

प्रेषक,

राम नरेश मौर्य,
प्रधान न्यायाधीश, परिवार न्यायालय,
भदोही-ज्ञानपुर।

सेवा में,

महानिबन्धक,
माननीय उच्च न्यायालय,
इलाहाबाद।

पत्रांक- 190 /2022/ परिवार न्यायालय/भदोही-ज्ञानपुर दिनांक 21,11.2022
विषय- चिकित्सा प्रतिपूर्ति दावा मु० 16,480/-रूपये स्वीकृत किए जाने
के सम्बन्ध में।

महोदय,

उपरोक्त विषयक के सम्बन्ध में माननीय उच्च न्यायालय से निवेदन है कि मेरी पत्नी श्रीमती चमेला देवी का T.B.M.रोग का उपचार सहारा हास्पिटल लखनऊ में दिनांक 19.08.2022 से दिनांक 26.09.2022 तक की अवधि में भर्ती कर कराया गया, जिसमें मु० 22,375/-रूपये का व्यय हुआ है। दावा सुपरिन्टेन्डेन्ट इन चीफ/ चीफ मेडिकल सुपरिन्टेन्डेन्ट जिला चिकित्सालय, जिला चिकित्सालय ज्ञानपुर-भदोही द्वारा मु० 16,480/-रूपये के लिए प्रतिहस्ताक्षरित किया गया है।

अतः चिकित्सा प्रतिपूर्ति मूल दावा माननीय न्यायालय को नियमावली उ०प्र० सरकार सेवक (चिकित्सा परिचर्या) संख्या 2275/ 5-6-11-1082/87 दिनांकित 20.09.2011 में निहित प्रावधान के अन्तर्गत स्वीकृत करने के आशय से माननीय उच्च न्यायालय को प्रेषित किया जा रहा है। दावा को नियमानुसार स्वीकृत करने की कृपा करें।

सादर,

भवदीय,

(राम नरेश मौर्य)

प्रधान न्यायाधीश, परिवार न्यायालय,
भदोही-ज्ञानपुर।

संलग्नक-आवश्यक प्रमाण पत्र,

मूल उपचार व मूल बिल आदि ।

स्तम्भ-1
विदवमान परिशिष्ट
परिशिष्ट ग' C
भाग-पाँच-नियम 16 तथा 18 देखे

सेवा में

महानिबन्धक
माननीय उच्च न्यायालय
इलाहाबाद।

विषय- चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति।
महोदय

यह दावा मेरे ऊपर आश्रित CHAMELA DEVI, 56, FEMALE, WIFE का है। T.B.M के लिये दिनांक 19.08.2022 से 26.09.2022 तक में उपचार करवाया है। निम्नलिखत दस्तावेजों के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ।

1. उपचारी चिकित्सक/ चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।
2. यह प्रमाणित किया जाता है कि मेरे अतिरिक्त जिस पारिवारिक सदस्य का दावा प्रस्तुत किया गया है वह मुझपर पूर्णतया आश्रित है।

उपरोक्त उपचार हेतु कोई अग्रिम राशि नहीं लिया गया है।

दिनांक 21.11.2022

(राम नरेश मोघ) 21/11/22
प्रधान न्यायाधीश परिवार न्यायालय,
भदोही-ज्ञानपुर।



स्वास्थ्य एवं परिवार कल्याण विभाग
उत्तर प्रदेश सरकार

प्रेषक,

Superintendent in Cheif / Chief Medical Superintendent, MCS Hospital

प्रमाण पत्र संख्या:CMER2251746

भदोही।

सेवा में, CIVIL COURT GYANPUR
BHADOHI
COURT

पत्रांक : मु० चि० अ०/चि० प्र० पूर्ति०/2022/0095379/BHADOHI

विषय : CHAMELA DEVI की चिकित्सा व्यय प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक CHAMELA DEVI के आवेदन पत्र संख्या MER0095379 दिनांक 14/10/2022 के क्रम में आपके पत्र संख्या 175 दिनांक 15/10/2022 के संदर्भ में अवगत कराना है कि CHAMELA DEVI, WIFE, RAM NARESH MAURYA द्वारा चिकित्सा प्रतिष्ठान/संस्थान SAHARA HOSPITAL LUCKNOW में दिनांक 19/08/2022 से 26/09/2022 तक TBM रोग का उपचार कराया गया है, जिस पर हुए व्यय 22,375.00 के दावे की तकनीकी परीक्षण उपरान्त देय धनराशि को किये जाने हेतु प्रेषित किया गया, जिसे उत्तर प्रदेश शासन चिकित्सा अनुभाग-6 के उत्तर प्रदेश सरकारी सेवक (चिकित्सा परिचर्या) नियमावली-2011 की अधिसूचना संख्या : 2275/5-6-11-1082-07 दिनांक 20.09.2011 एवं उत्तर प्रदेश सरकारी सेवक (चिकित्सा परिचार्य) (प्रथम संशोधन) नियमावली-2014 की अधिसूचना संख्या रु 474/पाँच-6-14-1082 / 87 टीसी दिनांक 04 मार्च 2014 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर एस० जी० पी० जी० आई०, लखनऊ तथा प्रदेश के बाहर ए० आई० आई० एम० एम० (एम्स) नई दिल्ली की देय दरों के अनुसार तकनीकी परीक्षण कर देय धनराशि कुल 16,480.00 मात्र की धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है। अनिवार्यता प्रमाण पत्र तदनुसार प्रतिहस्ताक्षरित है।

पत्रांक : मु० चि० अ०/चि० प्र०

पूर्ति०/2022/0095379/BHADOHI

प्रतिलिपि निम्नलिखित को सूचनार्थ प्रेषित

- 1.
- 2.
- 3.

दिनांक : 10/11/2022

भवदीय

Superintendent in Cheif / Chief

Medical Superintendent, MCS

Hospital

भदोही



Department of Medical Health and Family Welfare
Government of Uttar Pradesh

Online Application Form for Registration of Medical Reimbursement

To,

Application Number : MER0095379

The Superintendent in Chief / Chief Medical Superintendent,

Office: Bhadohi

Uttar Pradesh

Sir,

Kindly Register my request for issuance of Medical Reimbursement which are given as below:

1 Treatment Type:

Treatment Category For OPD Treatment

2 Employee's Detail:

Full Name	RAM NARESH MAURYA	Father Name	DEVTADEEN MAURYA
Designation	PRINCIPAL JUDGE FAMILY COURT BHADOHI GYANPUR	Aadhaar No.	707615545955
Date Of Birth	01/01/1963	Gender	Male
Mobile No	9560457739		

3 PPO detail:

Retired from Employment No

4 Address of Current Posting :

Office Name	PRINCIPAL JUDGE FAMILY COURT BHADOHI GYANPUR	Office Incharge Name	RAM NARESH MAURYA
Address	DISTRICT COURT BHADOHI GYANPUR	State	Uttar Pradesh
District	Bhadohi	Pincode	221304

5 Permanent Address :

Address	VILL. SANGRAMPUR POST GONDEY PRATAPGARH	State	Uttar Pradesh
District	Pratapgarh	Pincode	230403

6 Patient's Details:

Requesting Medical Reimbursement for	Dependent	Hospital Type	Pvt
Patient Name	CHAMELA DEVI	Age	58
Gender	Female	Disease Name	TBM
Place where Disease Identified	SAHARA HOSPITAL LUCKNOW	Hospital Name	SAHARA HOSPITAL LUCKNOW
Doctor Name	Dr MAZHAR HUSSAIN	Treatment Period From	19/08/2022
Treatment Period To	26/09/2022	Patient Aadhaar no	660124284860
Relation with Employee	WIFE		

7 Details of expenditure:

S.No.	Bill Type	Bill No.	Date	Amount	Download
1	Consultation	22-23CA99601	19/08/2022	700.00 <i>300</i>	
2	Investigation	22-23CA99714	19/08/2022	5430.00 <i>3140</i>	
3	Medicine	0020560	19/08/2022	80.00	
4	Medicine	CS018172	20/08/2022	124.00	
5	Medicine	R0005238	20/08/2022	713.00	
6	Medicine	5347	28/08/2022	150.00	
7	Medicine	RA001368	10/09/2022	917.00	
8	Medicine	RA001492	21/09/2022	419.00	
9	Investigation	22-23CA124750	25/09/2022	2610.00 <i>1175</i>	
10	Medicine	22-2365147	26/09/2022	6909.00	
11	Investigation	22-23CA125027	26/09/2022	2770.00 <i>1950</i>	
12	Consultation	22-23CA125207	26/09/2022	1200.00 <i>300</i>	
13	Medicine	22-2365192	26/09/2022	353.00	
Total				22375.00	

8 Advance Detail:

Have you already taken
Advance

No

9 Bank Details of Employee:

Bank Name	SBI	Branch Name	GYANPUR
Account Number	30009047276	IFSC Code	SBIN0007036
Date	Place	Signature of Person Incharge	

उत्तर प्रदेश आसाधारण गजट, 20 सितम्बर, 2011

परिशिष्ट-ग

(भाग-पॉच-नियम 16 तथा 18 देखें)

सेवा नं.

कार्यालयाध्यक्ष का नाम,

प्रधान-आयाधीश, परिवार-आयालय
अदोही-जानपुर

विषय :-

चिकित्सा उपचार पर किये गये व्यय की प्रतिपूर्ति। ₹ 22375/-

महोदय,

श्री राम नरेश शर्मा

/ मेरे पारिवारिक सदस्य (नाम)

श्रीमती पद्मला देवी

(पत्नी) ने

(बिमारी का नाम) के लिए

T B M

19-08-2022

(दिनांक) से

26-09-2022

तक डा०

मजहर हुसैन, सहारा हॉस्पिटल)

(चिकित्सालय का नाम)

में उपचार करवाया है। मैं निम्नलिखित दस्तावेज के साथ प्रतिपूर्ति के लिए दावा प्रस्तुत कर रहा हूँ।

- 1- उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।
- 2- उपचारी चिकित्सक द्वारा विधिवत् हस्ताक्षरित एवं सत्यापित मूल नकद पत्र (कैश मेमो), बीजक (बिल), बाउचर।
- 3- यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित है।

मेरे उपचारार्थ

के पत्र संख्या

दिनांक

द्वारा स्वीकृत रू०

के अग्रिम का समायोजन करने के पश्चात्

मेरे द्वारा दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

दिनांक 12-10-2022

अधिकारी/कर्मचारी का हस्ताक्षर

नाम श्री राम नरेश शर्मा

पद नाम प्रधान-आयाधीश

पता परिवार-आयालय

अदोही-जानपुर

Submit to
online

And
intm

Hospital Name – SAHARA HOSPITAL,
GOMTI NAGAR.LUCKNOW
Dr. Name – MAZHAR HUSAIN,

Patient Name – Mrs. CHAMELA DEVI

Particular
Not Admit Period
19-08-2022 To 26-09-2022

Sl.NO	Treatment Type	Bill NO and Date	Amount
1.	Consultation	22-23 CA/96877 dt. 19-08-2022	700/-
2.	Investigation	22-23 CA/96989 dt. 19.08.2022	5430/-
3.	Medicine	0020560 dt. 19.08.2022	80/-
4.	Medicine	CS018172 dt. 20.08.2022	124/-
5.	Medicine	R0005238 dt. 20.08.2022	713/-
6.	Medicine	5347 dt. 28.08.2022	150/-
7.	Medicine	RA001368 dt. 10.09.2022	917/-
8.	Medicine	RA001492 dt. 21.09.2022	419/-
9.	Investigation	22-23CA/124750 dt. 25.09.2022	2610/-
10.	Medicine	22-23/65147 dt. 26.09.2022	6909/-
11.	Investigation	22-23CA/125027 dt.26.09.2022	2770/-
12.	Consultation	22-23CA/125207 dt.26.09.2022	1200/-
13.	Medicine	22-23/65192 dt.26.09.2022	353/-
		Total	22,375/-



CERTIFICATE - A

(For the patient who are not admitted in hospital for treatment)

Name of Patient Chamela Devi Son / Daughter / Wife of Sri Ram Naresh Maurya age about 58 yrs.

I Dr. Mazhar Hussain, Manu Rastogi hereby certify:-

(a) that I charged and received Rs. _____ for consultation on _____
_____ at my consulting room _____ (date to be given)
_____ at the residence of the patient.

(b) that I Charged and received Rs. _____ for administering
_____ intra-muscular _____ injection/sub- cuanneoue
on _____ (date to be given) at my consulting room/at the
residence of the patient.

(c) that the injections administered were for/were not immunizing of
prophylactic purposes.

(d) that the patient has been under treatment at hospital/my consulting room
and that the under mentioned medicines prescribed by me in this
connection were essential for the recover/prevention of serious
deterioration in the condition of the patient. The medicines are not stocked
in the _____ (name of the hospital) for supply to private
patient and do not include proprietary preparation for which cheaper
substances of equal therapeutic value are available for preparation which
are primarily foods, toilets or disinfections.

Name of Medicines/Vouchers. Price/Amount

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Attached

22,375/-

(Rs. ~~twenty two thousand~~ three hundred
seventy five only)

Dr. Manu Rastogi
M.B.B.S., Ch.
Sr. Consultant Surgeon
Sri Ram Naresh Maurya
Lucknow
(CFMCI)

- (e) that the patient is/was suffering from.....TBM.....was under my treatment from...19/08/22...to...26/09/22.....
- (f) that the patient is/was not given prenatal or postnatal treatment.
- (g) that the X-Ray laboratory test etc. for which and 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..... (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.
- (I) that the patient did not require/required hospitalization.

Dr. [Signature]
Signature & designation of Medical Officer
and the Hospital/Dispensary to which attached

Passed For Payment Rs. 16480/-
Rupees [Signature]

[Signature]
मुख्य चिकित्सा अधीक्षक
महाराजा जेतासिंह जिला चिकित्सालय
ज्ञानपुर-भदोही

Sahara Hospital:

Viraj Khand, Gomti Nagar, Lucknow-226010 India.

Tel.:0522-6780001, 6780002, OPD Appt:0522-6782159, Fax:0522-6782110

e-mail:hospital@hqsimil.sahara.co.in,Website:www.saharahospitals.com

**Bill cum Cash Receipt**

Bill No : 22-23CA/99601
UHID : 22026380
Patient Name : Mrs. CHAMELA DEVI
Referred By/Dr. : Dr. MANU RASTOGI
Sponsor : SELF
Address : SHANTI PURAM PHAPHAMAU , PRAYAGRAJ, Uttar Pradesh, INDIA, - 211013
Contact No : 9560457739

Cash Receipt No : 22-23CA/96877
Bill Date/Time : 19/08/2022 11:28 hrs.
Gender/Age : Female/58 Y- 7 M- 19 D

SL#	Service Particulars	Medical Provider	Units	Amount (Rupees)
1	CONSULTATION NEUROSURGERY FIRST CONSULTATION	Dr. MANU RASTOGI	1	700.00
Total				700.00
Net Amount				700.00
Amt Received				700.00
Balance Amount				300

By Debit Card : ₹700.00

(Rupees) Seven Hundred Only

Card No : 3656;Exp. Date : 01/08/2022;Bank : OTHER CARDS;Card Holder :

Remarks:

* Discrepancy noticed if any be informed to Hospital within three days

To Download Pathology Report : You can visit our website Or <http://115.113.91.222/Home.aspx>

** If you are unable to download report please visit to Sahara Hospital

To view COVID-19 report on Government portal -
<https://iabreports.upcovid19tracks.in/>

(Signature)

Dr. Manu Rastogi
 M.S., M.Ch.
 Sr. Consultant Surgeon
 Sahara Hospital, Lucknow
 Reg.No. - 005123 (UPMCI)

Stay Vaccinated Stay Safe
24*7 Radiology (CT,MRI,X-RAY) Pathology & Emergency services available
Customized Health Packages

Registered Office:Sahara India Point, CTS 40-44,Swami Vivekanand Road,Goregaon(West),Mumbai-400104

Printer: Bvt 1602-23040

Prepared By: 1602-23040

Printed at: 19/08/2022 11:22 AM 10031

2

Sahara Hospital:

Swami Vivekanand, Gomti Nagar, Lucknow-226010 India.

Ph: 0522-6780001, 6780002, OPD Appt:0522-6782159, Fax:0522-6782110

Email: info@sahara.hospital@hqsimil.sahara.co.in, Website: www.saharahospitals.com



Bill cum Cash Receipt

Bill No : 22-23CA/99714 **Cash Receipt No** : 22-23CA/96989
OPD : 22026380 **Bill Date/Time** : 19/08/2022 12:10 hrs.
Patient Name : Mrs. CHAMELA DEVI **Gender/Age** : Female/58 Y- 7 M- 19 D
Admitted By/Dr. : Dr. MANU RASTOGI
Referral : SELF
Address : SHANTI PURAM PHAPHAMAU , PRAYAGRAJ, Uttar Pradesh, INDIA, - 211013
Contact No : 9560457739

13

54330

Sl. No	Service Particulars	Medical Provider	Units	Amount (Rupees)
OTHERS				
	COVID SAFETY & HYGIENE (OPD)		1	50.00
	DISPOSABLE BLEED SHEET DIAGNOSTIC-OPD		1	100.00
PATHOLOGY				
	CREATININE		1	150.00
	LFT- Liver Function Test		1	790.00
	URIC ACID		1	150.00
	URIC ACID		1	200.00
	URINE (ROUTINE AND MICROSCOPIC EXAMINATION)		1	150.00
	CULTURE & SENSITIVITY AEROBIC (OPD)*		1	720.00
	COMPLETE BLOOD COUNTS (OPD) includes ESR		1	450.00
RADIOLOGY				
	CT BRAIN PLAIN		1	2670.00
Total				5430.00
Net Amount				5430.00
Amt Received				5430.00
Balance Amount				0

By Debit Card : ₹5430.00

Card No : 3656; Exp. Date : 01/08/2022; Bank : OTHER CARDS; Card Holder :

(Rupees) Five Thousand Four Hundred Thirty Only

Remarks:

* Discrepancy noticed if any be informed to Hospital within three days

To Download Pathology Report : You can visit our website Or <http://115.113.91.222/Home.aspx>

** If you are unable to download report please visit to Sahara Hospital

To view COVID-19 report on Government portal - <https://labreports.upcovid19tracks.in/>

Dr. Manu Rastogi
 MCh, MCh.
 Sr. Consultant, Radiology, Saharaj
 Saharaj, Prayagraj, India
 Reg. No. - 1911/2019

(Signature)

Stay Vaccinated Stay Safe
24*7 Radiology (CT,MRI,X-RAY) Pathology & Emergency services available
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GST INVOICE

3

HINDUSTAN MEDICAL AND SURGICAL
UOFI RANA ANYA HOUSING OFF
SAHARA HOSPITAL VIRAJ KHAND
Phone : 822022687, 9335297811
GST NO.: 07ARCP05116L1Z3
D.L.NO.: UP32200000097,UP3221000009

No. : 0020560
Date: 19-08-2022
Name: CHAMELA DEVI
Add.:
Dr. :
Reg.:

Handwritten mark resembling a stylized 'a' or '3'.

DESCRIPTION	PACK	QTY.	M.R.P.	BATCH	EXP.	AMOUNT
1a YODAPPOL 50 TAB	1X15	15 TAB	59.00	2110161	9/24	89.50

HST-24-3004 GST-71.11%+3%+4.27%GST+4.27%GST

Dr. Manu Rastogi
M.S., M.Ch.
Sr. Consultant, Neurosurgeon
Sahara Hospital, Lucknow
Reg.No. 033323 (UPMCI)

TOTAL AMT	89.50
DISC 10 %	8.95
ROUNDING	0.33
NET AMOUNT	80.88

* All disputes subject to Jurisdiction only
 * Medicines without Batch No. & Exp. will not take back.
 * Please consult Dr. before using the medicines for HINDUSTAN MEDICAL AND SURGICAL

GST INVOICE
ASHISH MEDICAL STORE

LGF-3, GALAXY TOWER, INFRONT OF SAHARA
 HOSPITAL GATE NO.1, VIRAJ KHAND,
 GOMTI NAGAR, LUCKNOW-226010.

Phone : 0522-4303331, 8765533244, 9918236039

D.L.NO.:#F32200004576, UP32210004571

GSTIN NO.:09ACNPFY5345CLZ

4

5

Name: RAJSHANKI MEDICALS

S.No. : CS01R172

Dr. : SELF

DATE : 20-08-2022 TIME:14:59

IS.NO;	DESCRIPTION	PACK	QTY.	BATCH	EXP.	M.R.P.	AMOUNT
1	FEBURIC 20MG	1x15	15	TAB;0282	1/24	137.50	137.50



Dr. Manu Rastogi
 M.S., M.Ch.
 Sr. Consultant & Urologist
 Sahara Hospital, Lucknow
 R. No. - 2013010001

Medicines will return/Exchange within one month from Purchase Date with Bill

GST->110.49*616%=6.6356516.630051, GET	Product Value	137.50
Rs. One Hundred Twenty Four Only	CASH DISCOUNT 10 %	13.75
	PLEASE PAY	124.00

All disputes subject to Lucknow Jurisdiction only For ASHISH MEDICAL STORE
 Medicines without Batch No.& Exp.will not taken back.
 Please consult Dr. Before using the medicines.
 Cold Chain Maintain Medicines Will Not Be Taken Back. (Authorised Signatory)

CASH MEMO
RAJDHANI MEDICALS

GALAXY TOWER, VIRAJ KHAND,
 GORTI NAGAR, LUCKNOW,

Phone : 7897031191, 0522-4285334 FSSAI NO. 22721743000181
 D.L.O. NO. 11ND/FDA20-1637/2012, FDA21-1640/2012, GSTIN NO. 09AJNPK4028F1ZL

(5) (6)

pt. CHAMELA DEVI (Bill No.: R0005238)
 Dr. MANU RASTOGI (Bill Dt.: 20/Aug/2022)

Sr.	Description	Unit	Batch No.	Qty	Rate	Expiry	Amount
-----	-------------	------	-----------	-----	------	--------	--------

1	TRUBILIV 150 NEW	1x15	141094207	30	395.98	Sep/24	712.74
---	------------------	------	-----------	----	--------	--------	--------

No Of Products
 GEN-

Dr. Manu Rastogi
 M.S., Ch.
 M.D. (Gen. Med.)
 M.D. (Dermatol.)
 M.D. (Venereol.)
 M.D. (Sexual Med.)
 M.D. (Gonorrhea)

TOTAL AMT	791.76
DISC. 10.00%	79.18
ROUNDING	0.00
NET AMOUNT	713.00

Rs. Seven Hundred Thirteen Only

E.&O.E.

For RAJDHANI MEDICALS

Subject to Lucknow Jurisdiction only.

Medicines once sold will not be taken back.

Please get verify medicines from prescription by Dr. before use.

S/W DEVELOPED BY DECKOW SALES PVT. LTD. PHONE: 0522-4972500

GUPTA MEDICAL STORE

RETAIL CHEMISTS
CS-22 SHANTIPURAM PHAPHAMAU
PRAYAGRAJ
Phone : 9452893416,9984747085

Patient Name : MRS.CHAMELA DEVI

Doctor Name : MAHZAR HUSAIN

GSTIN : 09BOPG9373E1ZR

Licence No. : UP70200002295,UP70210002295

GST INVOICE

Invoice No: RA001368

Date : 10-09-2022

SN.	PRODUCT NAME	PACKING	H.S.N	BATCH	EXPIRY	QUANTITY	M.R.P.	DIS%	AMOUNT
1.	STERILE WATER FOR INJ	1*5ML	3004	WE20L03	9/23	6	2.45	10.00	14.70
2.	AMLOPRES-5 TAB	1*30	3004	SN11551	7/24	16	87.69	10.00	46.77
3.	R-CINEX CAP	1*10	3004	A104924	10/23	16	103.60	10.00	165.76
4.	BENADON 40 TAB	1*10	3004	MH3067	2/25	10	25.40	10.00	25.40
5.	DISPOVAN SYRINGE 5ML	1*5ML		102053NFI	12/25	6	7.50	10.00	36.00
6.	AMBISTRYN-5 0.75GM INJ	1*1	3004	NFG0160	7/24	6	9.21	10.00	55.26
7.	ENCORATE 500 TAB	1*10	3004	GTG1037A	5/25	32	86.10	10.00	275.52
8.	ADULT DIAPER		3004	45874	10/25	1	550.00	10.00	400.00

Rs. Nine Hundred Seventeen Only

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.
All disputes subject to ALLAHABAD Jurisdiction only.
Prescribed Sales Tax declaration will be given.

For GUPTA MEDICAL STORE

Sub-Total 1019.41

Discount 101.95

Round Off -0.46

Grand Total 917.00

GST 32.4*0%=0SGST,47.37*2.5+2.5%=1.18SGST+1.18CGST,745.85*6+6%=44.74CGST

Auth Sign.

GUPTA MEDICAL STORE

RETAIL CHEMISTS
 CS-22 SHANTIPURAM PHAPHAMAU
 PRAYAGRAJ

Phone : 9452893416,9984747085

Patient Name : SMT.SAMLELA DEVI

Doctor Name : MAJAHAR HUSAIN

GSTIN : 09BJOPG9373E1ZR
 Licence No. FUP70200002295,UP70210002295

GST INVOICE

Invoice No: RA001492
 Date : 21-09-2022

SN.	PRODUCT NAME	PACKING	H.S.N	BATCH	EXPIRY	QUANTITY	M.R.P.	DIS%	AMOUNT
1.	STERILE WATER FOR INJ	1*5ML	3004	WE80106	1/25	1	2.45	0.00	2.45
2.	DISPOVAN SYRINGE 5ML	1*5ML		102053NFI	12/25	1	7.50	0.00	7.50
3.	AMBISTRYN-S 0.75GM INJ	1*1	3004	NFG0160	7/24	1	9.21	0.00	9.21
4.	WETEX A D ELITE M 10	1*10.	3004	NL0620AI-04	4/24	10	400.00	0.00	400.00

21/09/2022
 10:00 AM
 22/09/2022

Rs. Four Hundred Nineteen Only

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 Bills not paid due date will attract 24% interest.
 All disputes subject to Jurisdiction only.
 Prescribed Sales Tax declaration will be given.

For GUPTA MEDICAL STORE



Sub Total	418.96
Discount	0.00
Round Off	0.34
Grand Total	419.00

GST 7*0%=0SGST, 8.77*2.5+2.5%=0.22SGST+0.22CGST, 359.33*6+6%=21.56SGST+21.56CGST.

Sahara Hospital:

Viraj Kund, Gomti Nagar, Lucknow-226010 India.

Tel.:0522-6780001, 6780002, OPD Appt:0522-6782159, Fax:0522-6782110

e-mail:hospital@hqsimil.sahara.co.in,Website:www.saharahospitals.com



9

Bill cum Cash Receipt

Bill No : 22-23CA/128432 **Cash Receipt No** : 22-23CA/124750
UHID : 22026380 **Bill Date/Time** : 25/09/2022 12:14 hrs.
Patient Name : Mrs. CHAMELA DEVI **Gender/Age** : Female/58 Y- 8 M- 25 D
Referred By/Dr. : Dr. MANU RASTOGI
Sponsor : SELF
Address : SHANTI PURAM PHAPHAMAU , PRAYAGRAJ, Uttar Pradesh, INDIA, - 211013
Contact No : 9560457739

9

SL#	Service Particulars	Medical Provider	Units	Amount (Rupees)
	PATHOLOGY			
1	CREATININE		1	150.00
2	LFT- Liver Function Test		1	790.00
3	UREA		1	150.00
4	Uric Acid		1	200.00
5	URINE (ROUTINE AND MICROSCOPIC EXAMINATION)		1	150.00
6	CULTURE & SENSITIVITY AEROBIC (OPD)*		1	720.00
7	COMPLETE BLOOD COUNTS (OPD)includes ESR		1	450.00
			Total	2610.00
			Net Amount	2610.00
			Amt Received	2610.00
			Balance Amount	0

By Debit Card : ₹2610.00

Card No : 3656;Exp. Date : 01/09/2022;Bank : OTHER CARDS;Card Holder :

(Rupees) Two Thousand Six Hundred Ten Only

Remarks:

* Discrepancy noticed if any be informed to Hospital within three days

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(Signature)

Dr. Manu Rastogi
 M.D., D.C.
 Sr. Consultant, Pathology
 Sahara Hospital, Lucknow
 Reg. No. - 11301 (UPMCI)

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Phone :0522-6780001 Fax:0522-6782110 Email:hospital.simil@sahara.in
www.saharahospitals.com

10

Sahara Pharmacy Unit of SIMIL

GSTIN No-09AAFCS8757C1Z1

Bill cum Cash Receipt

DL.NO : UP32210004614;UP32200004619

Bill Date : 26/09/2022 12:11 PM
Patient Name : Mrs. CHAMELA DEVI
Gender/Age : Female/58
Comp. Name : SELF

Bill No : 22-23/65147
UHID : SHLKO-22026380
Doctor Name :
Location : OPD PHARMACY

10

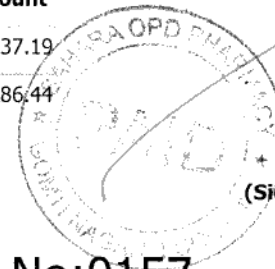
SL.No	Particulars	Batch	Pack Size	Expiry Date	Qty	MRP(₹)	Amount(₹)
1	TAB AMLOPRES 5 mg Tab.	SN20542	1*15	31/03/2025	90	3.24	291.60
2	TAB COMBUTOL 1000 mg Tab.	A202035	1*10	31/05/2025	90	13.16	1184.40
3	TAB MACROZIDE 1500mg Tab.	KMC92202A		31/01/2027	15	12.17	182.55
4	TAB LIV 52 Tab.	372200425	1*100	28/02/2025	62	130.00	260.00
5	TAB NEUROVIN 5 mg Tab.	NVTH0064	1*10	30/09/2024	240	11.80	2832.00
6	INJ STERILE WATER FOR INJECTION 10 ml	2220882	10ML	28/02/2025	10	2.61	26.10
7	SUR SYRINGE 5 ML B.BRAUN (Omnivan)	22120M8201		31/12/2026	37	15.00	555.00
8	CAP R-CINEX 600 mg Cap.	A22066SU	1*3	30/03/2024	8	13.33	106.64
9	CAP R-CINEX 600 mg Cap.	A22061SU	1*3	31/03/2024	46	13.33	613.18
10	CAP R-CINEX 600 mg Cap.	A22058SU	1*3	31/03/2024	36	13.33	479.88
11	INJ AMBISTRYN-S 0.75 gm Inj.	NFH0044	1VIAL	28/02/2025	37	10.20	377.40

Gross Amount (₹) 6908.75
Adl.Dis. (₹) 0.00
Net Amt. (₹) 6908.75
Round Off Amt. (₹) 0.25
Amount Collected (₹) 6909.00

(By Debit Card : 6909.00 Debit Card No :0 Exp. Date :09/2022 Bank :ALB Card Holder :0)

(Rupees) Six Thousand Nine Hundred Nine only

Taxable Amt.	CGST(%)	CGST Amount	SGST (%)	SGST Amount
1487.43	2.50	37.19	2.50	37.19
4774.06	6.00	286.44	6.00	286.44



Dr. Manu Khandelwal
Sr. Consultant
Sahara Hospital, Lucknow
Reg.No.-993328 (GPMCI)

Token No:0157

E. & .O.E.

No medicine will be Refunded without Bill .
Medicine once sold will not be taken back after one month from the date of Purchase.
Subject to Lucknow Jurisdiction only.
Please get medicines verified from prescription by Doctor. before use.

Sahara Hospital:

Viraj Khānd, Gomti Nagar, Lucknow-226010 India.

Tel.: 0522-6780001, 6780002, OPD Appt:0522-6782159, Fax:0522-6782110

e-mail:hospital@hqsimil.sahara.co.in,Website:www.saharahospitals.com



11

Bill cum Cash Receipt

Bill No	: 22-23CA/128718	Cash Receipt No	: 22-23CA/125027
UHID	: 22026380	Bill Date/Time	: 26/09/2022 10:23 hrs.
Patient Name	: Mrs. CHAMELA DEVI	Gender/Age	: Female/58 Y- 8 M- 26 D
Referred By/Dr.	: Dr. MANU RASTOGI		
Sponsor	: SELF		
Address	: SHANTI PURAM PHAPHAMAU , PRAYAGRAJ, Uttar Pradesh, INDIA, - 211013		
Contact No	: 9560457739		

2

SL#	Service Particulars	Medical Provider	Units	Amount (Rupees)
	OTHERS			
1	DISPOSABLE BED SHEET DIAGNOSTIC-OPD		1	100.00
	RADIOLOGY			
2	CT BRAIN PLAIN		1	2670.00
Total				2770.00
Net Amount				2770.00
Amt Received				2770.00
Balance Amount				0.00

By Debit Card : ₹2770.00

Card No : 3656;Exp. Date : 01/09/2022;Bank : OTHER CARDS;Card Holder :

(Rupees) Two Thousand Seven Hundred Seventy Only**Remarks:**

* Discrepancy noticed if any be informed to Hospital within three days

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(Signature)

Dr. Manu Rastogi
M.B.B.S., M.Ch.
Surgeon
Lucknow

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Customized Health Packages

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Sahara Hospital:

Viraj Khand, Gombi Nagar, Lucknow-226010 India.

Tel.:0522-670001, 6780002, OPD Appt:0522-6782159, Fax:0522-6782110

e-mail:hospital@hqsimil.sahara.co.in,Website:www.saharahospitals.com

**Bill cum Cash Receipt**

Bill No	: 22-23CA/128907	Cash Receipt No	: 22-23CA/125207
UHID	: 22026380	Bill Date/Time	: 26/09/2022 11:34 hrs.
Patient Name	: Mrs. CHAMELA DEVI	Gender/Age	: Female/58 Y- 8 M- 26 D
Referred By/Dr.	: Dr. MAZHAR HUSAIN		
Sponsor	: SELF		
Address	: SHANTI PURAM PHAPHAMAU , PRAYAGRAJ, Uttar Pradesh, INDIA, - 211013		
Contact No	: 9560457739		

SL.#	Service Particulars	Medical Provider	Units	Amount (Rupees)
1	CONSULTATION NEUROSURGERY FIRST CONSULTATION (M.HU.)	Dr. MAZHAR HUSAIN	1	1200.00
Total				1200.00
Net Amount				1200.00
Amt Received				1200.00
Balance Amount				0

By Debit Card : ₹1200.00

Card No : 3656;Exp. Date : 01/09/2022;Bank : STATE BANK OF INDIA;Card Holder :

(Rupees) One Thousand Two Hundred Only

Remarks:

* Discrepancy noticed if any be informed to Hospital within three days

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(Signature)

Dr. Mazhar Husain
 Sr. Consultant
 Neurosurgery
 Sahara Hospital
 Prayagraj, U.P.

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13

11

Sahara Pharmacy Unit of SIMIL

GSTIN No-09AAFCS8757C1Z1

Bill cum Cash Receipt

DL.NO : UP32210004614;UP32200004619

Bill Date : 26/09/2022 12:51 PM
Patient Name : Mrs. CHAMELA DEVI
Gender/Age : Female/58
Comp. Name : SELF

Bill No : 22-23/65192
UHID : SHLKO-22026380
Doctor Name :
Location : OPD PHARMACY

SL.No	Particulars	Batch	Pack Size	Expiry Date	Qty	MRP(₹)	Amount(₹)
1	TAB LIV 52 DS Tab.	372200718	1*60	30/04/2025	2	170.00	340.00
2	INJ STERILE WATER FOR INJECTION 10 ml	2220882	10ML	28/02/2025	5	2.61	13.05

Gross Amount	(₹)	353.05
Adl.Dis.	(₹)	0.00
Net Amt.	(₹)	353.05
Round Off Amt.	(₹)	-0.05
Amount Collected	(₹)	353.00

(By Debit Card : 353.00 Debit Card No :0 Exp. Date :09/2022 Bank :AGGIELAND Card Holder :0)

(Rupees) Three Hundred Fifty Three only

Taxable Amt.	CGST(%)	CGST Amount	SGST (%)	SGST Amount
315.22	6.00	18.91	6.00	18.91

Dr. Manu Rastogi
Sr. Consultant
Sahara Hospital
Reg. No. 123456789



Token No:0202

E. & .O.E.

No medicine will be Refunded without Bill .
Medicine once sold will not be taken back after one month from the date of Purchase.
Subject to Lucknow Jurisdiction only.
Please get medicines verified from prescription by Doctor. before use.

Printed By: 36133 Prepared By: 36133 Printed At : 26/09/2022 12:46 PM [165]

ID No : SHLKO-22026380
 Patient Name : MRS. CHAMELA DEVI
 Age & Sex : Female/58 Y- 7 M- 19 D
 Adm. Date : 19/08/2022
 Doctor Name : Dr. MANU RASTOGI, M.B.B.S., M.S., M.CH., Med.Reg.No.: UPMCI-39628
 Specialty : NEURO SURGEON
 Referral : SELF



PRESCRIPTION SLIP

Room No : T14 - THIRD FLOOR

Chief Complaints

Physical Examination

Provisional Diagnosis

Nutritional Assessment
(whenever required)

Investigation

Preventive Aspects

HT
 B.M. 61 kg
 BP 137/89

TO
~~Discontinue (P)~~

- 200 mg Dicyclanil (100)
 - 200 mg Ranitidine (100)

- 500 mg Aspirin
 - 100 mg Clopidogrel
 - 100 mg LFT
 - 100 mg Metformin
 - 100 mg Atorvastatin

- 200 mg Amlodipine (100)
 - 200 mg Tiazinide (100)

B.P. 137/89
 Pulse 100

- 200 mg Hydrochlorothiazide (100)
 - 100 mg Folic Acid

- 200 mg Aspirin (100)
 - 100 mg Clopidogrel (100)
 - 100 mg Metformin (100)
 - 100 mg Atorvastatin (100)
 - 100 mg Tiazinide (100)
 - 100 mg Amlodipine (100)
 - 100 mg Ranitidine (100)
 - 100 mg Dicyclanil (100)
 - 100 mg Aspirin (100)

SAHARA HOSPITAL, Viraj Khand, Gomti Nagar, Lucknow-226010

24x7 HOUR HELP DESK FOR EMERGENCY AND TRAUMA CARE CALL: 055 6780001/0002

दवाओं की विश्वसनीयता हेतु अस्पताल की फॉर्मसी (दवाखाना) से ही दवाएं लें।

OPD Registration and Appointment Call : 0522 6782159/63
 from 9 am. to 5 pm. (प्रातः 9 बजे से सायं 5 बजे तक)
 Telefax: +91 522 6782110, Website : www.saharahospitals.com

सुविधाएं - 24x7 फॉर्मसी (दवाखाना),
 पैथालॉजी एवं रेडियोलॉजी

ओपीडी समय सोमवार से शनिवार प्रातः 9 बजे से सायं 5 बजे तक (OPD TIMING: MONDAY TO SATURDAY 9 am. to 5 pm.)
 परामर्श की वैधता 5 दिनों के लिए मान्य (CONSULTATION IS VALID FOR 5 DAYS)

Cashless facility for insured patients / Home sample pathology: 0522 6781841/1842
 Cost effective packages 0522 6782111, Ambulance 24x7 : 0522 6780001/0002

UHID No : SHLKO-22026380

Patient Name : Mrs. CHAMELA DEVI

Gender/Age : Female/58 Y- 8 M- 26 D

Visit Date : 26/09/2022

Doctor Name : Dr. MAZHAR HUSAIN, M.B.B.S, M.S., M.Ch, Med.Reg.No: UP/MC-20767

Speciality : NEURO SURGEON

Referrer : SELF



PRESCRIPTION SLIP

Room No : T14 - THIRD FLOOR

Chief Complaints

Uo Incontinence

Physical Examination

Provisional Diagnosis

Shunted TBMH

Nutritional Assessment (whenever required)

ATT from 1-7-2022

Investigation

Recent c.T.
→ good shunt working

Preventive Aspects

Review after 3 months

Rx

- Tab Amlipress-5mg 1xOD
- Continued - Tab R-Cinex-600 1xOD
- Tab Combsutal (1gm) 1xOD
- one month { Tab Pysizina med (1500mg) (P-Zide) once daily
- 2 months { Tab Liv-52 1xOD
- Tab Neurovin (5mg) 2xOD
- Dig Streptomycin (1000mg) 1x1xOD x one month

nh

SAHARA HOSPITAL, Viraj Khand, Gomti Nagar, Lucknow - 226010

24x7 HOUR HELP DESK FOR EMERGENCY AND TRAUMA CARE CALL: 0522 6780001/0002

दवाओं की विश्वसनीयता हेतु अस्पताल की फॉर्मसी (दवाखाना) से ही दवाएं लें।

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from 9 am. to 5 pm. (प्रातः 9 बजे से सायं 5 बजे तक)
Telefax: +91 522 6782110, Website : www.saharahospitals.com

सुविधाएं-24x7 फॉर्मसी (दवाखाना), पैथालॉजी एवं रेडियोलॉजी

ओ.पी.डी. समय: सोमवार से शनिवार प्रातः 9 बजे से सायं 5 बजे तक (OPD TIMING: MONDAY TO SATURDAY 9 am. to 5 pm.)
परामर्श की वैधता 5 दिनों के लिए मान्य (CONSULTATION IS VALID FOR 5 DAYS)

Cashless facility for insured patients/Home sample pathology: 0522 6781841/1842
Cost effective packages 0522 6782111, Ambulance 24x7: 0522 6780001/0002