

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. 207/22

Dated: 31.08.22

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 23,556/-.

Sir,

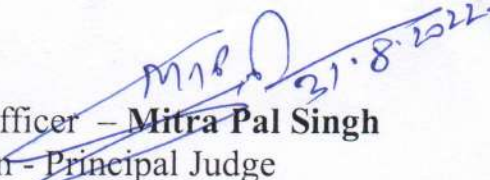
I **Mitra Pal Singh** took treatment of My wife Smt. Savita Singh at
K.G.M.U., LUCKNOW for LVH & HTN from 24.09.2021 to 02.03.2022.

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.

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..... ofX.....

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,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।

सवा में,

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

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

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,

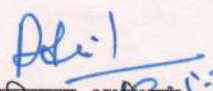
उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 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 : LVH, HTN
- 8-उपचार की अवधि : दि० 24-09-2021 से 02-03-2022 ✓
- 9-चिकित्सा पर कुल व्यय धनराशि : मु०रू० 23556.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू० 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 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

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	
			TOTAL	23556	

रिपोर्ट की सकल धनराशि रु. 23556
परिचरणाप्रस्ता अवेय धनराशि रु. 23556
शुद्ध देय धनराशि रु. 23556
धनराशि शब्दों में रु. Twenty three thousand five hundred and fifty six only

Dr. Arun Kumar Sharma

मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय
सीतापुर

Dr. Arun Kumar Sharma
Associate Professor
Department of Ophthalmology
King George's Medical University
Medical Director-KGMU 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 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 Director-KEMUP **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		
			TOTAL	23556		

विद्यमान की सकल मात्रा 23556
परिभाषा द्वारा अवेय धनराशि 23556
मनु केय धनराशि 00
धनराशि शब्दों में 00
86/8/2022
मुख्य चिकित्सा अधिकारी
जिला चिकित्सालय
सीतापुर


Dr. Anurag Sharma
Department of Ophthalmology
King George's Medical University
Medical College, Lucknow Community Eye Bank



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

Gandhi Memorial & Associated Hospitals

6397371268

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

UHID: 20210155155	Fees: Rs. 0.00	TOKEN NO: 5
DATE: 12-08-2021 08:47:49 AM	Gender:	
MRS. SAVITA SINGH	Cardiac OPD Unit - 1/1, 2, 3	
Age: 53Y 1M 4D 0H 0M (Female)		
W/O MITRA PAL SINGH		
HNO-41 CHHAPPUK NAKUR, UTTAR PRADESH, INDIA		
		NON MLC Revisit

Ey: CVH Estamir

CVI-22

BP - 20/7
100

Htn
uncontrolled

P - 112

Normal Renal
size

Adv
Color Renal
Doppler

No No RAS

T. Concor 10mg 1020 → गैरले 2 वार
 Xt. Nicardipine R (20) 2TDS
 T. Natrilix SR 1020 → गैरले 3 वार
 Cap Pantocid
 100 RAS - काली 4

x 1 month

- Was to be operated

- Contract
- found to be Hypertensive 12/10/21

14/09/2021

All investigator
WAK

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

May be
taken up
for
Contract
surgery

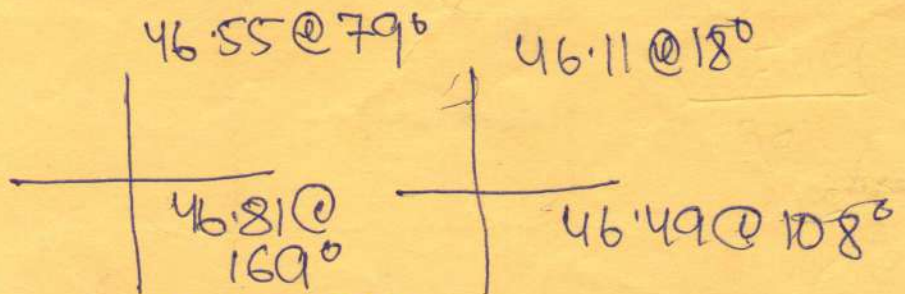
R
 - Concor 10 1x OD
 - Natrilix SR 1x B.D
 - Amlogand 5 1x B.D

Blood Sugar / R
 HIV, HCV, HbsAg



24/2/2002

JEJ
 Eye chance



Dr Ann
 9415010832



ACD = 2.78 mm ACD = 2.90 mm
 AL = 21.95 AL = 21.93 mm
 P = +23.00 D P = +23.50 D

Vn < 6/36 → 6/18
 FC 1 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 H/O T2DM X 1 yr -
 rest WNL on oral medications

AS < lens = Nu I - iv
 out II - iv
 rest WNL
 lens = out II - iv
 rest WNL

FS < WNL
 WNL
 Nu I - II
 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 :HN0-41 CHHAPPUR 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 :		BPL Card No :	
Provisional Diagnosis:		Final Diagnosis :	
Prepared By : Ms.Prem Prabha NewOPD		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-SCMU UP Community Eye Bank



King Georges Medical University

I Shamina Road, Chowk, Chowk



20210155155



GCASH-790509/202122

IPD Bill Receipt Original

UHID : 20210155155	Receipt No GCASH-790509/202122
Name : MRS. SAVITA SINGH	Date : 24/02/2022 10:19 AM
Address : W/O MITRA PAL SINGH HN0-41 CHHAPPUR NAKUR	Billing Type : GENERAL
Age & Sex : 53 Yrs 7 Mons 16 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:

Quantity	Service Name	Rate	Gross	Discount	Amount
1	ADMISSION	250	250	0	250

Total Amount Rs. : 250

Amount in Words
Two Hundred Fifty Rupees And Zero Paisa

Discount : Rs. 0
Net Amount : Rs. 250



[Authorized Signature]
Mrs. Prem Prabha NewOPD

Dr. Anil Kumar Sharma
 Associate Professor
 Department of Ophthalmology
 King George's Medical University
 Medical Director-KCMU 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 :

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

GST INVOICE

D.L No. : 20-07/09,21-07/09
E-Mail : gomtimedicals1970@gmail.com
GSTIN : 09AAEFG7236L1Z1

Sn.	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
Professor
Department of Ophthalmology
Gomti Medical College
University
Lucknow

**** GET WELL SOON ****

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	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	13.19
GST 18.00	0.00	0.00	0.00	0.00	0.00	0.00	13.19
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	246.14	0.00	0.00	13.19	13.19	26.38	0.00
GRAND TOTAL							246.00

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 wise PFS 3ml ✓
- ~~Balanced salt solution 500ml~~
- ~~Inj. Pilocarpine~~
- ~~Bio blue / Aurobio~~
- ~~Kinnox Unit dose~~

~~Eye lid cleanser~~

Tropy plus EPD Fluid

Monday
को सुबह 9 बजे
से हर 10 मिनट
में डालें
(Left eye)

- MO EPD Moxinin P ✓
- EPD NPE ✓
- EPD ~~HP COOL~~ ✓
- EPD Cyclofen ✓
- Tab. Glymox - (5) ✓
- Tab. lofen SP - (10) ✓
- Tab. Rabimet LSR - (5) ✓
- Tab. Jansox 500mg - (10) ✓
- ~~EPD Paracaine~~
- Tab. Pregamin LA - (10) ✓
- Cap Real Omega - (10) ✓

Santa

GOMTI MEDICALS

M/s SAVITA SINGH
KGMU KGMUSHAMINA ROAD,
NEAR KGMU, LUCKNOW PIN CODE 226003Ph.No.:
GST :

Phone : 9336712613

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

E-Mail : gomtimedicals1970@gmail.com

GSTIN : 09AAEFG7236L1Z1

GST INVOICE

Invoice No. : S0003892

Date : 28/02/2022

Sales Man :

Due Date : 28/02/2022

Sl.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	✓:0	1*1	EYE DRAPE-D711 AP	2110AF0	9/26	3004	63.00	63.00	0.00	6.00	6.00	63.00
2.	✓:0	1PICS	PLAIN TOWEL DRAPE	2109BC0	8/26	3004	47.00	47.00	0.00	6.00	6.00	47.00
3.	✓:0	1*1	BLADE EYE BLINK MVR			3004	225.00	225.00	0.00	6.00	6.00	225.00
4.	✓:0	1*1	FINE EDGE KERATOME 2.8R			3004	180.00	180.00	0.00	6.00	6.00	180.00
5.	✓:0	1*1	FINE SIDEPORT LANCETIP 15DEG-R	BLINK035		3004	180.00	180.00	0.00	6.00	6.00	180.00
6.	✓:0	1	EYE WIPE (EW01)	2101CD0	12/25	3004	68.00	68.00	0.00	6.00	6.00	68.00
7.	✓:0	1*1	VISCOLON P.F SYRINGE 2ML	21M60	11/23	3004	125.00	125.00	0.00	6.00	6.00	125.00
8.	✓:0	5ML	MOXIWIN P EY/D	021028D	4/23	3004	180.00	180.00	0.00	6.00	6.00	180.00
9.	✓:0	5ML	NOTEN E/D	021042C	5/23	3004	260.00	260.00	0.00	6.00	6.00	260.00
10.	✓:0	1*1	HPCOOL EYE DROPS	SH2012414A	11/22	3004	460.00	460.00	0.00	6.00	6.00	460.00
11.	✓: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. Arjun Kumar Sharma
Associate Professor
Department of Ophthalmology
King George's Medical University
Community Eye Bank

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
D.L.No. : 20-07/09,21-07/09
E-Mail : gomitimedicals1970@gmail.com
GSTIN : 09AAEEG7236L1Z1

M/s **SAVITA SINGH**
KGMU KGMU

Ph.No.:
GST :

Invoice No. : S0003892 Date : 28/02/2022
Sales Man : Due Date : 28/02/2022

GST INVOICE

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
												TOTAL B/F
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.	✓1:0	1*10	REAL OMEGA	FBS-6595	8/22	3401	240.00	240.00	0.00	9.00	9.00	240.00
												2584.74

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


**** GET WELL SOON ****

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL
GST 5.00	0.00	0.00	0.00	0.00	0.00	0.00	2956.78
GST 12.00	2894.92	0.00	0.00	155.08	155.08	310.16	188.57
GST 18.00	439.00	0.00	0.00	33.49	33.49	66.98	188.57
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	3333.92	0.00	0.00	188.57	188.57	377.14	3334.00

SUB TOTAL 2956.78
SGST PAYBLE 188.57
CGST PAYBLE 188.57
ADD/LESS 0.00
CR/DR NOTE 0.00
GRAND TOTAL 3334.00

Rs. Three Thousand Three Hundred Thirty Four Only
Terms & Conditions

Receiver

For GOMTI MEDICALS


Tax Invoice

(ORIGINAL FOR RECIPIENT)

Baalark Meditrade Services Private Limited 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. BMS/21-22/00837	Dated 28-Feb-22
	Delivery Note	Mode/Terms of Payment
Buyer (Bill to) Savita Singh	Reference No. & Date.	Other References
State Name : Uttar Pradesh, Code : 09	Buyer's Order No. Verbal	Dated 28-Feb-22
	Dispatch Doc No.	Delivery Note Date
	Dispatched through Direct	Destination FOR Store
	Terms of Delivery As Per Order	

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

Dr. Anil Kumar Sharma
 Associate Professor
 Department of Ophthalmology
 King George's Medical University
 Medical Director-KGMU UP 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
Total	16,518.0000		991.0800		991.0800	1,982.1600

Tax Amount (in words) : **INR One Thousand Nine Hundred Eighty Two and Sixteen 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 _____ for Baalark Meditrade Services Private Limited
 Authorised Signatory Name : _____ Issuing Signatory Name : _____
 Designation : _____ Designation : _____



GOMTI MEDICALS

SHAMINA ROAD,
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

D.L No. : 20-07/09,21-07/09
E-Mail : gomtimedicals1970@gmail.com
GSTIN : 09AAAFEG7236L1Z1

M/s **SAVITA**
KGMU KGMU

Ph.No.:
GST :

Invoice No. : S0003921
Sales Man :

Date : 01/03/2022
Due Date : 01/03/2022

GST INVOICE

Slr.	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
Associate Professor
Department of Ophthalmology
King George's Medical University
Director-KCCHIT Community Eye Bank

**** 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	195.48
GST 12.00	82.26	0.00	0.00	4.41	4.41	8.82	SGST PAYBLE	15.39
GST 18.00	144.00	0.00	0.00	10.98	10.98	21.96	CGST PAYBLE	15.39
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	ADD/LESS	0.00
TOTAL	226.26	0.00	0.00	15.39	15.39	30.78	CR/DR NOTE	0.00
							GRAND TOTAL	226.00

Rs Two Hundred Twenty Six Only
Terms & Conditions

Receiver

For GOMTI MEDICALS

[Signature]



King Georges
Medical
University

1 Shamina Road,
Chowk,
Chowk



20210155155



GCASH-808234/202122

OPD Bill Receipt

Original

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

Service Details:

Sl.No	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 Paise

[Authorized Signature]
Mr. Kapil Kumar Srivastava

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

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::** OPTHALMOLOGY NOB DS NEW 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

Handwritten notes:
 $K_1 = 46.55 @ 79^\circ$
 $K_2 = 46.81 @ 169^\circ$
 $K_1 = 46.11 @ 15^\circ$
 $K_2 = 46.49 @ 109^\circ$
 $P = 23.00$
 $P = +23.5 D$

Drug Allergy :-
 NOT KNOWN

Mobile No: *****268
Date of Admission: 24/02/2022 10:18:11 AM
Operation Date: 02/03/2022
Date of Discharge : 09:22:00 AM
Address : CHHAPPPUR NAKUR , UTTAR PRADESH, INDIA

Surgeon : Asst.Surgeon
 PHACO WITH
Procedure : PCIOL (P=23.5) LE Operative
 UNDER TA ON **Findings :**
 26/2/22
Consulting Doctor : Dr. Arun kumar sharma

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, NT 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

Condition

Vn (LE) 1- fc 5mt $\frac{+}{+}$ $\frac{+}{+}$ \xrightarrow{EPH} 6/18

During

Discharge

:

hids - WNL

conj - WNL

cornea - clear

Alc - Jaamed

iris

pupil

dilated + mydiatic

lens - PCIOL in bag

(9)

Brief Summary of the Case:

Treatment Given :

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

Tab Teymon \leftarrow X 3 days

BYP Patchlor 1 Sp \leftarrow X 3 days

MAINTAIN OCULAR HYGIENE

E/D MOXIWIN P 2 HOURLY

E/D LUBRY PLUS 2 HOURLY

E/D NOTEN 4TD

E/D CYCLOTEN BD

E/D HP COOL 6TD

TAB JAMROX BD

TAB RABIMET LSR OD AC

TAB LOFEN SP BD

CAP REAL OMEGA BD

CAP PREGAMIN ALA BD

TAB EYE C TDS

Left eye

X 5 days

X 30 days

Advice on Discharge:

To come For follow up in Routine OPD on & Time

In specialist Clinics on & Time

Senior Resident

Review on Monday / Cornea clinic / 9am

Signature Treating Doctor

Dr. Arun kumar sharma

02/03/2022 09:22:00 AM

Date & Time

Keena
OR3