

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. 208/22

Dated: 31.08.22

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 7,735/-.

Sir,

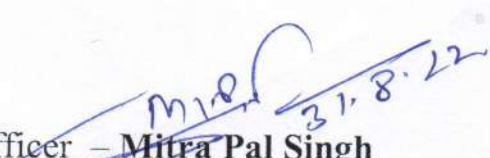
I **Mitra Pal Singh** took treatment of My wife Smt. Savita Singh at
K.G.M.U., LUCKNOW for LVH & HTN from 07.03.2022 to 28.03.2022.

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.

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. 21.8.2022


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।

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,

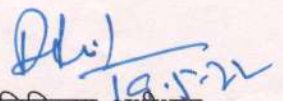
उपर्युक्त विषयक आपके पत्र सं०-95/2022 दिनांक 07-05-2022 के क्रम में शासनादेश संख्या-56/2019/ 578-पांच-6-2019-04(जी०)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 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 : मु०रु० 7735.00 ✓
- 10-परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रु० 7735.00 (सात हजार सात सौ पैंतिस 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

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	
			Total	7735	

रु० 7735-
अर्थात् अदेय धनराशि रु०
धनराशि रु० 7735-
धनराशि शब्दों में रु० Seven Thousand

Dr. Arun Kumar Sharma
मुख्य चिकित्सा अधिकारी
जिला चिकित्सालय

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

(e) That the patient is/was suffering from Cataract 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 hospitalizationrequired.

Dated.....

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

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/- (Rupee Seven thousand Seven hundred thirty five Only)

Place.....

Date.....

Medical Superintendent

.....Hospital

[Signature]
Superintendent
& Associated Hospitals
Lucknow

D.N. 9079

18/4/2022

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:-

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		
			Total	7735		

विशेषज्ञ की सहायता से धनराशि रु० 7735/-
 धनराशि अर्थ में धनराशि रु० 7735/-
 धनराशि शब्दों में रु० Seven thousand seven hundred and thirty five only
 Seema Huda (Signature)
 (Signature)
 (Signature)

मुख्य चिकित्सा अधीक्षक
 जिला चिकित्सालय
 सीतापुर

Dr. Arun Kumar Sharma
 Associate Professor
 Department of Ophthalmology
 King George's Medical University
 Medical Director-KG.M.U.P Community Eye Bank



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

6397371268

UID: 20210155155	Fee: Rs. 0.00	TOKEN NO: 5
DATE: 12-08-2021 08:47:49 AM	Gender:	
MRS. SAVITA SINGH		
Age: 57Y 1M 4D 11H 44M (Female)	Cardiac OPDA Unit - 1/1, 2, 3	
W/O MITRA PAL SINGH		
HNO-41 CHHAPPUKUR, UTTAR PRADESH, INDIA		
		NON MLC Re-visit

By: CVH ESTIM

CVI-22

BP - $\frac{120}{70}$

How
circulation

P - 112

Normal Renal
size

Adv

Color Renal
Doppler

No RAS

Concor 10mg 1/1/0 - 9 AM to 12 PM
 Xt. Metoprolol R (20) 2TDS
 T. Natrilix SR 1/1/0 - 9 AM to 12 PM
 Pantocid 1/1/0 - 9 AM to 12 PM

x 1 month

14/09/2021

- Was to be operated

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

All investigator
was

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

May be
taken up
for
Contract
surgery

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

[Signature]

Blood Sugar PP
 HIV, HCV, HbsAg

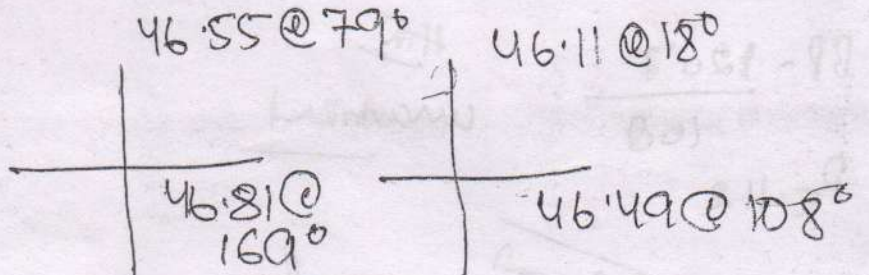


24/2/2022

JEJ
 Eyeance



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 4 mt ~~+~~ → NI

- 100V (LE > RE) X
 3 months

- H/O HTN X 15 yrs controlled
 on oral medication

PR < ++
 ++

GOP < 19.4 / myd
 19.1 @ 9:30 am
 rest WNL

H/O T2DM X 1 yr
 on oral medication

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

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

Admit for management



Dr. A. K Sharma MD

GOMTI MEDICALSSHAMINA 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. : 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	METTOB 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
							GRAND TOTAL	3732.00

Rs. Three Thousand Seven Hundred Thirty Two Only

Terms & Conditions

Reciver

For GOMTI MEDICALS

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

avita 8

Sexum
homouydhene



30 - 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-18, Rohini, New Delhi-110085
 Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

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

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.

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

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

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
Maitrapur 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.: L74899DL1995PLC065388

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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.



011-49885050 (National Customer Care)
Customer.Care@lalpathlabs.com

90,445,897,607,007,400,000

AUTHORISED COLLECTION CENTER



329684555

INVOICE CUM CASH RECEIPT

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

Patient Name Ms. SAVITA SINGH
Age & Sex 54 year(s) / Female
Ref. Doctor DR.ARUN SHARMA
Contact No 6397731286

Invoice cum Receipt no OIDL220325061018786586
Lab No 329684555
LPL Client Code CC9086
Date & Time 2022-03-25 11:40:23
Reporting Location 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
Total Order Value :				900
Net Payable Amount :				900
Paid Amount:				900
Balance Amount:				0

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

For KRISHNA CARE CENTRE-CC
Authorised Signatory
निकाट चखण रेस्टोरेन्ट हनुमानपुर सोवापुर
रोडवेज बस अड्डा
आफिस-7007433046, विनीत निवा-984493
GSTIN-09DEQPK9907B124



King Georges
Medical University

1 Shamina Road,
Chowk,
Chowk



20210155155



GCASH-895461/202122

OPD Bill Receipt

Original

UHID :	20210155155	Receipt No	GCASH-
		:	895461/202122
Name :	MRS. SAVITA SINGH	Receipt	28/03/2022 09:52
		Date :	AM
Address :	W/O MITRA PAL SINGH HN0-41 CHHAPPUR NAKUR	Billing Type	GENERAL
		:	
Age & Sex :	53 Yrs 8 Mons 20 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	PHACOEMLSIFICATION	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. Ayush Yadav

Dr. Arun Kumar Sharma

Associate Professor

Department of Ophthalmology

King George's Medical University

Medical Director-KGMU UP Community Eye Bank

GOMTI MEDICALS

SHAMBA
NEAR KGH, LOKNOW PIN CODE 226003

Phone : 9336712613

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

E-Mail : gomtimedicals1970@gmail.com

GSTIN : 09AAEEG7236L1Z1

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

Page No...1

GST INVOICE

Invoice No. : S0004303

Date : 28/03/2022

Sales Man :

Due Date : 28/03/2022

Sn.	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. Arin 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	
GST 12.00	346.50	0.00	0.00	18.56	18.56	37.12	152.49	
GST 18.00	1756.00	0.00	0.00	133.93	133.93	267.86	152.49	
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	2102.50	0.00	0.00	152.49	152.49	304.98	2103.00	

Rs. Two Thousand One Hundred Three Only

Terms & Conditions

Receiver

For GOMTI MEDICALS