

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. 203/22

Dated: 31-08-2022

Subject: Reimbursement of expenditure done on medical treatment  
Amounting to Rs. 3,277/-.

Sir,

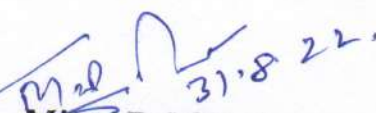
I **Mitra Pal Singh** took treatment of My wife Smt. Savita Singh at  
K.G.M.U., LUCKNOW for LVH from 12.08.2021 to 28.08.2021.

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.

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. 31.8.2022

  
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.)
2. Essentiality Certificate "A"
3. List of Medical expenses calculation sheet
4. Original Bills & Vouchers
5. Slip of K.G.M.U, Lucknow

प्रेषक,

मित्र पाल सिंह  
प्रधान न्यायाधीश  
परिवार न्यायालय  
सीतापुर।

सेवा में,

संयुक्त निबन्धक  
प्रशासन अनुभाग A-1 & A-4  
माननीय उच्च न्यायालय  
इलाहाबाद।

पत्रांक: 204 /2022

दिनांक: 31-08-2022

विषय- कालबाधित चिकित्सीय प्रतिपूर्ति दावे के सम्बन्ध में।

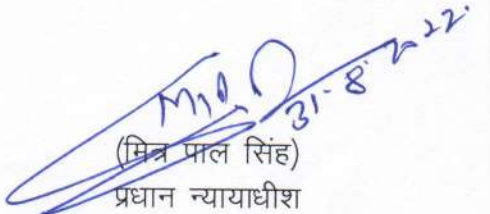
महोदय,

उपरोक्त विषयक माननीय न्यायालय के पत्रांक 10029/IV-2706/Admin-A-1 Sec. Dated 16-08-2022 के सन्दर्भ में माननीय न्यायालय से निवेदन करना है कि मैंने अपनी पत्नी का इलाज किंग जार्ज मेडिकल कालेज, लखनऊ में कराया था जिससे सम्बन्धित चिकित्सीय प्रतिपूर्ति दावा मु० 3,277/- में माननीय न्यायालय द्वारा दावा विलम्ब से प्रस्तुत किये जाने की आपत्ति इंगित की गयी है। उक्त के सम्बन्ध में माननीय न्यायालय को अवगत कराना है कि मेरी पत्नी का किंग जार्ज मेडिकल कालेज लखनऊ में इलाज निरन्तर चल रहा है जिस कारण एक दावे को अलग से प्रस्तुत न कर कई दावों को एक साथ जोड़ कर प्रस्तुत कर दिया गया था इसके अतिरिक्त चिकित्सीय प्रपत्रों को संयोजित करने व सम्बन्धित चिकित्सको से उन्हे सत्यापित कराने में काफी समय लग गया जिस कारण चिकित्सीय प्रतिपूर्ति दावा माननीय न्यायालय को प्रेषित करने में विलम्ब हो गया।

अतः आपसे अनुरोध है कि उपरोक्त चिकित्सीय प्रतिपूर्ति दावे के प्रस्तुतीकरण में हुये विलम्ब को मर्षित किये जाने के सम्बन्ध में इस प्रार्थना पत्र को माननीय न्यायालय के समक्ष अवलोकनार्थ प्रस्तुत करने का कष्ट करे।

संलग्नक- चिकित्सीय प्रतिपूर्ति दावा मूल रूप से।

भवदीय,

  
(मित्र पाल सिंह)  
प्रधान न्यायाधीश  
परिवार न्यायालय  
सीतापुर।

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,

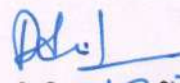
उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/ 578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 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 (निजी हैं अथवा सरकारी) : डा० अभिषेक सिंह ✓  
के०जी०एम०यू० लखनऊ ✓
- 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

5

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

किराया की सकल धनराशि रु०. 3277  
परिवहन/वाहन अदेय धनराशि रु०. ....  
शुद्ध देय धनराशि रु०. 3277  
धनराशि शब्दों में रु०. Three thousand

Dr. Singh  
मुख्य चिकित्सा अधीक्षक  
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.....

*D. Abhishek Singh*  
Assn. Prof.  
Cardiology Department  
ICG Medical University  
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

Superintendent  
G.M. & Associated Hospitals  
Lucknow

*02/12/2021*

*D. Abhishek Singh*  
Assn. Prof.  
Cardiology Department  
ICG Medical University  
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:- 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>		

रिपोर्ट की सकल धनराशि रु. 3277/-  
परिवारिक/अन्य अथवा धनराशि रु. \_\_\_\_\_  
मुद्रण के लिए धनराशि रु. 3277/-  
धनराशि \_\_\_\_\_ में रु. \_\_\_\_\_  
Security Secured by \_\_\_\_\_  
मुख्य चिकित्सा अधिकारी  
जिला चिकित्सालय  
सीतापुर

Dg. 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. ABHISHEK SINGH  
 Assistant Professor  
 Cardiology Deptt  
 K.G.'s Medical University  
 Lucknow

PHID: 20210100100	Fee: Rs. 900	TOKEN NO. 2
DATE: 18/09/2021 05:47:49 AM	CLINIC	
MR. KAVITA SINGH		
Age: 55Y M 40 KH 55X1	Cardiac OPD Unit-17, 23	
W/O MITRA PAL SINGH		
HINDAL CHHAPPUR NAKUR, UTTAR PRADESH, INDIA		
NON MLC		Res-0104

9

Ey: CVH Esthail

CVI-22

BP - 120/70

HTW  
 uncontrolled

P - 112

Normal Renal size

R.

T. Concor 10mg 10/00 - गलत से काट  
 X. Nicardipine R (20) 2705  
 T. Natrilix SR 10/00 - गलत से काट  
~~Cop~~ Pantocid 10/00 RAS - काटी 1

Adv  
 Color Renal  
 Duppler

to Ho RAS

x 1 month

- Was to be operated

cat-out

- found to be Hypertension

14/09/2021

All investigator  
 WSK

Home Monitori -  
 BP. Usual in  
 the same d  
 140-150/80-90

May be  
 taken up  
 for  
 Catrad.  
 surgery

R  
 - Concor 10 1x 00  
 - Natrilix SR 1x B.D  
 - Amlgoad 5 1x B.D

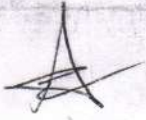
Blood Sugar R  
HIV, HCV, HBsAg PP



JEL  
Eyehance



D Ann  
9415010832



SAVITA SIN  
D. M. M. V. G. HECTIC

100-100-100



GST INVOICE CASH

**AMA MEDICAL STORE**

CHEMIST & DRUGGISTS

G.M. & A. HOSPITAL K.G.M. UNIVERSITY CAMPUS CHOWK, LUCKNOW  
D.L.NO. UP32200000851 UP32210000848 .GSTIN NO-09AAGFA4656E1ZI

Pt.Name: SAVITA SINGH R ;Bill No.: UP044688  
Dr.Name: K.G.MEDICAL UNIVERSITY LKO ;Bill Dt.: 12/08/2021  
; Time 09:26:01

PARTICULARS	Unit	QTY	Batch No	Expiry	Mrp	SpDis%	RATE	Amount
NICARDIA RETARD 20 T	1x15	90	AKG21004	Jan/24	53.01	0.00%	53.01	233.77
MATRILIX SR TAB	1x10	20	143008	Sep/23	109.00	0.00%	109.00	160.23
AMTOCID 40MG TAB	1x15	15	SIC0521A13	Jan/24	159.00	0.00%	159.00	116.86

No Of Product :	Tax	Taxable	SGST	CGST	GROSS AMT	
RAJ TRIPATHI	12%	456.13	27.36	27.36	DISC 26.5%	184.23
					SGST	7.36
					CGST	27.36
E.& O.E.					ROUNDING	0.14
					VALUE	511.00

Rupees Five Hundred and Fifty One Only



*verified that the following was / were prescribed in the hospital.*

**PAID**

Subject to Lucknow Prescription only. For Physiotherapy Incharge  
Replacement Within 7 Days With Cash Memo Only. Dept. of Cardiology, KGMU, Lko.  
We do not RETURN Cut/Open Medicines.  
Please Get Verify Medicines From Prescription before Use.  
Software By: RECKON SALES PVT. LTD.



# 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>RP</i>	1700
2	REGISTRATION CHARGES	20
<b>Total Charge</b>		<b>1720 Rs.</b>

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

Created By VIJAY  
For : SARKAR DIAGNOSTICS

**PAID**



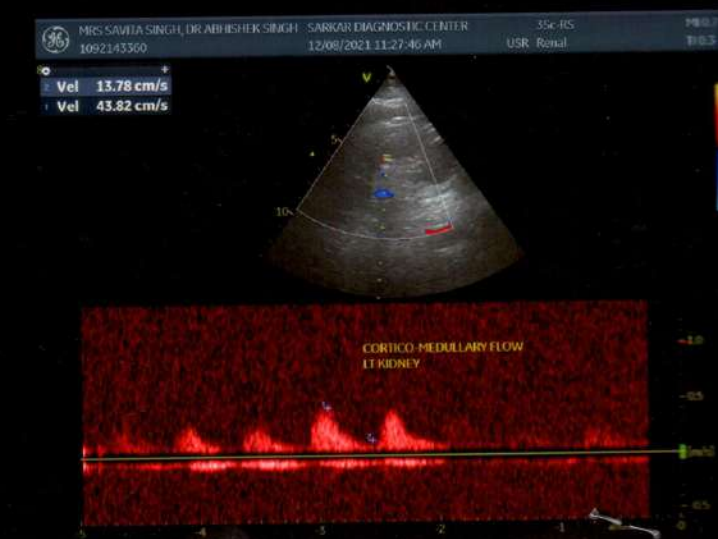
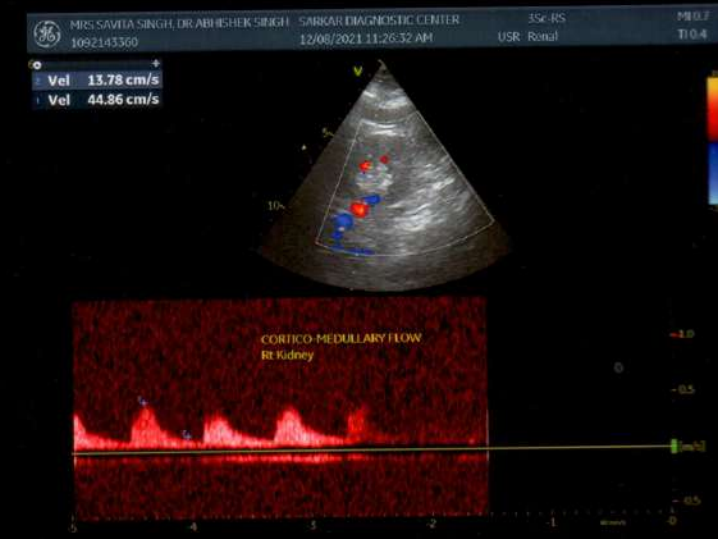
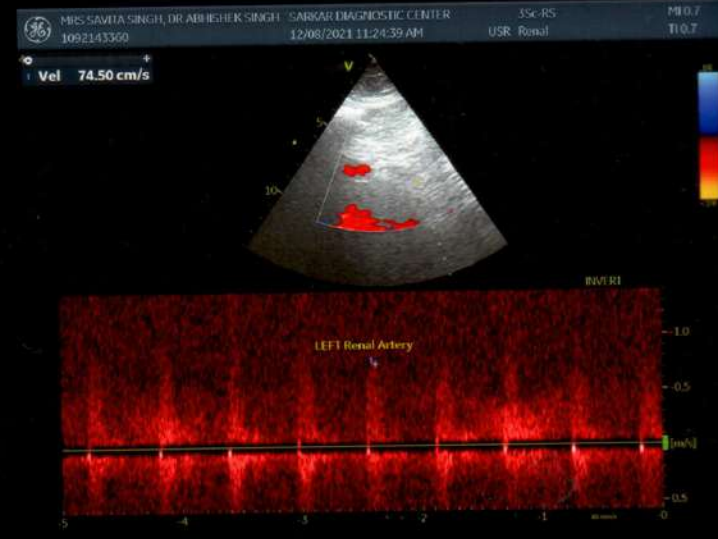
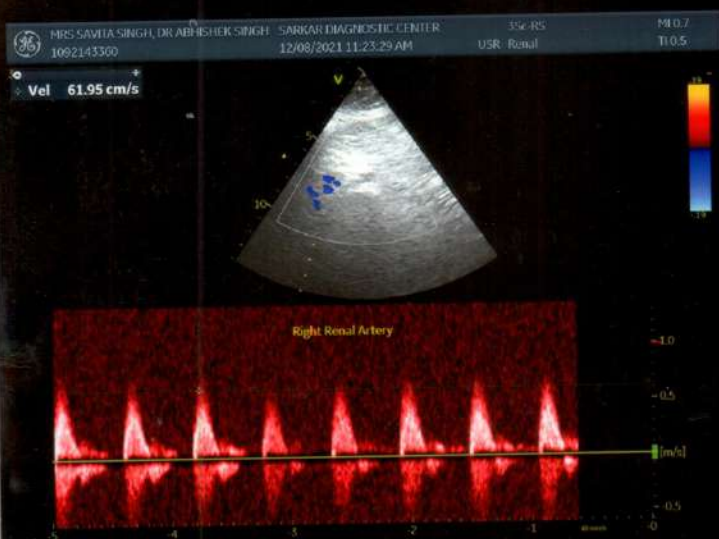
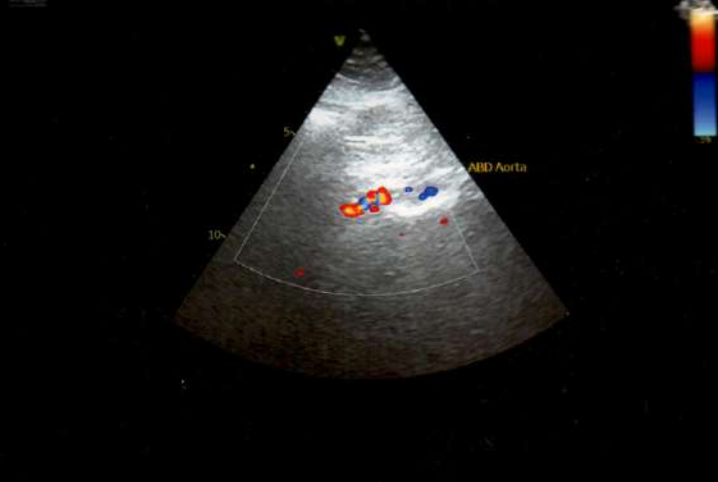
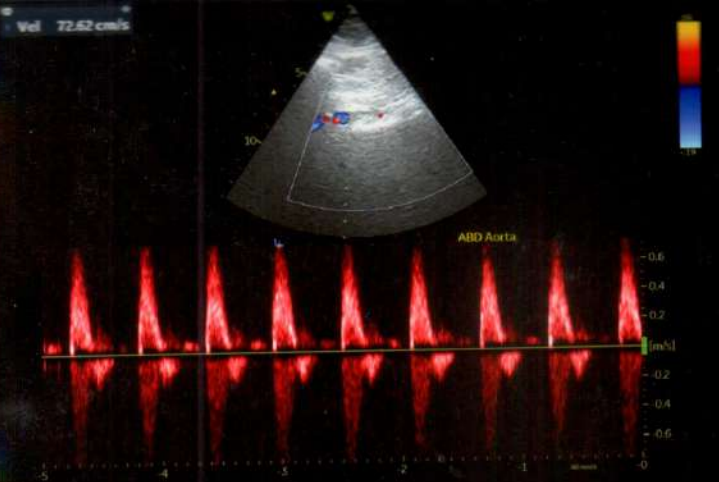
Mrs. SAVITA SINGH

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



ISO 9001-2008 Certified Organisation

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

PADMA SHRI (2016)

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 velocimetric 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 velocimetric 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
- 12CHANNEL DIGITAL HOLTER • IMAGE INTENSIFIER (IITV) • MOTORIZED 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.

Contd. 2



# SARKAR DIAGNOSTICS

*Making a difference in patient care*

Founder Chairman

*Dr. Sabya Sachi Sarkar*

MBBS, MD

PADMA SHRI (2016)



ISO 9001-2008 Certified Organisation

8-307, 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		

## 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 \*\*\*

IN CASE OF ANY DISCREPANCY, KINDLY GET YOUR TEST REPEATED

VENTURE OF SARKAR MEDICAL DIAGNOSTIC CENTRE PVT. LTD.

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Prescribed by

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Purchaser's Name

Savita Singh

Qty.	Particulars	Mfd. By	Batch No. & Exp.	Amount Rs.	P.
4x10	Tab Concor 5mg		N22AM 0035 11-22	385=28	
All Local Taxes Extra					
Total				385=28	

Verified that the following was/were prescribed in the hospital.  
Physician Incharge  
Dept. of Cardiology, K.B.M.U., Lko.

m 20/2123/2011

n 21/2124/2011

Signature

# PARWATI MEDICINE

KAMLA NEHRU MARG, CHOWK, LUCKNOW.  
 Phone : 9956 039  
 E-Mail : yyyyyy  
 D.L. NO. FDA-710/015 FDA-20-709/015  
 GSTIN : 09AARFF2826N1ZH TIN. No. : 09850045175

## GST INVOICE

## CASH MEMO

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

Verified that the following was  
 furnished in the hospital  
 Dep't. of Cardiology, KGMU  
 Authorised signature

Terms & Conditions

For PARWATI MEDICINE

**Grand Total**  
**661.00**