

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. 339/22

Dated: 19-12-2022

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 1,33,287/-.

Sir,


I **Mitra Pal Singh** took treatment of my **Self** at K.G.M.U., LUCKNOW for
CATARACT RH from 15.11.2022 to 20.11.2022.

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. (N/A)

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. 19.12.2022


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 "B"
3. List of Medical expenses calculation sheet
4. Original Bills & Vouchers (no.5)
5. Original Slip of K.G.M.U, Lucknow
6. Discharge Slip of K.G.M.U, Lucknow

प्रेषक,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।

सेवा में,

मित्र पाल सिंह,
मा0 प्रधान न्यायाधीश,
परिवार न्यायालय, सीतापुर।

पत्रांक:-जि0चि0/चिकित्सा प्रतिपूर्ति/2022-23/ 3541

दिनांक 19/12/22

विषय:-श्री मित्र पाल सिंह, मा0 प्रधान न्यायाधीश के उपचार पर व्यय हुई धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं0-329/2022 दिनांक 08-12-2022 के क्रम में शासनादेश संख्या-56/2019/578-पांच-6-2019-04(जी0)/2019 दिनांक 07 मार्च 2019 के क्रम में चिकित्सा प्रतिपूर्ति दावे का परीक्षण किया गया।

- 1- लाभार्थी का नाम/पदनाम : श्री मित्र पाल सिंह, मा0 प्रधान न्यायाधीश
- 2- लाभार्थी के पिता/पति का नाम :
- 3- उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम : श्री मित्र पाल सिंह
- 4- उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : स्वयं
- 5- निवास का पता : सीतापुर।
- 6- चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) (निजी हैं अथवा सरकारी) : डा0 अरुन कुमार शर्मा : के0जी0एम0यू0, लखनऊ। : निजी
- 7- बीमारी का नाम : *Cataract - R*
- 8- उपचार की अवधि : दि0 15-11-2022 से 20-11-2022
- 9- चिकित्सा पर कुल व्यय धनराशि : मु0रू0 133287.00
- 10- परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु0रू0 133287.00 (एक लाख तैंतिस हजार दो सौ सत्तासी रूपये मात्र)

प्रमाणीकरण

प्रमाणित किया जाता है, कि चिकित्सा अनुभाग-6, उ0प्र0 शासन की उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-11-1082-87 दिनांक 20 सितम्बर, 2011 उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली, 2014, अधिसूचना संख्या-474/पांच-6-14-1082/87 टी0सी0 दिनांक 04 मार्च 2014 एवं उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) (द्वितीय संशोधन) नियमावली 2016 अधिसूचना संख्या-365/2016/3124/पांच-6-2016-19 जी/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत प्रदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के0जी0एम0यू0/एस0जी0पी0जी0आई, लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)

Dhili
मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय-सीतापुर

शासनादेश संख्या-49/2020/352/पॉच-6-2020-04 जी/2019, दिनांक 24 फरवरी 2022 का संलग्नक

मुख्य चिकित्सा अधिकारी/मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक/तकनीकी परीक्षण अधिकारी द्वारा निजी चिकित्सालयों में करायी गयी चिकित्सा पर व्यय के सापेक्ष एम्स नई दिल्ली/एस0जी0पी0आई0/के0जी0एम0यू0 की दर/अन्तर की धनराशि का विवरण।

प्रारूप-3

क0सं0	व्यय का विवरण/नाम	निजी चिकित्सालय द्वारा अधिरोपित दर	एम्स नई दिल्ली/एस0जी0पी0आई0 लखनऊ/के0जी0एम0यू0 की स्वीकृत दर	अन्तर की धनराशि	प्रतिपूर्ति योग्य धनराशि
1	प्रतिपूर्ति दावे के अनुसार	133287.00	133287.00	—	133287.00

(डा0 आर0के0 सिंह)
मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय सीतापुर।
जिला चिकित्सालय
सीतापुर

APPENDIX VIII
Form of Certificates A

Certificate granted to the Sri Mitra Pal Singh, Principal Judge, Family Court, Sitapur.

Certificate 'B'

(To be completed in the case of patient who are admitted to hospital for treatment)

I Dr. ... Arjun 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	Non Payable Amount
1	921690	15.11.22	K.G.M.U., Lucknow	250		
2	3313	15.11.22	Gomti Medicals, Lucknow	6642		
3	204	16.11.22	Bhanushri Surgicals, Lucknow	60000		
4	3424	19.11.22	Gomti Medicals, Lucknow	6395		
5	206	19.11.22	Bhanushri Surgicals, Lucknow	60000		
			Total	133287		

- (e) That the patient is/was suffering from ... Cataract BVS and is/was under my treatment from 15.11.2022 to 20.11.2022


Associate Professor
Department of Ophthalmology
K.G's Medical University
Lucknow

(f) That the patient is/was not given prenatal or postnatal treatment
(g) that the X-Ray, laboratory test, etc. for which on expenditure of Rs. was incurred were necessary and were undertaken on my advice at
.....(Name of hospital or laboratory)

(h) That I referred the patient to Dr. for specialist consultation and that the necessary approval of the as required under the rules (Administrative Medical Officer of State.)

(i) that the patient did not required hospitalizationrequired.

Dated.....

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.

D/W-31667
01-12-22

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. 1,33,287/-

Place..... Rupees One Lakh Thirty Three thousand

Date..... Two hundred Eighty Seven only

Medical Superintendent
.....Hospital
Superintendent
G M & Associated Hospitals
Lucknow

DETAIL OF VOUCHERS / EXAMINATION CHART

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

Name of Institution:- K.G.M.U. LUCKNOW

Period of Treatment:- 15.11.2022 to 20.11.2022

Sl. No.	Voucher No.	Date	Institute/Chemist's Name	Amount	Payable Amount	Non Payable Amount
1	921690	15.11.22	K.G.M.U., Lucknow	250		✓
2	3313	15.11.22	Gomti Medicals, Lucknow	6642		
3	204	16.11.22	Bhanushri Surgicals, Lucknow	60000		
4	3424	19.11.22	Gomti Medicals, Lucknow	6395		
5	206	19.11.22	Bhanushri Surgicals, Lucknow	60000		
Total				133287		


चि०प्र०पू० की सकल धनराशि रू०...133287

परीक्षाणोपान्त अदेय धनराशि रू०.....

शुद्ध देय धनराशि रू०.....133287

धनराशि शब्दों में रू०...One lakh thirty three thousand


मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय
सीतापुर


Associate Professor
Department of Ophthalmology
K.G's Medical University
Lucknow

Amount Eighty Seven



King Georges Medical
University

1 Shamina Road, Chowk,
Chowk



20220108350



GCASH-921690/202223

IPD Bill Receipt
Original

UHID :	20220108350	Receipt No :	GCASH-921690/202223
Name :	MR MITRA PAL SINGH	Receipt Date :	15/11/2022 10:49 AM
Address :	S/O baburam house no 41 chappur . nakur saharan pur	Billing Type :	GENERAL
Age & Sex :	55 Yrs 7 Mons 24 Days MALE	IP No. :	2022113905
Admission Date :	15/11/2022	Ward Name :	OPHTHALMOLOGY SURGICAL VI NEW MALE WARD
Payment Details :	Payment Mode:Cash	Contact No :	63XXXXXX68

Service Details:

SL No	Service Category	Service Name	Quantity	Rate	Gross	Discount	Amount
1	ADMISSION	ADMISSION	1	250	250	0	250

Amount in Words
Two Hundred Fifty Rupees And Zero Paise

Total Rs.
Amount : 250
Discount : Rs. 0
Net Amount Rs.
: 250



[Authorized Signature]
Mr. L. Jha Yadav

Department
K.G's Medical
Lucknow

GOMTI MEDICALS

M/s MITRA PAL 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 : 09AAEEG7236L1Z1

GST INVOICE

Invoice No. : T003313
Sales Man :Date : 15/11/2022
Due Date : 15/11/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	1	1*1	EYE DRAPE-D711 AP	2205AC0	4/27	3004	66.00	66.00	0.00	6.00	6.00	66.00
2.	1	1*1	BLINK TROLLY SHEET			3004	55.00	55.00	0.00	6.00	6.00	55.00
3.	1	1*1	MVR ANGEL 20G			3004	225.00	225.00	0.00	6.00	6.00	225.00
4.	1	1*1	FINE EDGE KERATOME 2.8R	BLINK007		3004	0.00	180.00	0.00	6.00	6.00	180.00
5.	1	1*1	VISCOLON P.F SYRINGE 2ML	22E64	4/24	3004	138.30	138.30	0.00	6.00	6.00	138.30
6.	1	1ML	CARPINOL INJ	PC2117	2/23	3004	22.00	22.00	0.00	2.50	2.50	22.00
7.	1	1*1	AUROBLUE	IH568	7/23	3004	110.00	110.00	0.00	6.00	6.00	110.00
8.	1	.1	KITMOX UNIT DOSE	N22109	12/23	3004	126.99	126.99	0.00	6.00	6.00	126.99
9.	1	5ML	MOXIWIN P EY/D	021028D	4/23	3004	180.00	180.00	0.00	6.00	6.00	180.00
10.	1	5ML	NOTEN E/D	021236C	2/24	3004	260.00	260.00	0.00	6.00	6.00	260.00
11.	1	5ML	CYCLOGYL EYE(DROPS)	KOCY2004	5/24	3004	66.50	66.50	0.00	6.00	6.00	66.50
12.	1	5ML	PARACAIN EYE DROP 5ML	PR-2211	7/23	3004	57.97	57.97	0.00	6.00	6.00	57.97
13.	1	1*10ML	LUBRY PLUS E/D	O21245A	2/24	3004	240.00	240.00	0.00	6.00	6.00	240.00
14.	1:5	1*10	TRYMOX TAB	PDCAM23	3/24	3004	34.84	34.84	0.00	6.00	6.00	52.26
15.	1:0	1*10	LOFEN-SP TAB	UGT-22133B	1/24	3004	95.00	95.00	0.00	6.00	6.00	95.00

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST
GST 5.00	22.00	0.00	0.00	0.52	0.52	1.04
GST 12.00	1853.02	0.00	0.00	99.27	99.27	198.54
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	1875.02	0.00	0.00	99.79	99.79	199.58

Continued...
 Assistant Professor
 Department of Ophthalmology
 K.G.'s Medical University
 Lucknow

Rs. Six Thousand Four Hundred Forty Two Only

Terms & Conditions

Receiver

For GOMTI MEDICALS

GOMTI MEDICALS

M/s MITRA PAL 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. : T003313

Date : 15/11/2022

Sales Man :

Due Date : 15/11/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
							TOTAL B/F					1675.42
16.	0:5	1*10	RABIMET LSR	SCS-1200	11/23	3004	180.00	180.00	0.00	6.00	6.00	90.00
17.	1:0	1*10	JAMROX-500	STB-1004	3/23	3004	780.00	780.00	0.00	6.00	6.00	780.00
18.	3:0	1*10	PREGAWIN ALA CAP	ALC-1205	11/23	3004	199.00	199.00	0.00	9.00	9.00	597.00
19.	3:0	1*10	REAL OMEGA	FBS-8716	10/23	3401	240.00	240.00	0.00	9.00	9.00	720.00
20.	1	1*30	EYE C PEARL 250 TAB			3004	490.00	490.00	0.00	9.00	9.00	490.00
21.	1	5ML	FLUR EYE DROP	99765	3/24	3004	194.50	194.50	0.00	6.00	6.00	194.50
22.	1	5ML	TROPY PLUS E/D	TPP-299A	10/23	3004	78.00	78.00	0.00	6.00	6.00	78.00
23.	1	5ML	COMBIGAN EYE DROP	99951	2/24	3004	497.71	497.71	0.00	6.00	6.00	497.71
24.	1	10ML	I-LAYER DROP	E21L-186A	11/23	3004	340.00	340.00	0.00	6.00	6.00	340.00
25.	1	1	HILURON P.F.SYRINGES 1ML	22D20	3/24	3004	660.00	660.00	0.00	2.50	2.50	660.00
26.	2	1	GLOVES 6.5 NO.			3004	0.00	30.00	0.00	6.00	6.00	60.00
27.	2	STERI	GLOVES 7			3004	0.00	30.00	0.00	6.00	6.00	60.00

** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL
GST 5.00	682.00	0.00	0.00	16.23	16.23	32.46	5710.59
GST 12.00	3953.23	0.00	0.00	211.77	211.77	423.54	365.82
GST 18.00	1807.00	0.00	0.00	137.82	137.82	275.64	365.82
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	6442.23	0.00	0.00	365.82	365.82	731.64	GRAND TOTAL 6442.00

Rs. Six Thousand Four Hundred Forty Two Only

Terms & Conditions

Reciver

For GOMTI MEDICALS

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

Bhanushri Surgicals
 F-14 Ishwari Dayal Complex
 G.B Marg, Latouche Road
 Lucknow
 D.L.NO.: UP3220B001210
 UP3221B001201
 Pin Code.: 226018
 GSTIN/UIN: 09AKXPK0877E1ZM
 State Name : Uttar Pradesh, Code : 09
 E-Mail : office.bhanushrisurgicals@gmail.com

Buyer (Bill to)
Mitra Pal Singh
 State Name : Uttar Pradesh, Code : 09

Invoice No. e-Way Bill No.	Dated
BS/2022-23/204	16-Nov-22
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	Rayone Trifocal 603F 17.00	90213900	5 %	1 Nos.	57,142.8571	Nos.	57,142.8571
							1,428.5714
							1,428.5714
							0.0001
							CGST
							SGST
							Round Off
							Total
				1 Nos.			₹ 60,000.0000

Associate Professor
Department of Ophthalmology
K.G's Medical University
Lucknow

Amount Chargeable (in words) **INR Sixty Thousand Only** E. & O.E

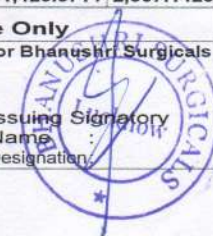
HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
90213900	57,142.8571	2.50%	1,428.5714	2.50%	1,428.5714	2,857.1428
Total	57,142.8571		1,428.5714		1,428.5714	2,857.1428

Tax Amount (in words) : **INR Two Thousand Eight Hundred Fifty Seven and Fourteen paise Only**

Company's PAN : **AKXPK0877E**

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 **Bhanushri Surgicals**
 Authorised Signatory Name :
 Designation:
 Issuing Signatory Name :
 Designation:



SUBJECT TO LUCKNOW JURISDICTION

This is a Computer Generated Invoice

GOMTI MEDICALS

SHAMINA ROAD,
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

M/s MITRA PAL 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. : T003424

Date : 19/11/2022

Sales Man :

Due Date : 19/11/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
1.	1	1*1	EYE DRAPE-D711 AP	2205AC0	4/27	3004	66.00	66.00	0.00	6.00	6.00	66.00
2.	1	1PICS	PLAIN TOWEL DRAPE	22038CO	2/27	3004	47.00	47.00	0.00	6.00	6.00	47.00
3.	1	1*1	MVR ANGEL 20G			3004	225.00	225.00	0.00	6.00	6.00	225.00
4.	1	1*1	FINE EDGE KERATOME 2.8R	BLINK007		3004	0.00	180.00	0.00	6.00	6.00	180.00
5.	1	1*1	VISCOLON P.F SYRINGE 2ML	22E64	4/24	3004	138.30	138.30	0.00	6.00	6.00	138.30
6.	1	1ML	CARPINOL INJ	PC2112	4/23	3004	22.00	22.00	0.00	2.50	2.50	22.00
7.	1	1ML	BLUE RHEXIS	21F03	5/24	3004	72.60	72.60	0.00	6.00	6.00	72.60
8.	1	.1	KITMOX UNIT DOSE	N22109	12/23	3004	126.99	126.99	0.00	6.00	6.00	126.99
9.	1	5ML	MOXIWIN P EY/D	021028D	4/23	3004	180.00	180.00	0.00	6.00	6.00	180.00
10.	1	5ML	NOTEN E/D			3004	260.00	260.00	0.00	6.00	6.00	260.00
11.	1	5ML	CYCLOPEDIA DROP	HE7924	8/24	3004	65.00	65.00	0.00	6.00	6.00	65.00
12.	1	5ML	PARACAIN EYE DROP 5ML	PR-2211	7/23	3004	57.97	57.97	0.00	6.00	6.00	57.97
13.	1	1*10ML	LUBRY PLUS E/D	O21245A	2/24	3004	240.00	240.00	0.00	6.00	6.00	240.00
14.	1:5	1*10	TRYMOX TAB	PDCAM23	3/24	3004	34.84	34.84	0.00	6.00	6.00	52.26
15.	1:0	1*10	LOFEN-SP TAB	UGT-22133B	1/24	3004	95.00	95.00	0.00	6.00	6.00	95.00

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST
GST 5.00	22.00	0.00	0.00	0.52	0.52	1.04
GST 12.00	1806.12	0.00	0.00	96.76	96.76	193.52
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	1828.12	0.00	0.00	97.28	97.28	194.56

Continued..

Associate Professor
Department of Ophthalmology
KGMU Medical University
Lucknow

Rs. Six Thousand Three Hundred Ninety Five Only

Terms & Conditions

Receiver

For GOMTI MEDICALS

GOMTI MEDICALS

SHAMINA ROAD,
NEAR KGMU, LUCKNOW PIN CODE 226003

Phone : 9336712613

M/s MITRA PAL SINGH
KGMU KGMUPh.No.:
GST :D.L No. : 20-07/09,21-07/09
E-Mail : gomtimedicals1970@gmail.com
GSTIN : 09AAEFG7236L1Z1

GST INVOICE

Invoice No. : T003424
Sales Man :Date : 19/11/2022
Due Date : 19/11/2022

Sn.	Qty.	Pack	Product	Batch	Exp.	HSN	MRP	Rate	Dis	SGST	CGST	Amount
							TOTAL B/F					1633.54
16.	0:5	1*10	RABIMET LSR	SCS-1200	11/23	3004	180.00	180.00	0.00	6.00	6.00	90.00
17.	1:0	1*10	JAMROX-500	STB-1004	3/23	3004	780.00	780.00	0.00	6.00	6.00	780.00
18.	3:0	1*10	PREGAWIN ALA CAP	ALC-1205	11/23	3004	199.00	199.00	0.00	9.00	9.00	597.00
19.	3:0	1*10	REAL OMEGA	FBS-8716	10/23	3401	240.00	240.00	0.00	9.00	9.00	720.00
20.	1	1*30	EYE C PEARL 250 TAB			3004	490.00	490.00	0.00	9.00	9.00	490.00
21.	1	5ML	FLUR EYE DROP	99765	3/24	3004	194.50	194.50	0.00	6.00	6.00	194.50
22.	1	5ML	TROPY PLUS E/D	TPP-299A	10/23	3004	78.00	78.00	0.00	6.00	6.00	78.00
23.	1	5ML	COMBIGAN EYE DROP	01012	4/24	3004	497.71	497.71	0.00	6.00	6.00	497.71
24.	1	10ML	I-LAYER DROP	E21L-186A	11/23	3004	340.00	340.00	0.00	6.00	6.00	340.00
25.	1	1	HILURON P.F.SYRINGES 1ML	22B08	1/24	3004	660.00	660.00	0.00	2.50	2.50	660.00
26.	2	1	GLOVES 6.5 NO.	0123	1/26	3004	0.00	30.00	0.00	6.00	6.00	60.00
27.	2	STERI	GLOVES 7			3004	0.00	30.00	0.00	6.00	6.00	60.00

** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	5668.71
GST 5.00	682.00	0.00	0.00	16.23	16.23	32.46	SGST PAYBLE	363.31
GST 12.00	3906.33	0.00	0.00	209.26	209.26	418.52	CGST PAYBLE	363.31
GST 18.00	1807.00	0.00	0.00	137.82	137.82	275.64	DISCOUNT	0.00
GST 28.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00
TOTAL	6395.33	0.00	0.00	363.31	363.31	726.62	GRAND TOTAL	6395.00

Rs. Six Thousand Three Hundred Ninety Five Only

Terms & Conditions

Receiver

For GOMTI MEDICALS

Department of Ophthalmology
Gomti Medical University
Lucknow

Tax Invoice

(ORIGINAL FOR RECIPIENT)

Bhanushri Surgicals F-14 Ishwari Dayal Complex G.B Marg, Latouche Road Lucknow D.L.NO.: UP3220B001210 UP3221B001201 Pin Code.: 226018 GSTIN/UIN: 09AKXPK0877E1ZM State Name : Uttar Pradesh, Code : 09 E-Mail : office.bhanushrisurgicals@gmail.com Buyer (Bill to) Mitra Pal Singh State Name : Uttar Pradesh, Code : 09	Invoice No. e-Way Bill No. Dated	BS/2022-23/206	19-Nov-22
	Delivery Note	Mode/Terms of Payment	
	Reference No. & Date.	Other References	
	Buyer's Order No.	Dated	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through	Destination	
	Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount	
1	Rayone Trifocal 603F 17.50D	90213900	5 %	1 Nos.	57,142.8571	Nos.	57,142.8571	
							CGST SGST Round Off	
							1,428.5714 1,428.5714 0.0001	
Total							1 Nos.	₹ 60,000.0000


 Associate Professor
 Department of Ophthalmology
 K.G's Medical University
 Lucknow

Amount Chargeable (in words) E. & O.E

INR Sixty Thousand Only

HSN/SAC	Taxable Value		Central Tax		State Tax		Total
	Rate	Amount	Rate	Amount	Rate	Amount	Tax Amount
90213900		57,142.8571	2.50%	1,428.5714	2.50%	1,428.5714	2,857.1428
Total		67,142.8571		1,428.5714		1,428.5714	2,857.1428

Tax Amount (in words) : **INR Two Thousand Eight Hundred Fifty Seven and Fourteen paise Only**

Company's PAN : AKXPK0877E	Pre Authenticated by for Bhanushri Surgicals
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	Authorised Signatory Name : Designation:
	Issuing Signatory Name : Designation:



6397371260



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

Gandhi Memorial & Associated Hospitals

15-11-2022

OPD SLIP ३० 15-11-2022



UHID: 20220108350 (S.NO.: 114)

MITRA PAL SINGH /M /55Y 7M

24D

Ophthalmology/UNT 3/6.8

Intern
R72



ad
RE

Associate Professor
Department of Ophthalmology
K.G.'s Medical University
Lucknow
Dr. P. K. Sharma (ms)

- Tab Eofen BD
- Tab JAMROX AD
- Tab Kebsmet ODAE

x 5 days

Adv

- Cap Real Omega
- Tab Pregamin ADA
- T. Tymov
- Tab Eye C TDS

- E/D monitoring 2hly for 3 days

- E/D CYCLOLYL BD

- E/D I-LAYER 6T/D

- E/D LUBRY PLUS 6T/D

- E/D NOTEN 6T/D

- E/D COMBIAN BD

Indivision R/A Lweek (ind/OPO
Plan (cut by LEE)

+

Dr. Ar. K. Shanmaling



King Georges Medical University
1 Shamina Road, Chowk,
Lucknow



Inpatient Hospital Registration



UHID: 20220108350

Dept : Ophthalmology / Unit 1	Ward/Bed: OPHTHALMOLOGY SURGICAL VI NEW MALE WARD / 59	IPD Fees : Rs. 0	NON-MLC Case
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Treating Doctor : Dr. Arun kumar sharma - Assoc. Professor IP NO : 2022113905

Date Of Admission And Time:: 2022-11-15 10:48 am Gender : Male

Patient Name : Mr MITRA PAL SINGH Age : 55 Years 7 Months 24 Days

Father's Name : baburam

Address :house no 41 chappur nakur saharan pur, ,UTTAR
PRADESH, 247342, Pincode: INDIA

Emergency Contact Address :
Mobile No : :

Mobile No : *****1268

Religion : null

Caste : OBC

Monthly Income: 40000 and above

Occupation : UNKNOWN

Billing Type : General

Ration Card Number :
Ration Card Type : APL

Admission Type : Routine

Admitting Doctor : Dr. Arun kumar sharma
- Assoc. Professor

Provisional Diagnosis:

Final Diagnosis :

Prepared By : Mr.Lallan Yadav

Signature Of Treating Consultant: Dr. Arun
kumar sharma - Assoc. Professor

Associate Professor
Department of Ophthalmology
K.G's Medical University
Lucknow



King Georges Medical University
1 Shamina Road, Chowk,
Chowk

DISCHARGE SUMMARY

UHID : 20220108350
Patient Name: Mr MITRA PAL SINGH Department: Ophthalmology
Age /Sex: 55 Years 7 Months 29 Days 0 Hours / Male Unit:: Unit 1

S/O : baburam Ward:: SURGICAL VI NEW
MALE WARD

Billing Type : General MLC Patient: NO

IPD Admission ID 2022113905 Discharge Type:

Treating Doctor: Dr. Arun kumar sharma, Bed No: 59

Mobile No: *****268

Date of Admission: 15/11/2022 10:48:35 AM

Operation Date:

Date of Discharge : 20/11/2022 10:38:00 AM

Discharge : AM
HOUSE NO 41
CHAPPUR NAKUR
Address : SAHARAN PUR, UTTAR
PRADESH, PIN:247342,
INDIA

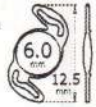
Surgeon : Asst.Surgeon

Procedure : Operative

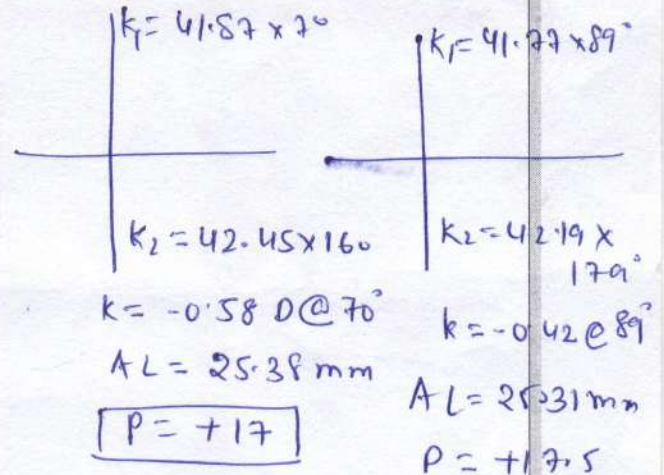
Consulting Findings :

Doctor : Dr. Arun kumar sharma

Rayner The Ridley Innovation Centre, 10 Dominion Way
Worthing, West Sussex, BN14 8AQ, United Kingdom
RayOne Trifocal Near Add: +3.50D Int Add: +1.75D
REF RAO603F SN 07 2027-01-08
LOT 012183252 SE: +17.00D Sph: +17.00D



Drug Allergy :-
NOT KNOWN



Diagnosis : IMSC (BES) (R>L)

ICD Code:

Admitted For: ① PHACO WITH PCIOL (RE) ON 15/11/2022 PHACO WITH PCIOL (LE) ON 19/11/2022

Physical ② Phaco + PCIOL (CP=17.5) (UE) on 19/11/22 LOCAL EXAM :VN (RE)FC 4MT >6/18 WITH PH ,(LE)6/36 > 6/9 WITH PH .PUPILLARY REACTION (BES) ++,A/S:(RE) NUII-III

Findings: ,CORTII,(LE)NUII CORTII,REST WNL(BES),F/S:MEDIA-(BES)HAZE D/T IMSC,REST WNL

Condition During :

Discharge :

COD: Vn (RE) 6/24 → 6/18
 ALS lid wnl x1
 conj. wnl } BE
 cornea char mid have de-
 AC wnl } sinate neuropathy.
 Iris }
 pupil }
 lens } dilated
 pupil in bag. } BE

Brief Summary of the Case:

Category	Test Name	Observation
Note:	PLASMA GLUCOSE FASTING 91 MG/DL PLASMA GLUCOSE 138 MG/DL GLYCOSYLATED HAEMOGLOBIN 6.1% VM- NON REACTIVE	0

Treatment Given :

MAINTAIN OCULAR HYGIENE

WEAR DARK GLASSES

~~E/D MOXIWIN P 6T/D~~

E/D NOTEN QID

~~E/D CYCLOTEN BD~~

E/D LUBRYPLUS 6T/D

E/D I LAYER 6T/D

~~E/D COMBIGAN BD~~

TAB JAMROX BD

TAB LOFEN BD

TAB TRIMOX TDS

TAB RABIMET OD AC

TAB REAL OMEGA OD

TAB EYE C TDS

CAP PREGAWIN OD

XRE)

- BID metob f KK

] x 5d

x 5d

] x 30d.

Advice on Discharge:

To come For follow up in Routine OPD on & Time

In specialist Clinics on & Time

Senior Resident

R/A 1 week OPD | Tues / Frid / 9/10/20

Ankita RK,
 Reetu,
 RKs..

Signature Treating Doctor

Dr. Arun kumar sharma
 Associate Professor

Department of Ophthalmology
 K.G's Medical University
 Lucknow

Date & Time

Name : Mr. M P SINGH

Lab No. : 332169302

Ref By : DR ARUN KUMAR SHARMA

Collected : 12/11/2022 10:52:00AM

A/c Status : P

Age : 56 Years

Gender : Male

Reported : 13/11/2022 10:34:30AM

Report Status : Final



Collected at : KRISHNA CARE CENTRE-CC

Halwapur House, Bus Stand Chouraha Near

Chaska Restaurant Sitapur-261001

Sitapur

Processed at : LPL-NATIONAL REFERENCE LAB

National Reference laboratory, Block E,

Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HOMOCYSTEINE, QUANTITATIVE, SERUM (CMIA)			
Homocysteine	11.73	umol/L	5.46 - 16.20

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 Kamel 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-----





Name : Mr. M P SINGH
Lab No. : 332169302
Ref By : DR ARUN KUMAR SHARMA
Collected : 12/11/2022 10:52:00AM
A/c Status : P

Age : 56 Years
Gender : Male
Reported : 13/11/2022 10:34:30AM
Report Status : Final

Collected at : KRISHNA CARE CENTRE-CC
Halwapur House, Bus Stand Chouraha Near
Chaska Restaurant Sitapur-261001
Sitapur

Processed at : LPL-NATIONAL REFERENCE LAB
National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi -110085

Test Report

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. •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. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.



District Hospital Sitapur HIV TEST REPORT FORM

(Form to be filled in duplicate)

Name and Address of ICTC centre : ICTC DSH Hospital
Sitapur

Name : Surname single Middle Name - First Name MPTG Pal
Gender : M/F/TG Age : 56 Years PID # GCSAICTCUP Lab ID # SRP0012205523
Date and time blood drawn : 12.11.22 (DD/MM/YY) - (HH:MM)

Test Details

Specimen type used for testing : Serum/Plasma/Whole Blood

Date and time specimen tested : 12.11.22 (DD/MM/YY) - (HH:MM)

Note :

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
Name of HIV test kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test-I : <u>Comb Aids</u>	<u>NA</u>	<u>NA</u>	<u>Non Reactive</u>
Test-II : <u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Test-III : <u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Interpretation of the result : Tick (✓) relevant

- Specimen is negative for HIV antibodies ✓
 - Specimen is positive for HIV - 1 antibodies
 - Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
 - Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks
- *Confirmation of HIV 2 sero-status at identified referral laboratory through ART centres.

--End of Report --

Name & Signature
Laboratory Technician

प्रभारी अधिकारी
ICTC जिला चिकित्सालय
Name & Signature
Laboratory In-Charge

DISTRICT HOSPITAL

SITAPUR, (UTTAR PRADESH)

DEPARTMENT OF PATHOLOGY

"AN ISO 9001:2015 CERTIFIED LABORATORY"

Date : 12-Nov-2022 Reg/Ref: DH-448472 / 261984 Collected At : DCH
Name : MR. M. P. SINGH Age/Sex : 56 Yrs./Male
Ref.By : Dr. SELF Ward : OPD
Receipt : NA
Requested Test : sugar-f, PPBS, HBA1C, hbsag, hcv
Coll Time : 12-Nov-2022 08:16 AM Validate : 12-Nov-2022 12:02 PM Prn. Time : 12-Nov-2022 12:05 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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BIOCHEMISTRY

Plasma Glucose Fasting	91	mg/dL	70 - 110
Plasma Glucose, PP (2 Hr.)	138	mg/dL	70 -140
HBA1C			
Glycosylated Haemoglobin	6.1	%	4.0 - 7.0

Interpretation:

HbA1c %	Degree of glucose control
> 8	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
< 7	Goal
< 6	Non Diabetic Level

SEROLOGY

HBsAg Rapid Non-Reactive
HCV Non- Reactive

----- End of report -----

Checked By :-
Technician

PATHOLOGIST