive error calculations:  
 $K_1 = 46.55 @ 79^\circ$   
 $K_2 = 46.81 @ 169^\circ$   
 $P = 23.00$   
 $K_1 = 46.11 @ 15^\circ$   
 $K_2 = 46.49 @ 108^\circ$   
 $P = +23.50$

**Drug Allergy :-**  
 NOT KNOWN

**Diagnosis :** IMSC (BES) (L>R)

**ICD Code:**

**Admitted For:** PHACO WITH PCIOL (P=23.5) LE UNDER TA ON 26/2/22

**Physical Findings:** VISION: RE: 6/36, 6/18 WITH PH, LE: FC1M, PR FULL, NI WITH PH, PUPILLARY REACTION: ++ BES, A/S  
 RE: CORT IV, NI I, PSC 20-30% CENTRAL, LE: CORT III-IV, NU I-II, PSC 30-40% CENTRAL, FUNDUS: RE:  
 HAZE DUE TO CATARACT, REST WNL, LE: HAZE DUE TO CATARACT, REST WNL AS MUCH AS VISIBLE





प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,  
प्रधान न्यायाधीश,  
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/ 602

दिनांक 17/05/2022

विषय:-मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

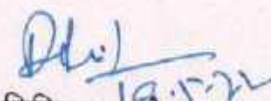
उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/ 578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो (निजी हैं अथवा सरकारी) : डा० अरुण कुमार शर्मा ✓  
के०जी०एम०यू० लखनऊ ✓  
सरकारी
- 7-बीमारी का नाम : LVH, HTN
- 8-उपचार की अवधि : दि० 07-03-2022 से 28-03-2022
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रू० 7735.00/
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू० 7735.00 (सात हजार सात सौ पैंतिस रूपये मात्र)

#### प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

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



v

APPENDIX VIII  
Form of Certificates A

Certificate granted to the Smt. Savita Singh W/O Sri. Mitra Pal Singh,  
Principal Judge, Family Court, Sitapur.

Certificate 'A'

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

I, Dr. Arun Kumar Sharma , 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-cutaneous at my consulting room..... 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 the 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
1	4012	07.03.2022	GOMTI MEDICALS, LUCKNOW	3732	
2	6586	26.03.2022	LAL PATHLABS, SITAPUR	900	
3	895461	28.03.2022	K.G.M.U. LUCKNOW	1000	
4	4303	28.03.2022	GOMTI MEDICALS, LUCKNOW	2103	
			<b>Total</b>	<b>7735</b>	

कुल धनराशि की सकल धनराशि रु. 7735/-  
 कुल धनराशि अर्थात् धनराशि रु. 7735/-  
 कुल धनराशि रु. 7735/-  
 धनराशि शब्दों में रु. Seven thousand

(Signature)  
 मुख्य चिकित्सा अधिकारी  
 जिला चिकित्सालय

(Signature)  
 Dr. Arun Kumar Sharma  
 Associate Professor  
 Department of Ophthalmology  
 King George's Medical University  
 Medical Director-KGMU UP Community Eye Bank



(e) That the patient is/was suffering from Cancer and is/was under my treatment from 07.03.2022 to 28.03.2022

(f) That the patient is/was not given prenatal or postnatal treatment  
(g) that the X-Ray, laboratory test, etc. for which on 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 ..... as required under the rules (Administrative Medical Officer of State.)  
(i) that the patient did not required hospitalization .....required.

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

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

**COUNTERSIGNED**

Medical Superintendent  
.....Hospital

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

*Counter Signed for Rs. 7,735/- (Rupees Seven thousand Seven hundred thirty five Only)*

Place.....  
Date.....  
Medical Superintendent  
.....Hospital

*D.N. 9079*  
*18/4/2022*

*[Signature]*  
Superintendent  
& Associated Hospitals  
Lucknow  
Hospital



**DETAIL OF VOUCHERS / EXAMINATION CHART**

**Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh,  
Principal Judge, Family Court, Sitapur**

**Disease-**

**Name of Institution:-**

**K.G.M.U. LUCKNOW**

**Period of Treatment:-**

07.03.2022 to 28.03.2022

Sl. No.	Voucher No.	Date	Institute/ Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	4012	07.03.2022	GOMTI MEDICALS, LUCKNOW	3732		
2	6586	26.03.2022	LAL PATHLABS, SITAPUR	900		
3	895461	28.03.2022	K.G.M.U. LUCKNOW	1000		
4	4303	28.03.2022	GOMTI MEDICALS, LUCKNOW	2103		
			<b>Total</b>	<b>7735</b>		

निदेशानुसार की राशियाँ प्रमाणित हैं - 7735/-  
 जिला अदालत, सीतापुर  
 28.03.2022  
 धनराशि शब्दों में Seven Thousand Seven Hundred and Thirty Five Only  
 Dr. Anurag Sharma  
 Associate Professor  
 Department of Ophthalmology  
 King George's Medical University  
 Medical Directorate - KGMU UP Community Eye Bank  
 मुख्य चिकित्सा अधिकारी  
 जिला चिकित्सालय  
 सीतापुर



**KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW**  
Gandhi Memorial & Associated Hospitals

6397871268

UICD: 20210155355	POSTAL CODE: 226005
DATE: 13-09-2021 08:47:49 AM	Gender
MRS. SAYITA SINGH	Cardiac OPD (M) - (1) 23
Age: 57Y 1M 4D 0H 0M 0S (Female)	
DR. MITRA PAL SINGH	
HOSPITAL: CHHAPRAHAR NAGRA, LUCKNOW, UTTAR PRADESH, INDIA	
	
NORTH WEST PROVINCE	

Eye: CVA Estima

CVI 22

BP - 120/70

HTM  
current blood

P - 112

Normal Renal size

Adv  
Color Renal  
Doppler

to Ho RAS

R

T. Concor 10mg 1x1 - 9:00 AM

T. Nicardipine R (20) 2TDS

T. Natrilix SR 102 - 1 night 3 times

~~Cap~~ Pantocid 100 RAS - 1st night 1

x 1 month

14/09/2021

- Was to be operated

Contract

- found to be Hypertension

All investigator was

Home Monitor -

BP. Usual in the range of 140-150/80-90

May be taken up for Contract surgery

R

- Concor 10 1x0D

- Natrilix SR 1x B.D

- Amlogand 5 1x B.D



Blood Sugar R  
 HIV, HCV, HbsAg

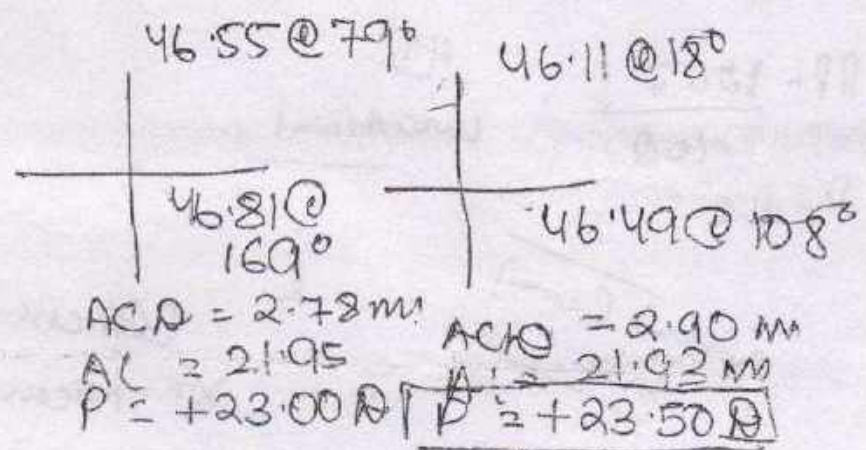


24/2/2002

JEL  
 Eye hance



Dr Ann  
 9415010832



Vn < 6/36 → 6/18  
 PC 4 mt ~~+~~ → NI

- 100V (LE > RE) X  
 3 months  
 - H/O HTN X 15 yr controlled on oral medications

PR < ++  
 ++

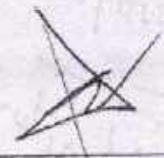
GOR < 19.4 / mmHg  
 19.1 @ 9:30 am  
 rest WNL

H/O T2DM X 1 yr on oral medications

AS < lens = Nu I  
 out III - IV  
 lens = cont III - IV  
 rest WNL

HC < WNL  
 WNL  
 Nu I - II  
 Central PCC 30-40%

Admit for management



Dr. A. K Sharma MD

GOMTI MEDICALS

SHAMINA ROAD,  
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

M/s SAVITA SINGH  
KGMU KGMU

Page No. 1

D.L. No : 20-07/09,21-07/09  
E-Mail : gomtimedicals1970@gmail.com  
GSTIN : 09AAEEG723611Z1

Ph.No.:  
GST :

**GST INVOICE**

Invoice No. : S0004012 Date : 07/03/2022  
Sales Man : Due Date : 07/03/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	6:0	1*10	PREGAWIN ALA CAP	ALC-1166	8/23	3004	199.00	199.00	0.00	9.00	9.00	1194.00
2.	6:0	1*10	REAL OMEGA	FBS-7690	2/23	3401	240.00	240.00	0.00	9.00	9.00	1440.00
3.	2:0	5ML	METTQB F EYE DROP	021055A	6/23	3004	179.00	179.00	0.00	6.00	6.00	358.00
4.	1:0	5ML	NOTEN E/D	021042C	5/23	3004	260.00	260.00	0.00	6.00	6.00	260.00
5.	2:0	1*10ML	LUBRY PLUS E/D	0210548	6/23	3004	240.00	240.00	0.00	6.00	6.00	480.00

\*\* GET WELL SOON \*\*

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST		
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	SUB TOTAL	3212.56
GST 12.00	1098.00	0.00	0.00	58.82	58.82	117.64	SGST PAYBLE	259.72
GST 18.00	2634.00	0.00	0.00	200.90	200.90	401.80	CGST PAYBLE	259.72
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	ADD/LESS	0.00
TOTAL	3732.00	0.00	0.00	259.72	259.72	519.44	CR/DR NOTE	0.00
							<b>GRAND TOTAL</b>	<b>3732.00</b>

Rs. Three Thousand Seven Hundred Thirty Two Only

**Terms & Conditions**

Reciver

For GOMTI MEDICALS



avida 8

Sexum  
homocysthene



L30 - KRISHNA CARE CENTRE-CC  
 Haiwapur House, Bus Stand Chouraha Near  
 Chaska Restaurant Sitapur-261001  
 Sitapur

Regd. Office/National Reference Lab: Dr Lal PathLabs Ltd, Block-E, Sector-13, Rohini, New Delhi-110085  
 Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065368

Name	: Ms. SAVITA SINGH	Collected	: 25/3/2022 11:49:00AM
Lab No.	: 329684555	Age: 54 Years	Gender: Female
A/c Status	: P	Ref By: Dr. Arun Sharma	Report Status: Final
		Received	: 25/3/2022 11:53:51AM
		Reported	: 26/3/2022 9:01:54AM

Test Name	Results	Units	Bio. Ref. Interval
HOMOCYSTEINE, QUANTITATIVE, SERUM** (CMIA)	25.04	umol/L	4.44 - 13.56

**Comments**

Homocysteine is a sulphur containing amino acid. There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders. Clinically the measurement of homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at risk of developing cobalamin or folate deficiency & to assess risk factor for Cardiovascular Disease (CVD) for which the recommendations are:

- Specially useful in young CVD patients (< 40 yrs)
- In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD events and mortality
- CVD patients with homocysteine levels > 15 umol/L belong to a high risk group
- Increased homocysteine levels with low vitamin concentrations should be handled as a potential vitamin deficiency case.

*Himangshu*  
 Dr Himangshu Mazumdar  
 MD, Biochemistry  
 Sr. Consultant Biochemist  
 NRL - Dr Lal PathLabs Ltd

*Kamal Modi*  
 Dr. Kamal Modi  
 MD, Biochemistry  
 Consultant Biochemist  
 NRL - Dr Lal PathLabs Ltd

*Nimmi Kansal*  
 Dr Nimmi Kansal  
 MD, Biochemistry  
 Technical Director - Clinical Chemistry  
 & Biochemical Genetics  
 NRL - Dr Lal PathLabs Ltd

-----End of report-----



\*\* Test conducted under NABL scope MC-2113, LPL-NATIONAL REFERENCE LAB at NEW DELHI





L30 - KRISHNA CARE CENTRE-CC  
 Haliwapur House, Bus Stand Chouraha Near  
 Chaska Restaurant Sitapur-261001  
 Sitapur

Regd. Office/National Reference Lab: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085  
 Web: www.lalpathlabs.com, CIN No.: L14899DL1995PLC065388

Name	: Ms. SAVITA SINGH	Collected	: 25/3/2022 11:49:00AM
Lab No.	: 329684555	Age: 54 Years	Gender: Female
A/c Status	: P	Ref By: Dr. Arun Sharma	Reported
			: 25/3/2022 11:53:51AM
			: 26/3/2022 9:01:54AM
			Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

**IMPORTANT INSTRUCTIONS**

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
 \*Laboratory Investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes.  
 \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
 (#) Sample drawn from outside source.







**329684555**

**INVOICE CUM CASH RECEIPT**

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

<b>Patient Name</b>	Ms. SAVITA SINGH	<b>Invoice cum Receipt no</b>	CHDL220325061018786586
<b>Age &amp; Sex</b>	54 year(s) / Female	<b>Lab No</b>	329684555
<b>Ref. Doctor</b>	DR. ARUN SHARMA	<b>LPL Client Code</b>	CC9086
<b>Contact No</b>	6397731286	<b>Date &amp; Time</b>	2022-03-25 11:40:23
		<b>Reporting Location</b>	KRISHNA CARE CENTRE-CC

S.No.	Test Code	Test Name	Estimate of report by #	Amount (Rs.)
1	R143	HOMOCYSTEINE, QUANTITATIVE, SERUM	26-03-2022 17:00	900
Order Value:				900
Miscellaneous Charges:				0
<b>Total Order Value :</b>				<b>900</b>
<b>Net Payable Amount :</b>				<b>900</b>
Paid Amount:				900
<b>Balance Amount:</b>				<b>0</b>

**Note:**

1. Please check your Name, Tests and contact details. These will be used to send Report related notifications.
2. To download the Reports, please visit [www.lalpathlabs.com](http://www.lalpathlabs.com) or Download the App and click on 'VIEW ALL YOUR TEST REPORTS'.
3. Enter Lab No. (as given on receipt) as your Lab/Visit ID' and your surname (as given on receipt) as password, e.g. if your name is RAM KUMAR, then KUMAR is your Password.
4. Partially paid or unpaid reports cannot be accessed on the Website or App.
5. You can now get the Cumulative Report (One Report for all your Values) by downloading the App and creating an account with the same mobile number given at the time of registration. All your previous reports will also be available on the same dashboard. Download the App now from Play Store/ App Store or Give a missed call on 9222002333
6. Services provided hereunder are healthcare services which are exempt from GST under serial no. 74 of notification 12/2017 - Central Tax(Rate).
7. # Reports may be delayed due to unforeseen circumstances; inconvenience regretted.
8. \* Report will be available as per the Schedule of test.
9. You may experience delay in your report delivery time on account of COVID-19/Coronavirus situation.Regret inconvenience and appreciate your understanding.
10. By accepting this invoice /transacting with the Company, I agree/confirm having understood the Terms and Conditions mentioned in Dr. Lal PathLabs Privacy Policy and Terms of Use (also available on the website).

*Dr. Arun Sharma*  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Medical Director-KCMU UP Community Eye Bank

*[Signature]*  
For KRISHNA CARE CENTRE-CC  
Authorized Signatory  
GSTIN-09DEQPK9837B1Z4





King Georges  
Medical University

1 Shamina Road,  
Chowk,  
Chowk



20210155155



GCASH-895461/202122

OPD Bill Receipt

Original

UHID : 20210155155  
 Name : MRS. SAVITA SINGH  
 Address : W/O MITRA PAL SINGH HN0-41 CHHAPPUR NAKUR  
 Age & Sex : 53 Yrs 8 Mons 20 Days FEMALE  
 Dept. Name : Ophthalmology  
 Payment : Payment Mode :Cash  
 Details :

Receipt No GCASH- : 895461/202122  
 Receipt Date : 28/03/2022 09:52 AM  
 Billing Type GENERAL :  
 Contact No 83XXXXXXX68

Service Details:

Sl.No	Service Category	Service Name	Quantity	Rate	Gross	Discount	Amount
1	OPHTHALMOLOGY	PHACOEMULSIFICATION	1	1000	1000	0	1000

Amount in Words

One Thousand Zero Rupees And Zero Paise

Total Rs.

Amount : 1000

Discount : Rs. 0

Net Amount Rs.

: 1000

[Authorized Signature]

Mr. Ayush Yadav

Dr. Anil Kumar Sharma

Associate Professor

Department of Ophthalmology

King George's Medical University

Medical Director - KGMU UP Community Eye Bank

**GOMTI MEDICALS**  
 SHAMELA ROAD,  
 NEAR KGMU, LUCKNOW PIN CODE 226003  
 Phone : 9336712613

**M/s SAVITA SINGH**  
 KGMU KGMU  
 Ph.No.:  
 GST :

D.L No. : 20-07/09,21-07/09  
 E-Mail : gomtimedicals1970@gmail.com  
 GSTIN : 09AAEEG3236L1Z1

**GST INVOICE** Invoice No. : S0004303 Date : 28/03/2022  
 Sales Man : Due Date : 28/03/2022

Sl.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1	4.0	1*10	REAL OMEGA	FBS-7690	2/23	3401	240.00	240.00	0.00	9.00	9.00	960.00
2	4.0	1*10	PREGAWIN ALA CAP	ALC-1205	11/23	3004	199.00	199.00	0.00	9.00	9.00	796.00
3	3.0	1*10	FERICIP XT TAB	GL1552	9/23	3004	115.50	115.50	0.00	6.00	6.00	346.50

*Dr. Anil Kumar Sharma*  
 Associate Professor

**\*\* GET WELL SOON \*\***

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB-TOTAL	Amount
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	1797.52	1797.52
GST 12.00	346.50	0.00	0.00	18.56	18.56	37.12	152.49	152.49
GST 18.00	1756.00	0.00	0.00	133.93	133.93	267.86	0.00	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2102.50</b>	<b>0.00</b>	<b>0.00</b>	<b>152.49</b>	<b>152.49</b>	<b>304.98</b>	<b>GRAND TOTAL</b>	<b>2103.00</b>

*Rama*

Rs. Two Thousand One Hundred Three Only

**Terms & Conditions** **Receiver** **For GOMTI MEDICALS**



प्रेषक,

मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।

सेवा में,

मा० श्री मित्र पाल सिंह,  
प्रधान न्यायाधीश,  
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि०चि०/चिकित्सा प्रतिपूर्ति/2022-23/603

दिनांक 17/05/2022

विषय:-मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर की पत्नी श्रीमती सविता सिंह के चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1-लाभार्थी का नाम/पदनाम : मा० श्री मित्र पाल सिंह, प्रधान न्यायाधीश ✓
- 2-लाभार्थी के पिता/पति का नाम :
- 3-उपचार प्राप्तकर्ता का नाम/पिता/पत्नी का नाम: श्रीमती सविता सिंह ✓
- 4-उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : पत्नी ✓
- 5-निवास का पता :
- 6-चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो (निजी हैं अथवा सरकारी) : डा० अरुण कुमार शर्मा ✓  
के०जी०एम०यू० लखनऊ ✓
- 7-बीमारी का नाम : *Cancer* ✓
- 8-उपचार की अवधि : दि० 22-03-2022 से 24-03-2022 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रु० 24418.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रु० 24418.00 (चौबिस हजार चार सौ अठ्ठारह रुपये मात्र) ✓

#### प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ०प्र० शासन की उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी०सी० दिनांक 04 मार्च 2014 एवं उ०प्र० सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के०जी०एम०यू०/एस०जी०पी०जी०आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

*Adi*  
मुख्य चिकित्सा अधीक्षक,  
जिला चिकित्सालय, सीतापुर।  
जिला चिकित्सालय  
सीतापुर

VI

**Certificate 'B'**

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

Certificate granted to the Smt. Savita Singh W/O Sri Mitra Pal Singh,  
Principal Judge, Family Court, Sitapur.

**Part 'A'**

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

1. Dr. Arun Kumar Sharma hereby certify

(a) That the patient was admitted to hospital on my advice  
of.....

(Name of Medical Officer)

(b) That the patient has been under treatment at ..... and that  
the under mentioned medicines prescribed by me in this connection were essential for the  
recovery/prevention of serious deterioration in condition of the patient.

2. The medicines are not stocked in the ..... for supply  
to private patients and do not include proprietary preparations for which cheaper  
substances of equal therapeutic value are available not preparations which are primarily  
foods, toilets.

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount
1	873895	22.03.2022	K.G.M.U. LUCKNOW	250	
2	4216	22.03.2022	GOMTI MEDICALS, LUCKNOW	5168	
3	896	23.03.2022	BAALARK MEDITRADE SERVICES PVT LIMITED	19000	
			<b>Total</b>	<b>24418</b>	

प्रिप्रोपू की सकल धनराशि रु. 24418  
परीक्षाजीप्रान्ता अवेय धनराशि रु. 24418  
शुद्ध देय धनराशि रु. 24418  
धनराशि शब्दों में रु. Twenty four thousand Eighteen

Dd  
मुख्य चिकित्सा अधीक्षक  
जिला चिकित्सालय  
सीतापुर

Dr. Arun Kumar Sharma  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Medical Director-FCIU UP Community Eye Bank



(c) That the injections administered were/were not for immunizing of prophylactic purpose.


(d) That the patient is/was suffering from Coroant and is/was under my treatment from 22.03.2022 to 24.03.2022

(e) That the X-Ray, Laboratory etc. for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advise at .....

(Name of Hospital or Laboratory)


(f) That referred the patient to Dr. .... for specialist consultation and that the necessary approval of the .....

(Name of the Chief Administrative Medical Officer of the State) ..... as required under the rules was obtained.

  
Dr. Anuj Kumar Sharma  
Signature and Designation of the Medical Officer in charge of the case at the hospital  
Medical Officer, NCMU UP Community Eye Bank

**Part 'B'**

I certify that the patient has been under treatment at the ..... hospital and that the services of the special nurses, for which an expenditure of Rs. .... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

  
Signature and Designation of the Medical Officer in charge of the case at the hospital

**COUNTERSIGNED**

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.

Counter signed for Rs. 24,418/-  
(Rupees Twenty four thousand four hundred Eighteen Only)

  
Superintendent  
Associated Hospital  
Lucknow

D.N. 9077  
16/4/2022

**DETAIL OF VOUCHERS / EXAMINATION CHART**

**Name of Patient: Smt. Savita Singh W/o Sri Mitra Pal Singh,  
Principal Judge, Family Court, Sitapur**

**Disease-**

**Name of Institution:- K.G.M.U. LUCKNOW**

**Period of Treatment:- 22.03.2022 to 24.03.2022**

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	873895	22.03.2022	K.G.M.U. LUCKNOW	250		
2	4216	22.03.2022	GOMTI MEDICALS, LUCKNOW	5168		
3	896	23.03.2022	BAALARK MEDITRADE SERVICES PVT LIMITED	19000		
			<b>Total</b>	<b>24418</b>		

रिपोर्ट की सकल धनराशि रु. 24418 -

परिशेषात्प्राप्त अवेय धनराशि रु. 24418 -

मुक्त देय धनराशि रु. 24418 -

धनराशि शब्दों में रु. Twenty four thousand four hundred

*Eeglecin Singh*

*Dr. Anil*  
मुख्य चिकित्सा अधीक्षक  
जिला चिकित्सालय  
सीतापुर

*Dr. Anil Kumar Sharma*  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Medical Director - KGMU UP Community Eye Bank





**KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW**  
 Gandhi Memorial & Associated Hospitals

6397371268

UID: 20210209151	EXPIRES: 09/09/2021
DATE: 12-09-2021 06:47:09 AM	DEVICE: CARDIO
MRS. SAVITA SINGH	Cardiac OPD Unit - 11/23
AGE: 77 Yrs 1M 4D 11H 50M	
Gender: Female	
W.D. MITRA PAL SINGH	
Address: 111/1, HH UPPER NAAGUR, LITTAAR, PRADOSH, INDIA	
	
Serial No: 1111	Barcode: 1111

Ey: EVA Estomac

CVI 22

BP - 120/70

HR

100

unavailable

P - 112

Normal Renal size

R

Concor 10mg 1x1 - गोलियाँ के साथ

Xr. Nicardipine R (20) 2TOD

T. Natrilix SR 1x1 - गोलियाँ के साथ

Pantocid 1x1 B.D. - कार्बोनेट के साथ

Adv

Color Renal Doppler

to do RAS

x 1 month

14/09/2021

- Was to be operated

cat-out

- found to be Hypertensive

AL

12/10/21

All investigator was

Home Monitor - BP. Usual in the range of 140-150/80-90

May be taken up for Cat-out surgery

Rx - Concor 10 1x OD  
 - Natrilix SR 1x B.D.  
 - Amlogand 5 1x B.D.

Done





Blood Sugar R  
 HIV, HCV, HbsAg



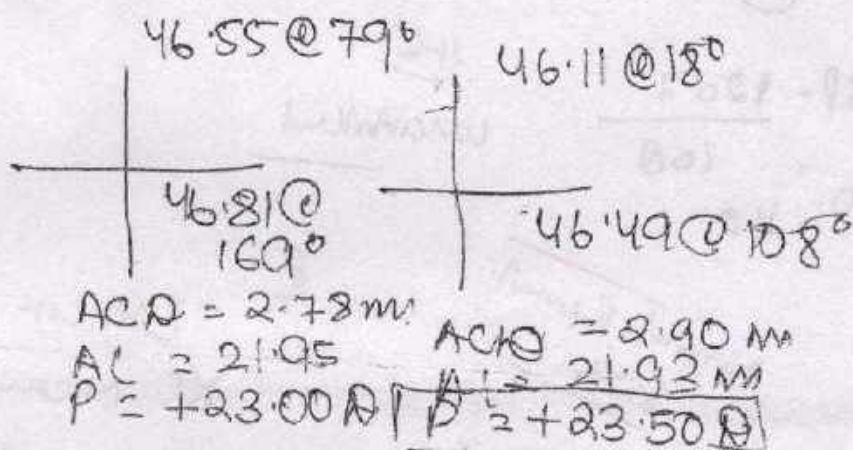
JR  
 Eye chance



D Ann  
 9415010832



24/2/2022



Vn < 6/36 → 6/18  
 FC Δ Mt ~~+~~ → NT

- 100V (LE > RE) K  
 3 months  
 H/O HTN X 15 yrs controlled  
 on oral medications

PR < ++  
 ++

GOR < 19.4 / muly  
 19.1 @ 9:30 am  
 Rest WNL

H/O T2DM X 1 yr  
 on oral medications

AS < lens = Nu I  
 out III-IV  
 Rest WNL

AS < lens = Nu I-IV  
 WNL  
 WNL  
 Central PSC 30-40%

Admit for management



Dr. A. K Sharma MD





KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW  
Gandhi Memorial & Associated Hospitals

OPD SLIP NO. 07-03-2022  
UHID: 20210155155 (S-01-00)  
SAVITA SINGH / F / 53Y 7M 30D  
Ophthalmology / UNIT 14.8

Vu (Lt) -  $\begin{matrix} fc \\ 5m \\ + \\ + \\ + \end{matrix}$   
Vu rpt/ - 6/24

eye/0 Praco (La)  
26/2/22

Co Pragma - LA ✓  
Co Ralomega ✓  
✓ Metformin ✓  
✓ Metformin ✓  
Lubiproly ✓

22-3-22  
912

AXIL

14  
Mn T

Mn T

Di - IMSC (RE) e Pseudophakia (LE)

Plan i - Phaco e PIOL (RE) + TA  
P = + 23.0 23/3/22

Admit for management.

DR. A.K. Bhaenya (MS)





King George  
1 Sham...



CEHR ID:21000880031429199



UHID : 20210155155

**Inpatient Hospital Registration**

Unit : Ophthalmology- Unit 1	Ward/Bed: OPHTHALMOLOGY NOB DS NEW FEMLAE WARD/21	IPD Fees : Rs. 0	MLC Patient : NON- MLC Case
Treating Doctor : Dr. Arun kumar sharma - Assoc. Professor		IP NO : 202223854	
Date Of Admission And Time: 22/03/2022 11:02:34 AM		Date Of Discharge And Time:	
Patient Name :Mrs. SAVITA SINGH		Age : 53 Years 8 Months 14 Days	
Mother's Name/Mother CR No : /		Sex : Female	
Father's Name :		Husband's Name: MITRA PAL SINGH	
Address :HN0-41 CHHAPPPUR NAKUR Saharanpur, UTTAR PRADESH Telephone0		Emergency Contact Address : Mobile No :	
Mobile No : *****268			
Religion : Unknown		Caste : Unknown	
Education : UNKNOWN		Occupation : UNKNOWN	
Billing Type : General		Monthly income : 0	
Ration card : null		BPL Card No :	
Provisional Diagnosis:		Final Diagnosis :	
Prepared By : Ms.Prem Prabha NewOPD		Signature Of Treating Consultant: : Dr. Arun kumar sharma - Assoc. Professor	

DS ward  
female ward  
28 Nov

---





King Georges Medical University

1 Shamina Road, Chowk,  
Chowk



20210155155



GCASH-873895/202122

IPD Bill Receipt  
Original

UHID :	20210155155	Receipt No :	GCASH-873895/202122
Name :	MRS. SAVITA SINGH	Receipt Date :	22/03/2022 11:03 AM
Address :	W/O MITRA PAL SINGH HN0-41 CHHAPPUR NAKUR	Billing Type :	GENERAL
Age & Sex :	53 Yrs:8 Mons:14 Days: FEMALE	IP No. :	202223854
Admission Date :	22/03/2022	Ward Name :	OPHTHALMOLOGY NOB DS NEW FEMALE WARD
Payment Details :	Payment Mode :Cash	Contact No :	83XXXXXX68

Service Details:

Sr No	Service Category	Service Name	Quantity	Rate	Taxes	Discount	Amount
1	ADMISSION	ADMISSION	1	250	250	0	250

Total Rs.  
Amount : 250

Amount in Words  
Two Hundred Fifty Rupees And Zero Paisa

Discount : Rs. 0  
Net Amount Rs.  
: 250



[Authorized Signature]  
Ms. Pooni Prabha NewOPD

*Dr. Ansh Kumar Sharma*  
Associate Professor  
Department of Ophthalmology  
King George's Medical University  
Medical Director-KGMU UP Community Eye Bank

CATARACT

Dark glass

Eye drape ✓

Trolley drape ✓

MVR ✓

Keratome ✓

~~5ml syringe~~

~~26G NEEDLE~~

~~2ML SYRINGE~~

~~Eye wipe~~

Eye visc PFS 3ml ✓

Balanced salt solution 500ml ✓

~~Inj pilocarpine~~

Bioblue/auroblue ✓

4 quin PFS 0.5ml ✓

E/D moxipoln — (1) ✓

E/D noten — (1) ✓

• E/D cycloten — (1) ✓

~~E/D paracaine~~

E/D lubry plus — (1) ✓

• E/D moxilwin p — (1) ✓

Tab trymax -10 ✓

tab loten sp -10 ✓

tab rabimet LSR -5 ✓

tab jmarox 500 mg -10 ✓

tab pregawin ALA -30 ✓

cap real omega -30 ✓

tab eye C ✓

E/D flur

E/D trophy plus

7 कम सुबह  
8 बजे से  
हर 10 मिनट  
9  
H



**GOMTI MEDICALS**

SHAMIKA ROAD,  
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

D.I. No. : 20-07/09,21-07/09

E-Mail : gomtimedicals1970@gmail.com

GSTIN : 09AAEEG7256121

M/s **SAVITA SINGH**  
KGMU KGMU

Page No. 1

Ph.No.:  
GST :

**GST INVOICE**

Invoice No. : S0004216

Date : 22/03/2022

Sales Man :

Due Date : 22/03/2022

Sl.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	1:0	1*1	EYE DRAPE-D711 AP	2201ABO	12/26	3004	63.00	63.00	0.00	6.00	6.00	63.00
2.	1:0	1PICS	PLAIN TOWEL DRAPE	2109BCO	8/26	3004	47.00	47.00	0.00	6.00	6.00	47.00
3.	1:0	1*1	MVR ANGEL 29G	BLINK041		3004	225.00	225.00	0.00	6.00	6.00	225.00
4.	1:0	1*1	FINE EDGE KERATOME 2.8R			3004	180.00	180.00	0.00	6.00	6.00	180.00
5.	1:0	1*1	VISCOLON P.F SYRINGE 2ML	21M60	11/23	3004	125.00	125.00	0.00	6.00	6.00	125.00
6.	1:0	1*1	SURESOL	510110323	8/23	3004	264.00	264.00	0.00	6.00	6.00	264.00
7.	1:0	1ML	BLUE RHEXIS	21L96	10/24	3004	66.00	66.00	0.00	6.00	6.00	66.00
8.	1:0	1*1	4 QUIN PFS 0.5ML	21M22	11/23	3004	258.00	258.00	0.00	6.00	6.00	258.00
9.	1:0	10ML	MOXIMAX EYE DROP	MXM21003E	2/23	3004	135.00	135.00	0.00	6.00	6.00	135.00
10.	1:0	5ML	NOTEN E/D	021042C	5/23	3004	260.00	260.00	0.00	6.00	6.00	260.00
11.	1:0	10ML	POLY-PLUS E/D	021054C	6/23	3004	240.00	240.00	0.00	6.00	6.00	240.00
12.	1:0	5ML	MOXIWIN P EY/D	021028D	4/23	3004	180.00	180.00	0.00	6.00	6.00	180.00
13.	1:0	1*10	TRYMOX TAB	PDCAM20	9/23	3004	34.84	34.84	0.00	6.00	6.00	34.84
14.	1:0	1*10	LOFEN-SP TAB	210147A	12/22	3004	95.00	95.00	0.00	6.00	6.00	95.00
15.	0.5	1*10	RABIMET LSR	SVC-1788	9/22	3004	180.00	180.00	0.00	6.00	6.00	90.00

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 12.00	2262.84	0.00	0.00	121.23	121.23	242.46
GST 18.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2262.84	0.00	0.00	121.23	121.23	242.46

*Anun Kumar Sharma*  
**Continued...**

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Department of Ophthalmology  
All India Institute of Medical Sciences  
Post Graduate Institute of Ophthalmology  
E-Block  
For GOMTI MEDICALS

Rs. Five Thousand One Hundred Sixty Eight Only

**Terms & Conditions**

Reciver

For GOMTI MEDICALS

GOMTI MEDICALS				M/s SAVITA SINGH KGMU KGMU		Invoice No. : S0004216		Date : 22/03/2022				
SHAMINA ROAD, NEAR KGMU, LUCKNOW PIN CODE 226003				Ph.No. : GST :		Sales Man :		Duc Date : 22/03/2022				
D.L. No. : 20-07/09,21-07/09				GST INVOICE		Invoice No. : S0004216		Date : 22/03/2022				
E-Mail : gomtimedicals1970@gmail.com						Sales Man :		Duc Date : 22/03/2022				
GSTIN : 09AAEEG7236L1Z1												
Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
								<b>TOTAL B/F</b>				<b>2020.40</b>
16.	1:0	1*10	JAMROX-500	STB-1004	3/23	3004	780.00	780.00	0.00	6.00	6.00	780.00
17.	3:0	1*10	PREGAWIN ALA CAP	ALC-1166	8/23	3004	199.00	199.00	0.00	9.00	9.00	597.00
18.	3:0	1*10	REAL OMEGA	FBS-7690	2/23	3401	240.00	240.00	0.00	9.00	9.00	720.00
19.	1:0	1*30	EYE C PEARL 250 TAB	ALT-1125	6/23	3004	490.00	490.00	0.00	9.00	9.00	490.00
20.	1:0	5ML	FLUR EYE DROP	93860	5/23	3004	177.14	177.14	0.00	6.00	6.00	177.14
21.	1:0	5ML	TROPY PLUS E/D	TPP-292D	6/23	3004	75.00	75.00	0.00	6.00	6.00	75.00
22.	1:0	5ML	CYCLOGYL EYE(DROPS)	KOCY1008	10/23	3004	66.50	66.50	0.00	6.00	6.00	66.50
 <b>Dr. Arun Kumar Sharma</b> Associate Professor Dept. of Ophthalmology King George's Medical University Chhatrapati Shahu Ji Maharaj Community Eye Bank												
** GET WELL SOON **												
CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL		4532.66			
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	SUST PAYBLE		317.91			
GST 12.00	3361.48	0.00	0.00	180.09	180.09	360.18	CGST PAYBLE		317.91			
GST 18.00	1807.00	0.00	0.00	137.82	137.82	275.64	ADD/LESS		0.00			
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE		0.00			
TOTAL	5168.48	0.00	0.00	317.91	317.91	635.82	GRAND TOTAL		5168.00			
Rs. Five Thousand One Hundred Sixty Eight Only				Receiver				For GOMTI MEDICALS				
<b>Terms &amp; Conditions</b>												



**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

<b>Baalk Meditrade Services Private Limited</b> 16 Second Floor, Vijay Nagar Krishna Nagar, Kanpur Road, Lucknow-226023 DL NO. LKO-2017/20B/000367, LKO-2017/21B/000367 GSTIN/UIN: 09AAGCB5991C1ZJ State Name : Uttar Pradesh, Code : 09 CIN: U85191UP2016PTC076583 Buyer (Bill to) <b>Savita Singh</b>  State Name : Uttar Pradesh, Code : 09 Place of Supply : Uttar Pradesh	Invoice No.	Dated
	<b>BMS/21-22/00896</b>	<b>23-Mar-22</b>
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	<b>Verbal</b>	<b>23-Mar-22</b>
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination	
<b>DIRECT</b>		
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	<b>Rayone Hydrophobic Preloaded 23.00D</b>	9021	12 %	<b>1 Pcs</b>	16,964.2857	Pcs	<b>16,964.2857</b>
	<b>CGST</b>						<b>1,017.8571</b>
	<b>SGST</b>						<b>1,017.8571</b>
	<b>Round Off</b>						<b>0.0001</b>
	<b>Total</b>			<b>1 Pcs</b>			<b>₹ 19,000.0000</b>

*Dr. Arun Kumar Sharma*  
 Associate Professor  
 Department of Ophthalmology  
 King George's Medical University  
 Medical Director-KGMU UP Community Eye Bank

Amount Chargeable (in words)

**INR Nineteen Thousand Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
9021	16,964.2857	6%	1,017.8571	6%	1,017.8571	2,035.7142
<b>Total</b>	<b>16,964.2857</b>		<b>1,017.8571</b>		<b>1,017.8571</b>	<b>2,035.7142</b>

Tax Amount (in words) : **INR Two Thousand Thirty Five and Seventy One paise Only**

Company's PAN : **AAGCB5991C**

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Pre Authenticated by  
  
 Authorised Signatory  
 Name :  
 Designation :

for Baalark Meditrade Services Private Limited  
  
 Issuing Signatory  
 Name  
 Designation



DISCHARGE SUMMARY

UHID : 20210155155  
Patient Name: Mrs. SAVITA SINGH Department: Ophthalmology  
Age / Sex: 53 Years 8 Months 16 Days 0 Hours / Female Unit: Unit 1

W/O : MITRA PAL SINGH Ward: OPTHALMOLOGY  
NOB DS NEW FEMLAE WARD

Billing Type: General MLC Patient: NO  
IPD Admission ID 202223854 Discharge Type: Normal Discharge

Treating Doctor: Dr. Arun kumar sharma Bed No: 21

Mobile No: \*\*\*\*\*268

Date of Admission: 22/03/2022 11:02:34 AM

Admission: AM

Operation Date: 23/03/2022

Date of Discharge: 24/03/2022 10:26:00 PM

Discharge: PM  
HN0-41 CHHAPPUR

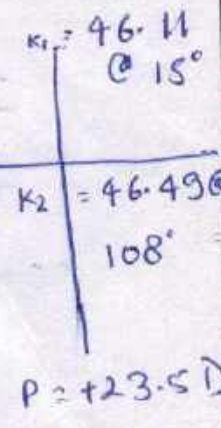
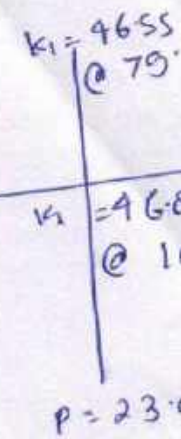
Address : NAKUR, UTTAR  
PRADESH, INDIA

Surgeon : Asst. Surgeon

Procedure : PHACO WITH PCIOL  
(RE) UNDER LA ON Operative  
23/3/2022 AT 12:00 Findings :  
PM

Consulting Doctor : Dr. Arun kumar sharma

Rayner The Ridley Innovation Centre, 10 Dominion Way  
Worthing, West Sussex, BN14 8AQ, United Kingdom  
RayOne Hydrophobic Aspheric  
REF RAO800C (RE)  
LOT 081174827 SN 28 2025-08-17  
SE: +23.00D Sph: +23.00D 23/3/2022



Drug Allergy :-  
Not Known

Diagnosis : IMSC (RE) WITH PSEUDOPHAKIA (LE)

ICD Code:

Admitted For: PHACO WITH PCIOL (RE) P=+23D UNDER LA ON 23/3/2022

Physical Findings: General Exam :- Systematic Exam :- Local Exam :- VN(RE) 6/36 WITH PINHOLE 6/18 PL+ PUPILLARY REACTION++ VN(LE) FC 1MT  
PL+ PR ACCURATE PUPILLARY REACTION++ A/S LENS (RE) CORTICAL IIII NUC I PSC 20-30% (LE) PSEUDOPHAKIA F/S (RE)  
MEDIA HAZE AT LENS DUE TO IMSC REST IS WNL (BE)

Condition: MS (RE)  
During: lids - wnl  
Discharge: conj - wnl  
cornea - clear  
A/C - peaked  
Iris - dilated & movd  
Pupil -  
Lens - PCD in bag

VN(RE) 6/36.



**Brief Summary of the Case:**

Category	Test Name	Observation
Note :	VM -NR RBS -WNL COVID DOUBLE DOSE VACCINATED	0

**Treatment Given :**

Note :	PHACO WITH PCIOL (RE) UNDER LA ON 23/3/2022
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**Advice on Discharge:**

- MAINTAIN OCULAR HYGIENE
- DARK GOGGLES
- HOT FOMENTATION TDS
- E/D MOXIWIN P 2 HRLY FOR 3 DAYS THEN 6 TIMES A DAY
- ✓ E/D LUBRY PLUS 6 TIMES A DAY (BE)S .
- E/D CYCLOTEN BD
- ✓ E/D NOTEN BD (BE)S
- TAB JAMROX 500 BD FOR 5 DAYS
- TAB LOFEN SP BD FOR 5 DAYS
- TAB RABIMET LSR OD ES FOR 5 DAYS
- TAB TRYMEX TDS
- TAB REAL OMEGA BD FOR 15 DAYS
- ✓ TAB PREGAMIN ALA BD FOR 15 DAYS
- TAB EYE C TDS

To come For follow up in Routine OPD on & Time

→ E/D metob-f LLL (BE)S .

In specialist Clinics on & Time

Senior Resident

Review on 29<sup>th</sup> April / OPD / 9am

Operation Date 23/03/2022

*Polu 30-1*

*Reena 203*

*Smile 301*

Signature Treating Doctor

Dr. Arun kumar sharma

24/03/2022 10:26:00 PM

Date & Time