### 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. 236/2022

Dated: 30.09.2022

Subject: Reimbursement of expenditure done on medical treatment Amounting to Rs. 4501/-

Sir,

- I Mitra Pal Singh took treatment of Self at K.G.M.U.Lucknow for DM/HTN/Hemorrhoids from 04.04.2022 to 05.04.2022
- I am resubmitting 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)

Dated. 3.9: 9: 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 (no. 9)

5. Original Slip of K.G.M.U. Lucknow

प्रेषक,

मित्र पाल सिंह प्रधान न्यायाधीश परिवार न्यायालय सीतापुर।

सेवा में,

महानिबन्धक माननीय उच्च न्यायालय इलाहाबाद।

पत्रांकः 237 /2022

दिनाँकः ३०.०५, २०२२

विषय- कालबाधित चिकित्सीय प्रतिपूर्ति दावे के सम्बन्ध में।

महोदय,

उपरोक्त विषयक के सन्दर्भ में माननीय न्यायालय से निवेदन करना है कि मैने स्वयं का इलाज किंग जार्ज मेडिकल कालेज, लखनऊ में दिनांक 04.04.2022 से 05.04.2022 तक कराया था जिससे सम्बन्धित चिकित्सीय प्रतिपूर्ति दावा मु0 4,501/— मेरे द्वारा मुख्य चिकित्सा अधीक्षक, राजकीय चिकित्सालय, सीतापुर से प्रतिहस्ताक्षरित कराकर माननीय न्यायालय को मूल रूप से प्रेषित किया जा रहा है।

उक्त के सम्बन्ध में माननीय न्यायालय को अवगत कराना है कि मेरा उक्त चिकित्सीय प्रतिपूर्ति दावा निर्धारित समयसीमा अर्थात 03 माह के पश्चात प्रस्तुत किया जा रहा है क्योंकि चिकित्सकों के व्यस्त रहने व उपलब्ध न हो पाने के कराण दावे से सम्बन्धित प्रपत्रों को सत्यापित कराने में काफी समय लग गया जिस कारण चिकित्सीय प्रतिपूर्ति दावा माननीय न्यायालय को प्रेषित करने में विलम्ब हो गया है।

, 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,

र्मित्र पाल सिंह) प्रधान न्यायाधीश

परिवार न्यायालय

सीतापुर।

प्रेषक,

मुख्य चिकित्सा अधीक्षक, जिला चिकित्सालय सीतापुर।

सेवा में.

मा० मित्र पाल सिंह प्रधान न्यायाधीश परिवार न्यायालय, सीतापुर।

पत्रांक:-जि0चि0 / चिकित्सा प्रतिपूर्ति / 2022-23 / 2586 दिनांक:- 30 | 9 | 2 2 विषय:-मा0 मित्र पाल, प्रधान न्यायाधीश, परिवार न्यायालय, सीतापुर के स्वंय के उपचार पर व्यय हुयी धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं0-230/2022 दिनांक 28.09.2022 के कम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04 (जी0)/2019 दिनांक 07 मार्च 2019 के कम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

1-लाभार्थी का नाम/पदनाम : मा० मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार

2—लाभार्थी के पिता /पति का नाम :

3-उपचार प्राप्तकर्ता का नाम / पिता / पित का नाम : मा० मित्र पाल सिंह, प्रधान न्यायाधीश, परिवार

न्यायालय, सीतापुर

4–उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : स्वंय

5—निवास का पता : परिवार न्यायालय, सीतापुर।

6—चिकित्सा प्रतिष्ठान / संस्थान का नाम व : डा० प्रो० अरशद अहमद

पता (जिसमें उपचार प्राप्त किया गया हो) : के०जी०एम०यू० लखनऊ।

(निजी हैं अथवा सरकारी)

7-बीमारी का नाम : DM, HTH. Hae normally

8—उपचार की अवधि : 04.04.2022 से 05.04.2022 तक

9-चिकित्सा पर कुल व्यय धनराशि : मु०रू०-4501.00

10—परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु०रू०—4501.00 (चार हजार पांच सौ एक रूपये मात्र)

### प्रमाणीकरण

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

संलग्नक:-(यथोवत मूल रूप में)

मुख्य चिकित्सा अधीक्षक, जिला चिकित्सालय सीतापुर।

### Certificate 'B'

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

Certificate granted to the 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. Prof. Arshad Ahmad hereby certify

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

(Name of Medical Officer)

Sl. No.	Voucher No.	Date	Institute/ Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	11682	04.04.22	K.G.M.U. LUCKNOW	250		
2	11791	04.04.22	K.G.M.U. LUCKNOW	1200		
3	601	04.04.22	Old Lucknow Pharmacy	140		
4	7037	04.04.22	LAL PATHLABS, SITAPUR	400		
5	584	04.04.22	Old Lucknow Pharmacy	885	-13	
6	14778	05.04.22	K.G.M.U. LUCKNOW	80		, i-
7	673	05.04.22	Old Lucknow Pharmacy	546		
8	15306	05.04.22	K.G.M.U. LUCKNOW	1000		
9		Timber.	Total	4501	1 7	

(four thousand five hundred one)

Department of Gurgery (Gen.)
s's Medical University U.P. Lucknow

िहरता - ४.क.ल धनशास ७६.५50ी परोक्षाणाप्रान्त अदेय धनशासि रि....

> मुख्य चिकित्सा अर्थाप्याः जिला चिकित्याः सीवापुः

(c) That the injections administered were/were not for immunizing of prophylactic
purpose.  (d) That the patient is/was suffering from
(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
(Name of the Chief Administrative Medical Officer of the State)
Professor
Signature and Designation of the Medicalknow  Officer in charge of the case at the hospital
I certify that the patient has been under treatment at the
Department of Surgery (Gen.)  K.G.'s Medical University U.P., Lucknow  Signature and Designation of the Medical  Officer in charge of the case at the hospital
11N - 23457 16-9-22 COUNTERSIGNED
I certify that the patient has been under treatment at the

### **DETAIL OF VOUCHERS / EXAMINATION CHART**

Name of Patient: Sri Mitra Pal Singh, Principal Judge, Family Court, Sitapur

Disease-Name of Institution:-

K.G.M.U. LUCKNOW

Period of Treatment:-

04.04.2022 to 05.04.2022

Sl. No.	Voucher No.	Date	Institute/ Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	11682	04.04.22	K.G.M.U. LUCKNOW	250	/	
2	11791	04.04.22	K.G.M.U. LUCKNOW	1200	/	
3	601	04.04.22	Old Lucknow Pharmacy	140		
4	7037	04.04.22	LAL PATHLABS, SITAPUR	400′		
5	584	04.04.22	Old Lucknow Pharmacy	885	8	
6	14778	05.04.22	K.G.M.U. LUCKNOW	80	//	
7	673	05.04.22	Old Lucknow Pharmacy	546	1	
8	15306	05.04.22	K.G.M.U. LUCKNOW	1000		
9			Total	4501		

four Thousand five hundred one Ropers'

चि0प्र0पू० की सकल धनराशि रू० प्राट्मिसेस of Surgery (Gen.) परीक्षाणोप्रान्त अदेय धनराशि रू० K.G 's Medical University U.P., Lucknow

शुद्ध देय धनराशि रू०. ५.८०। धाराशि शब्दों में रूठ पान्य सार एक भ

> मुख्य चिकित्सा अधीक्षक जिला चिकित्सालय शीतागुर



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

### DISCHARGE SUMMARY

20220108350 UHID:

Mr MITRA PAL Department: Surgery General Patient

SINGH

55 Years 0 Months Unit -7 14 Days 0 Hours / Unit::

Male

SURGERY

baburam

(GENERAL)

Normal Discharge

SURGICAL WARD

Drug Allergy :-

NONE

Billing Type : Private

Treating

Age /Sex:

MLC Patient: NO

Admission ID 202228764

Type:

Ward::

Dr. Arshad Ahmad, Bed No: Doctor: \*\*\*\*\*\*\*268 Mobile No:

04/04/2022 pate of 11:29:45 AM

Admission: Operation

Date:

05/04/2022 Date of Discharge: 11:15:00 AM

HOUSE NO 41 CHAPPUR NAKUR SAHARAN PUR,

UTTAR PRADESH, PIN: 247342, INDIA

Surgeon:

Operative

Procedure: Findings :

Consulting Doctor :

Dr. Arshad Ahmad

GRADE II/III HEMORRHOIDS IN A KNOWN CASE OF DIABETES AND HYPERTENSION WITH BENIGN PROSTATIC HYPERPLASIA

ICD Code:

BLEEDING PER RECTUM ON & OFF FOR 1 MONTH, MILD PAIN ON PASSING STOCKS FOR 1 M-INTH, KNOWN CASE OF DIABETES & HYPERTENSION FOR 12 YEARS, PAST HISTORY OF 8PH FOR 4

Admitted For:

YEARS, ON MEDICATIONS. General Exam :- GC - FAIR, BP - 112/76MMHG, PR-116/M, RR - 18/M, SPO2 - 97% @ RA.

Physical Findings: Condition During

Discharge :

THE PATIENT IS DISCHARGED WITH FULLY STABLE VITALS WITH FULLY ORALLY ALLOWED.

THE PATIENT IS A CASE OF GRADE II/III HEMORRHOIDS IN A KNOWN CASE OF DIABETES AND HYPERTENSION WITH BENIGN PROSTATIC HYPERPLASIA , FOR WHICH NON-OPERATIVE MANAGEMENT IS BEING DONE. HE WAS PLANNED FOR SURGERY ON OUR SIDE AND WAS POSTED FOR SURGERY ON 05/04/22. HOWEVER, IN VIEW OF DERRANGED HBA1C LEVEL OF 8.6%, HE WAS RENDERED UNFIT BY ANAESTHESIA TEAM. HE HAS BEEN ADVISED TO REVIEW WITH PHYSICIAN FOR OPTIMISATION OF BLOOD SUGAR LEVELS AND TO FOLLOW UP IN GENERAL SURGERY DEPARTMENT AFTER 2 WEEKS, NOW, PATIENT IS DISCHARGED WITH FULLY STABLE VITALS WITH FULLY ORALLY ALLOWED.

Brief Summary of the Case:

A/C - 13.3/8300/1.5 LACS PT/INR - 11.6/0.84 KFT - 14.06/0.72 LFT - 0.43/0.23/31.3/23.7/140 HBA1C - 8.6% BLOOD SUGAR - 82.65[FASTING] & 162.47[POST-PRANDIAL] S/E -Category Test Name 126.6/4.35/4.72 VM -NR

Advice on Discharge:

Note :

NON-OPERATIVE MANAGEMENT

TAB DAFLON 1000MG BD FOR 10 DAYS. TAB DAFLON 1000MG OD FOR 20 DAYS. TAB CHYMORAL FORTE 1 TAB 8D. 🗶 1 🗢 🕹

SYP. CREMAFFIN PLUS 30ML HS.

TAB TRENEXA 500MG BD FOR 5 DAYS, THEN SOS.

CONTINUE MEDICATION FOR HYPERTENSION AS ADVISED BY PHYSICIAN. CONTINUE MEDICATION FOR DIABETES MELLITUS AS ADVISED BY PHYSICIAN.

MAINTAIN PERSONAL HYGIENE. QID SUGAR AND BP CHARTING. MAINTAIN HEALTHY FOOD HABIT.

REVIEW WITH PHYSICIAN FOR OPTIMISATION OF BLOOD SUGAR LEVELS REVIEW IN GENERAL SURGERY OPD AFTER 2 WEEKS OR IN EMERGENCY SOS.

To come For follow up in Routine OPD on & Time

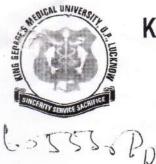
In specialist Clinics on & Time

Senior Resident

Signature Treating Doctor

Dr. Admid 05/04/2022 11:15:00 AM

Date & Time



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

Gandhi Memorial & Associated Hospitals



UHID: 20220108350 (S.NO.: 37)
MITRA PAL SINGH /M /55Y
Surgery General/UNIT -2/101,102,103,105,116

186144

मंगलवार प्रो० अवनीश **कुमार** (यूनिट-VII)

mmedicalax spirato- 2 modini bacu. प्रो० एच० एस० पाहवा मंगलवार (यूनिट-111) डा० अजय कुमार पाल 15 days bore दा० मनीष कुमार अः। श Injunto (10) Bleeding PiRconstipation & off for Ho Mild pain. Hotels hrinary Complaints: Intérnal teamon boids. (Cerade 2), No active blendy of preson In Medication temonis. - Tas. aflop or x Has x Bo. ] The Defent of Som Sandis medication for Sinder Medication for Sinder Medication of Signal As Admid - And Suppiers to be - Refel & proof. Aeshad Ahmad for further managened-Literal homorraids 7 Cremeral Muy Pfd. & medicine Opo for

OF Grade II (III Hemenhard Plan- Conservativo Mo Symordisips Found, Filbre, Etmess Tab Daylow 1000 mg (2) Tab. chymoral forte 1+ab PO BOX10 Ray (hidly get 816AIC B Ag (18/2 Movies Irguid Commette Mus = 2-(+49 14) All zweek as RELL Justing Formers 6 Im have my trimbly do 182

SISTER I/C PVT. WARD No KG.H./Q.M.H./N	led./T.B.H/P.S.Y.
Private Ward No	4-4-2-22
Pt. Name Mitsa Pal Schatunder Case of Dr. A - Ahmes	
	Signature
	Signature

मुद्रक : आर्टवर्क, लखनऊ फोन: 0522-4072726



King Georges M
1 Shamina F
ChowEHR ID:22000885021132365



	Inpatient Hos	pital Registration			
Unit: : Surgery General -Unit -7	Ward:/Bed: SURGERY (GENERAL) SURGICAL WARD 8/11	IPD Fees : Rs. 0	MLC Patient : NON-MLC Case		
Treating Doctor : Dr. Arshad	Ahmad - Professor	IP NO : 20222876	4		
Date Of Admission And Time:	04/04/2022 11:29:45 AM	Date Of Discharge And T	ime:		
Patient Name :Mr MITRA PA	AL SINGH	Age: 55 Years 13 Days			
Mother's Name/Mother CR No:	1 100	Sex : Male			
Father's Name : BABURAM		HARLAN R			
Address: house no 41 chappur no UTTAR PRADESH Telephone6397371268  Mobile No: ******268	akur saharan pur PIN:247342,	Emergency Contact Addres Mobile No:	s:		
Religion: Unknown		Caste: OBC			
Education:		Occupation: UNKNOWN			
Billing Type : General		Monthly income : 0			
Ration card : null		BPL Card No:			
Provisional Diagnosis:		Final Diagnosis:			
Prepared By: Ms.Laxmi Singh		Signature Of Treating Consu Professor	iltant: : Dr. Arshad Ahmad -		

Miteral Kel M. 39 If Telvas lop - 1) 65 Anxl+ (0.25m) - 0 took Lantac 150y - 1 tab Dulcoffen (2) lenema -(2) typel 0 VIPPOW. 20 D East fiber ( syy1.2ml-2 DNS soul-(1) Lupedi (B) - (1) Lupuli Syrge (2) Surjudgleur 68-3 Cotton Rell-(1) Plain vial - 2) fluride vial-(2)

## King George's Medical University, U.P., Lucknow G.M & Associated Hospitals





Clinical Pathology Examination Report

2	, =xammation report
Patient. Merra Pal Sigh,	Photo Control of the
Age ST Sex M	AC
WardBedUnit	(SIE)
Doctor Incharge	LFT
Specimen Source	KFT
Time of collection	
Specimen sent Deptt Date	PTINR
Clinical diagnosis:	La Harrison
4111162	18 and a
	Parties .
	Brood Sup
Examination required	Brood Sugar PR
	/ Ph
Signature of Physician/Surgeon/House Officer	No.

### King George's Medical University, U.P., Lucknow G.M & Associated Hospitals

Signature of Physician/Surgeon/House Officer



Clinical Pathology Examination Report

Patient
Ward. Bed Unit. VM
WardBedUnit
Doctor Incharge
Specimen Source
Time of collection
Specimen sent DepttDate
Clinical diagnosis:
Co
Examination required

1905 INDUSTRIAL WAIVERSTATE AND WAITER TO THE PARTY OF TH

# Gandhi Memorial & Associated Hospitals

K.G. Medical University, Lucknow

	Gen. Surger	<b>y</b>	
Department	mitte	Pal Sugar	
Nature of the patient			Nu. 39
Admitted of the	odledly-	Pvt. ward	Ду. 39
Name of operation			
Amount to be realised	Rs	·······	
Theatre in which opera	ation performed	b - Arched	Almod (Mo)
Theatre in which opera		_ rug no	
2. Anaesthesist			
3. Assistant			
5. Other Staff working			05704/2
Receipt No		Dated	shekse
			// *
		h 4	of Sargeon Incharge
		lung.	IVI. & ASSOCIATED HOSPITAL
			Lucknow



### King Georges Medical University

1 Shamina Road, Chowk, ,Chowk

### RELIEVED REPORT ( RECEIPT VALID FOR REIMBURSEMENT ):

Bill Receipt (Original)

Male

Receipt No :GCASH - 16634/202223

Receipt Date :05-04-2022 11:52:54 AM

Mr MITRA PAL

SINGH

,Age :55 Yrs 0 Mons 14 Days

Department

UHID IPD No: :202220108350 202228764

SURGERY GENERAL

Ward Name : SURGERY (GENERAL) SURGICAL WARD 8

Bed No: 11

Admission date: 04/04/2022 11:29 AM Advance Paid:0 Discharge date:05/04/2022 11:52:45 AM Category :Private

Billing Sub Category Details:

Service Deta	ils:			
SI.No	Service Name	Qty Rate Gross	Discount	Amount
Total	50/			0
Security Adj	justed			0
Concession			15	0
Balance take	en from Patient			0
Amounts in	words			
ZERO RUP	EES AND ZERO PA	ISA		

Remarks: Payment Mode: Cash

UTT\_Ki Ms.Laxmi Singh सुकड नास्त

दिन को रखीं के पहले

यार को पहले

रात, को रवान के 2 घर वार

०८/०५

न्।ज्य

58/04

09/04

10/04

11/04



## Department of Surgery (Gen) K.G. Medical University, UP Lucknow

Patient ID: 2022040003

Name: Mr. MITRA PAL SINGH

Age: 55 Y Sex: M

Date: 05-Apr-2022

Ref By: SELF

Study: LOWER GI ENDOSCOPY



SIGMOIDOSCOPY

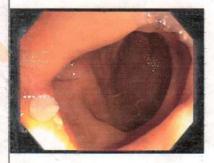
Hemorrhoids are present

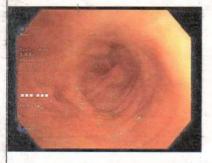
RECTUM

NORMAL

SIGMOID COLON

NORMAL.







CONSULTANT

# Mr. M.P. Singh

Date				B1000	Sugar la	evel Read	ling.
	Morning	Evening	Before Breakfast		inch	Dinner	0
	_			Befor	After 211. of Lunch	Before Dinner	After 2 H of Dinner.
05.04.22	118/78	122/79	_		-	76	192
06.04.	123/79	137/90	78	58	170	73	215
07.04.	144/92	99/66	94	76	107	90	184
00.04.	136/02		8	56	128	93	194
69.04	127/79	110/69	102	104	104	69	96
10.04.	108/68	107/69	113	69	94	97	164
11.04	122/76	118/78	97	56	64	88	174
12.04	128/8	0 126/04	03	70	108	82	129
13.04	109/66		116	Bar F			
28.08	101 13	+ 98 130	90				
29.08	90/135	82 125	93				
30.08	82/13:79/127	72/129	90				

# King George Medical University, U.P., Lucknow-226003 DEPARTMENT OF ANAESTHESIOLOGY

CONSENT FORM

		Date. 5. 4. 20.2.2
		Time
Name	ne Mitsa Pal Singh.	
Addr	ress. VILL chhapm Post Hakun, Die	sett Saharanbur (UP)
1.	(a) I agree to get myself/my patient operate	
	(b) The effect and nature of the operation	and its possible complications
	has been explained to me.	
2.	I am full aware to and satisfied with the fac	
	myself/my patient in this hospital. I have been	
	type severity of the disease and general complic	cations of anaesthesia and surgery
2	and the risk involved in medication to.	
3.	(a) My/my patient's condition is critical a	nd there is risk of life during or
	after the operation and anaesthesia.  (b) I know that my/my patient's condition is	g gual that augus and is a startilling
	(b) I know that my/my patient's condition is to operate but as a last resort I request to	
	anaesthesia at my own risk.	the Surgeon to do surgery under
4.	I also consent to such further or alternative a	naesthetic procedure as may be
	found necessary during the course of Surgery	
5.	It has been explained to me that my pa	
		naesthesia and I Consent to this.
6.	I hereby declare that I have full faith in the staf	ff of this centre and I am ready to
	undergo any type of Anaesthesia or medicatio	n, major or minor, as decided in
	emergency by the staff attending the centre at	
7.	I also certify that no guarantee or assurance had may be obtained.	as been made as to the result that
8.	I have read the above contents or this form	n and fully understood all its
		MIP ( 5. 4.2022.
		Signature Mitra Pal Singh
		(Full Name)
		Address
	e and signature of any	
	nd or relative	Dalla Delina
	0/Telephone No. 6.3.9.7.371.268	Tanen,
	tionship to patient	Relation to patient
Addre	ress	

Counter signed by Staff Nurse / Resident on duty

Instrapat	Sluge	BP Che	orhing			
pate	6:00 Ac	1 10,00 He	2 30 pm	- Giospin	الم دوناه	
orlower		M9	NSENT FOR	177/10	140/90 mah	1
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		Signature				
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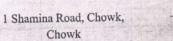
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Date	BBF	Before)	wech	Before	Dénner	After t	Déhico	Ki
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		Signature Full Name) Address						
		2231007				nature of a		
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### King Georges Medical University





IPD Bill Receipt Original

UHID:

20220108350

MR MITRA PAL SINGH

Receipt No: GCASH-11682/202223

Receipt Date 04/04/2022 11:30 AM

Name:

S/O baburam house no 41 chappur nakur saharan Billing Type GENERAL

55 Yrs 0 Mons 13 Days MALE

IP No. : Ward Name SURGERY GENERAL SURGICAL WARD 8

Admission Date 04/04/2022 🗸

Payment Details Payment Mode : Cash

Contact No: 63XXXXXX68

Service Details:

Service Category SLNo 1 ADMISSION

Service Name ADMISSION

Quantity

Gross Rute 250

Amount-250

Total Amount : Rs. 250

Discount : Rs. 0

Net Amount : Rs. 25

Amount in Words

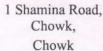
Two Hundred Fifty Rupees And Zero Paisa

[Authorized S

Surgery (Gen.)



### King Georges Medical University





### IPD Bill Receipt Original

UHID: 20220108350 Receipt

GCASH-11791/202223

No:

Name:

MR MITRA PAL SINGH V

Receipt

04/04/2022 11:40 AM

Date:

Address: saharan pur

S/O baburam house no 41 chappur nakur Billing

PRIVATE

Age & Sex:

55 Yrs 0 Mons 13 Days MALE

Type:

202228764

Admission

IP No. :

SURGERY GENERAL

04/04/2022

Ward

SURGICAL WARD 8

Date:

Payment Mode: Cash

Name: Contact

63XXXXXX68

Payment Details:

No:

### Service Details:

Amount in Words

Service Category

Service Name

Quantity Rate Gress Discount Amount

PRIVATE ROOM CHARGES

NEW PRIVATE

600 1200

PPUU/S

1200

Total Rs.

Amount: 1200

Discount: Rs. 0

Net Amount Rs.

: 1200

One Thousand Two Hundred Zero Rupees And Zero Paisa

Professor Department of Surgery (Gen.)

K G 's Medical University U.P., Lucknow

[Authorized \$ignature] Mr. Virendra Tripathí

Patient Name: MITHRAL PAL OLD LUCKNOW PHARMACY Patient Address: MEDICAL COLLEGE CROSSING Dr Name: .....K.G.M.U LKO LUCKNOW Dr Reg No. MOB-9695721135 E-Mail: lucknowpharmacy24x7@gmail.com Invoice No.: 000601 Date: 04-04-2022 GSTIN: 09AAGF07599E1Z0 D.L.No.: UP32200001498,UP32210001495 **GST TAX INVOICE** AMOUNT BATCH EXP. QTY MRP RATE HSN PACK SN. PRODUCT NAME 30.00 5/24 30.00 60.00 564 3004 1\*1 1. FIXER 40.00 40.00 2/26 2 80.00 21032472 1X1 3004 VIGGO NO.20 140.00 SUB TOTAL

Professor

Terms & Conditions

Goods once sold will not be taken back after 3 days.

G 's Medical University U.P., Lucknow

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. One Hundred Forty Only

Department of Surgery (Gen.

FOR OLD LUCKNOW PHARMACY

orised Signatory

DISCOUNT-

**GRAND TOTAL** 

140,00

0.00



011-3988-5050 (National Customer Care)

Patient Name : Mr. MITRA PAL SINGH

55 Year, M

6397371268

Ref. Doctor: Dr. PROF ARSHAD AHMAD

### SHAMSUR RAZA

292/002, tulsidas marg,, charak chauraha, chowk, LUCKNOW, LUCKNOW226003 UTP, IND 9044751500

### **Authorised Collection Center**

### INVOICE CUM CASH RECEIPT

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)

Invoice cum Receipt no: CC10425/0422/007037

Lab No:

326473533

LPL Client Code :

CC10425

Date & Time:

04/04/2022 10:37:15 AM

Reporting Location :

EDCC CHOWK

S.No. Test Code		Test Name	Estimate of report by #	A
1	0000			Amount (Rs.)
1 B080	HbA1c; GLYCOSYLATED HEMOGLOBIN	04/04/2022 04:00 PM	400.00	
_			Miscellaneous Charges	0.00
			Amount	400.00

### Note:

Age & Sex :

Contact No :

1. Please check your Name, Tests and contact details. These will be used to send Report related notifications.

 To download the Reports, please visit www.lalpathlabs.com or Download the App and click on 'VIEW ALL YOUR TEST REPORTS'.
 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 unforseen circumstances; inconvenience regretted.

8. You may experience delay in your report delivery time on account of COVID-19/Coronavirus situation. Regret incovenience 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).

Profe

Department of Surgery (Gen.) K G 's Medic () University U.P., Lucknow

For SHAMSUR RAZA

**Authorised Signatory** 

Patient Name: MITRAL PAL OLD LUCKNOW PHARMACY Patient Address: MEDICAL COLLEGE CROSSING Dr Name: ..K.G.M.U LUCKNOW Dr Reg No. MOB-9695721135 Invoice No. : 000584 Date: 04-04-2022 E-Mail: lucknowpharmacy24x7@gmail.com **GST TAX INVOICE** GSTIN: 09AAGF07599E1ZO D.L.No.: UP32200001498,UP32210001495 AMOUNT RATE MRP QTY. EXP. BATCH HSN PACK SN. PRODUCT NAME 11.41 11.41 1 11.41 2/24 A0140221 3002 1X1 36.79 1.23 36.79 1. BETT AMP 0.1 2/23 KR321293 1\*30 3004 11.25 2.25 11.25 2. RANTAC 150 0.2 6/23 DLA21046 3004 1X10 40.00 40.00 80.00 1 3. DULCOFLEX 5/23 EN176 3002 1\*1 50.00 50.00 50.00 1 4. ENEMA 11/26 G50478 3004 1X1 40.00 40.00 40.00 5. I.V.SET 21032472 2/26 3004 1X1 40.00 40.00 40.00 VIGGO NO.20 10/25 6. 20112590 3003 1X1 30.00 30.00 30.00 VIGGO NO.22 4/24 3002 21052673 1\*1 3.00 8. SOFLENE EASY FIX 3.00 6.00 9/26 142024NH1 3004 2ML 5.00 25.00 5.00 9. DISPOVAN SYRINGE 2/26 300321 5ML 3004 34.00 34.00 34.00 10. DISPOVAN SYRINGE 4/23 5HZ141 3004 500ML 157.50 157.50 157.50 11. DNS IV FLUID PDPL 6/23 H1127 3002 10ML 5.00 12. HUMINSULIN R 40IU 5.00 10.00 8/26 137014G 3004 1X1 30.00 13. DISPOVAN SINGLE 1ML 30G 30.00 150.00 6/26 13210127 3002 1X1 SURGICAL GLOVES SIZE:6.5 128.00 128.00 128.00 3306 60GM 15. VEET H.R.SENSITIVE 687.61 TOTAL C/F Department of Surgery (Gen.) K G 's Medical University U.P., Lucknow Terms & Conditions FOR OLD LUCKNOW PHARMACY Remark: Authorised Signatory

Patient Name: MITRAL PAL OLD LUCKSOW PHARMACY Patient Address: MEDICAL COLLEGE CROSSING Dr Name: ..K.G.M.U Dr Reg No. LUCKNOW MOB-9695721135 Invoice No. : 000584 Date: 04-04-2022 E-Mail: lucknowpharmacy24x7@gmail.com GSTIN: 09AAGFO7599E1ZO D.L.No.: UP32200001498,UP32210001495 **GST TAX INVOICE** AMOUNT RATE MRP EXP. HSN BATCH PACK SN. PRODUCT NAME 687.62 TOTAL BIF 100.00 100.00 100.00 5/24 56012110 3002 200GM 5.00 20.00 5.00 16. COTTON CA4N05251D 3/25 3004 1\*1 17. CLOT ACTIVATOR 885.39 SUB TOTAL Department of Surgery (Gen.) K G 's Medical University U.P., Lucknow Terms & Conditions Goods once sold will not be taken back after 3 days. FOR OLD LUCKNOW PHARMACY Bills not paid due date will attract 24% interest.

All disputes subject to LUCKNOW Jurisdiction only.

Remark: Rs. Eight Hundred Eighty Five Only

Please get Medicines verify from Prescription Doctor before use.

0.00

V 885.00

DISCOUNT-

Authorised Signatory

GRAND TOTAL



### King Georges Medical University



GCASH-14778/202223

### 1 Shamina Road, Chowk, Chowk

IPD Bill Receipt Original

UHID: Name: 20220108350

MR MITRA PAL SINGH

Address: Age & Sex :

55 Yrs 0 Mons 14/Days MALE

Admission Date: 04/04/2022 J

Payment Details: Payment Mode: Cash

S/O baburam house no 41 chappur nakur saharan pur Billing Type: PRIVATE

Receipt No: GCASH-14778/202223

Receipt Date: 05/04/2022 04:40 AM

IP No.:

202228764

Ward Name: SURGERY\_GENERAL\_SURGICAL WARD 8

Contact No: 63XXXXXXX68

Service Details:

1 PATHOLOGY

PATHOLOGY

POTASSIUMK

BLOOD GLUCOSE RANDOM

Service Name

Rare 50 50 30 30

Total Amount: Rs. 80

Discount: Rs. 0

30

Net Amount : Rs. 80

Amount in Words

Eighty Rupees And Zero Paisa

Ochariment of Surgery (Gen.) K. G 's Medical University U.P., Lucknow

[Authorized Signature] Mr. Sanjay Kumar WelfareSociety

20220108350 / 5042200155 55 Y/M : Mr Mitra Pal 5 / 05 Apr 04:40

Patient Name: MR.MITRA PAL SINGH OLD LUCKNOW PHARMACY Patient Address: MEDICAL COLLEGE CROSSING Dr Name: K G M U LUCKNOW: Dr Reg No. MOB-9695721135 F-Mail: lucknowpharmacy24x7@gmail.com 000673 Date: 05-04-2022 Invoice No. : CSTIN: 09AAGF07599E1Z0 D.L.No.: UP32200001498,UP32210001495 **GST TAX INVOICE** AMOUNT RATE BATCH EXP. QTY MRP HSN PACK SN. PRODUCT NAME 423.40 423.40 423.40 10/23 2KU6H004 3004 1X20 1. CHYMORAL FORTE UX:4 109.68 109.68 7/24 182.80 TTA21028A 3002 1X6 TRENAXA 500MG Surgery (Gen.) Andical University U.P., Lucknow Department of 606.20 SUB TOTAL Terms & Conditions Goods once sold will not be taken back after 3 days. Bills not paid due date will attract 24% interest. FOR OLD LUCKNOW PHARMAC 60.62 DISCOUNT-All disputes subject to LUCKNOW Jurisdiction only. Please get Medicines verify from Prescription Doctor before use. **GRAND TOTAL** 546.00 Remark:
Rs. Five Hundred Forty Six Only Authorise Signatory



### King Georges Medical University

1 Shamina Road, Chowk, Chowk





IPD Bill Receipt Original

UHID:

20220108350

Name:

MR MITRA PAL SINGH

Address:

S/O baburam house no 41 chappur nakur

saharan pur

Age & Sex: Admission

55 Yrs 0 Mons 14 Days MALE

Date:

Payment Details:

04/04/2022

Payment Mode : Cash

Receipt No GCASH-15306/202223

Receipt

05/04/2022 09:34 AM

Date: Billing

PRIVATE

Type: IP No.:

202228764

Ward -

SURGERY GENERAL SURGICAL

WARD 8 Name:

Contact No 63XXXXXX68

Service Details:

Service Category

Service Name

Quantity Rate Gross Discount Amount

1 GENERAL SURGERY COLONOSCOPY DIAGNOSTIC

Total Rs.

Amount: 1000

Discount: Rs. 0

Net Amount : Rs. 1000

One Thousand Zero Rupees And Zero Paisa Department of Surgery (Gen.) Medical University U.P., Lucknow

[Authorized Signature] Ma Laxmi Singh