

प्रेषक,

डॉ. विदुषी सिंह,  
प्रधान न्यायाधीश  
परिवार न्यायालय, मथुरा ।

सेवा में,

श्रीमान महानिबन्धक,  
माननीय उच्च न्यायालय  
इलाहाबाद ।

पत्रांक संख्या: 782...../ पी.जे. दिनांक: 07 फरवरी 2023

विषय: चिकित्सा प्रतिपूर्ति देयक की स्वीकृति के सन्दर्भ में ।

महोदय,

उपरोक्त विषयक माननीय न्यायालय को अवगत कराना है कि मेरे द्वारा स्वयं के चिकित्सा प्रतिपूर्ति देयक दिनांक 19.11.2022 से दिनांक 24.01.2023 तक मुव.15,080/- रुपये का मुख्य चिकित्साधिकारी, मथुरा की संस्तुति के उपरान्त स्वीकृति हेतु इस पत्र के साथ संलग्न कर माननीय न्यायालय को प्रेषित किया जा रहा है।

अतः माननीय महोदय से अनुरोध है कि उक्त चिकित्सा प्रतिपूर्ति देयकों को माननीय न्यायालय के समक्ष स्वीकृत कराने हेतु प्रस्तुत करने की कृपा करें।  
सादर ।

दिनांक-07.02.2023

भवदीया,  
7/2/23

( डॉ. विदुषी सिंह )

प्रधान न्यायाधीश  
परिवार न्यायालय, मथुरा ।

प्रधान न्यायाधीश  
परिवार न्यायालय, मथुरा

प्रेषक,

डॉ. विदुषी सिंह,  
प्रधान न्यायाधीश( जिला जज)  
परिवार न्यायालय, मथुरा ।

सेवा में,

मुख्य चिकित्सा अधीक्षक  
जिला अस्पताल मथुरा

विषय: चिकित्सा प्रतिपूर्ति पर हुए व्यय को सत्यापन कर प्रमाण पत्र उपलब्ध कराये जाने के सम्बन्ध में।

महोदय,

निवेदन करना है कि मेरे द्वारा दिनांक 19.11.2022 से दिनांक 24.01.2023 तक चिकित्सा पर मुव. 16,185/- रुपये व्यय किये गये हैं जिसे प्रोफार्मा पर भरकर सत्यापन करने हेतु प्रेषित कर रही हूँ।

अतः अनुरोध है कि दिनांक 19.11.2022 से दिनांक 24.01.2023 तक चिकित्सा पर व्यय की गयी धनराशि प्रोफार्मा का सत्यापन करने का कष्ट करें। रसीदें संलग्न हैं।

सादर।

भवदीया,

( डॉ. विदुषी सिंह ) 4/2/23

प्रधान न्यायाधीश( जिला जज)  
परिवार न्यायालय, मथुरा ।

दिनांक-04.02.2023



# स्वास्थ्य एवं परिवार कल्याण विभाग उत्तर प्रदेश सरकार

प्रेषक,

Superintendent in Cheif / Chief Medical Superintendent, District Male Hospital

मथुरा।

प्रमाण पत्र संख्या:CMER2359391

सेवा में, ADJ MATHURA

JUSTICE DEPARTMENT UP

पत्रांक : म० चि० अ०/चि० प्र० पूर्ति०/2023/0112425/MATHURA /2278

6/2/23

विषय : DR. VIDHUSHI SINGH की चिकित्सा व्यय प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक DR. VIDHUSHI SINGH के आवेदन पत्र संख्या MER0112425 दिनांक 04/02/2023 के क्रम में आपके पत्र संख्या 0 दिनांक 04/02/2023 के संदर्भ में अवगत कराना है कि DR. VIDHUSHI SINGH, SELF, DR. VIDHUSHI SINGH द्वारा चिकित्सा प्रतिष्ठान/संस्थान JAYPEE HOSPITAL में दिनांक 21/09/2021 से 25/11/2021 तक SYOGRERISSYNDROMK FIBROMYALGIA रोग का उपचार कराया गया है, जिस पर हुए व्यय 16,185.00 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 परिचर्या) (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 15,080.00 मात्र की धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है। अनिवार्यता प्रमाण पत्र तदनुसार प्रतिहस्ताक्षरित है।

पत्रांक : म० चि० अ०/चि० प्र०

पूर्ति०/2023/0112425/MATHURA

प्रतिलिपि निम्नलिखित को सूचनार्थ प्रेषित

- 1.
- 2.
- 3.

दिनांक : 06/02/2023

भवदीय

Chief Medical Superintendent  
District Hospital Mathura

Superintendent in Cheif / Chief  
Medical Superintendent, District

Male Hospital

मथुरा

चिकित्सा व्यय की प्रतिपूर्ति हेतु  
(क) CERTIFICATE - A

(To be Completed in the case of patients who are not admitted in hospital for treatment)

Certificate granted to Mrs./Mr./Miss DR. VIDUSHI SINGH  
wife/son/daughter of Mr. Late Shri Om Prakash  
employed in the MATHURA Judgeship

CERTIFICATE - A

(To be signed by the medical officer in-charge of the case at the hospital)

- I Dr. Sonal Mehra hereby certify.
- (a) that I charged/received Rs. 1200/- for consultation or fees at my clinic  
consulting room/at the residence of the patient.
- (b) that I charged and received Rs. ..... for administering .....  
intramuscular/sub cutaneous injections on date ..... at my consulting room/  
at the residence of the patient and the injection were for immunizing or prophylactic purposes.
- (c) 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 recovery/prevention of serious deterioration in the condition of the  
patient. The medicines are not stocked in the (name of the hospital) .....  
..... for the supply to private patients and do not include proprietary preparations for  
which cheaper substance of equal therapeutic value are available and not preparations which are  
primarily foods, toilets and disinfectants.

Sl.	Name of medicines	Quantity	Price
1.			
2.			
3.			
4.			
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दवाओं की सूची संलग्न है।

  
Dr. Sonal Mehra  
Senior Consultant Rheumatologist,  
& Clinical Immunologist - Jaypee Hospital  
MBBS, MD Medicine, DM Rheumatology (JIPMER)  
SCE Rheumatology, (Royal College of Physicians UK)  
EULAR Certified (Rheumatology)  
MCI/98-33076

- (d) that the patient is/was suffering from Sjogren's Syndrome & fibromyalgia and is/was

- (e) that the patient is/was not given prenatal or postnatal treatment.
- (f) that the X-Ray, Laboratory tests for which on expenditure of Rs. .... was incurred were necessary and undertaken on my advice at .....
- (g) that I referred the patient to Dr. .... for specialist consultation and that the necessary approval of the ..... as required under the rule was obtained.
- (h) that the patient did not require hospitalisation.

**Dr. Sonal Mehta**

Senior Consultant Rheumatologist,  
& Clinical Immunologist - Jaypee Hospital

Date .....

MBBS, MD Medicine, DM Rheumatology (JIPMER)  
SCE Rheumatology, (Royal College of Physicians UK)  
EULAR Certified (Rheumatology)  
MCI/08-33076

Signature and Designation of the  
Medical Officer-in-charge which of  
the case at the hospital

**COUNTERSIGNED**

I certify that the patient has been under treatment at the ..... hospital and the facilities provided were the minimum which were essential for the patient's treatment.

Place .....

Date .....

Medical Superintendent,  
..... Hospital

कुल दावा धनराशि 16,185 = ००

अदेय धनराशि 1105 = ००

कुल देय धनराशि 15,080 = ००

(Fifteen thousand Eighty Rs only)

Counter Signed

Chief Medical Superintendent  
District Hospital, Mathura

# Centre for Rheumatology Arthritis & Spine

## Dr. Sonal Mehra

Senior Consultant Rheumatologist & Clinical Immunologist

MBBS, MD Medicine, DM Rheumatology (JIPMER)

SCE Rheumatology (Royal College of Physicians UK), EULAR Certified (Rheumatology)

9585599353

drsonalmehra@gmail.com

www.drsonalmehrarheumatologist.com

Name: Vidushi Singh Age 56 Gender: F

Marital Status: \_\_\_\_\_ Profession: \_\_\_\_\_ Date: 27/10/22

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Weight: 65.6 B.P. 123/79 Pulse 86

### Primary Diagnosis

Sjogren syndrome  
mild SNHL  
2° fibromyalgia

### Comorbidities

### Treatment

Hb 13  
TLC 6600  
PC 2.66  
ESR 22  
S407 / S4PT 28/27  
S. Cr 0.73  
CRP 3.5  
Ldl 75.

Dawig well  
T3 = 0  
S3 = 0

Video Consultation Number

BR-01 (3rd floor), Sec-49, Noida, Near Sec-76 Metro Station  
Apollo Hospitals, Noida, Sector- 26

(Appointment : 9999103730)

(Appointment : 8700299776)

(Appointment : 8287414731)



Bill-Indux( Dr. Vidushi Singh)(Dated 19.11.2022 To 24.01.2023)

Bill No.	Date	Agency	Price
12924	19.11.2022	Sudhir Medical Agencies	4194/✓
14163	23.12.2022	Sudhir Medical Agencies	4408/✓
15416	24.01.2023	Sudhir Medical Agencies	4153/✓
22-23/289	02.01.2023	Dr. Lal path Labs	<del>3430/-</del> 2325
		Total	<del>16,185/-</del>

15,080/-



Dr. Sopal Mehra

Senior Consultant Rheumatologist,  
 & Clinical Immunologist - Jaypee Hospital  
 MBBS, MD Medicine, DM Rheumatology (JIPMER)  
 SCE Rheumatology, (Royal College of Physicians UK  
 EULAR Certified (Rheumatology)  
 MCI/08-33076



**DR LAL PATH LABS (MATHURA F PSC)**  
 13-C, BRIJ ENCLAVE, JN. ROAD, MATHURA Visit us : [www.lalpathlabs.com](http://www.lalpathlabs.com)  
 0565-2500053 (Mob- 9897132580 / 7579983580)

BILL No. : 22-23/ 289

Date 02/01/2023

BILL

Date 02/01/2023

Srl.No. 32

Time 3:20:14 PM

Name DR. VIDUSHI SINGH

Phone No 9412210001

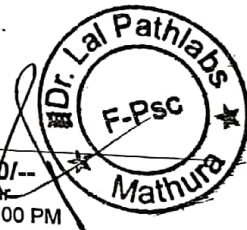
Ref.By Dr. ANUPAMA NAIN

Age 57 Yrs. Sex F

LAB NO : 332002182

Sr.	Particulars	Charges (Rs.)
1	FT3,FT4,TSH [Z 045]	600
2	CBC [Z021]	<del>210</del> 165
3	URINE R/M [U 001]	70-35
4	URINE C/S [M 007]	400-35
5	LIVER & KIDNEY(Z025)	<del>4100</del> 620
6	BLOOD GLU (F) [B001]	50-35
7	BLOOD GLU (PP)[B002]	50-25
8	PT INR[H 131]	250
9	FSH [R 080]	550
10	COLLECTION	<del>150</del>
<b>Total Charge</b>		<b>Rs. 3430</b> 2325

**Dr. Sonal Mehta**  
 Senior Consultant Rheumatologist  
 & Clinical Immunologist - Jaypee Hospital  
 MBBS, MD Medicine, DM Rheumatology (JIPMER)  
 SCE Rheumatology, (Royal College of Physicians UK)  
 EULAR Certified (Rheumatology)  
 MCI/08-33076



Total Charges :Rs. 3430/-- Total Received :Rs. 3430/-- Balance : Rs. 0/--

Please check your booking Slip/Cash details & confirm your  
 TIMINGS : 8:00 AM TO 7:00 PM, SUNDAY : 8:00 AM TO 4:00 PM

For DR LAL PATH LABS (MATHURA F PSC)

L. No. UP85210000526  
VALID 08/08/2025

Tax Invoice

GSTIN : 09ACCF56269D1ZX

सुधीर मेडीकल एजेन्सी, मथुरा  
**SUDHIR MEDICAL AGENCIES**

TILAK DWAR, MATHURA Mob. : 9319908887

Bill No. 15416

Date 24/01/2023

Shri DR. Vidushi Singh

Dr. Sonal Mehra

S. No.	Particulars	Qty.	Batch No. & Exp. Date	Rate Per Unit	Value of Goods (Rs.)
1	Gabaprin 100 mg tab	60	N2203277 06M 2024		520
2	Folvite 5 mg tab	30	GES110 101 2023		50
3	HCO 5 200 mg tab	30	99008209 88M 10/01 2024		220
4	Shelcal HD tab	30	GDWCO076 10/01 2024		248
5	UPINSE D3 60K Cup	4	22510381 30/01 2024		146
6	Pilomax tab	90	JMD016A 01/1 2024		702
7	Systane Ultracet	4	14ACDL 01/1 2024		1976
8	Cicostea gel	4	2284 09/1 2024		422
9	Paro D Cup	30	22442324 30/1 2024		398
10	Atouva 10 mg tab	30	2203221 06/1 2025		204

Rs. (In words).....

₹ 4153/-

Other Charges

4886

Amount of Discount

₹ 733

Other Details

Clinical Immunologist - Jaipur

Signature of person issuing cash memo

Name.....

Status.....

MBBS, MD Medicine, DM Rheumatology (JIPMER)  
SCERheumatology, (Royal College of Physicians U.K.)  
EULAR-Certified (Rheumatology)  
MGI/08-33076

L. No. UP85210000526  
 VALID 03/08/2025

Tax Invoice

GSTIN : 09ACCF56269D1ZX

सुधीर मेडीकल एजेन्सी, मथुरा  
**SUDHIR MEDICAL AGENCIES**

TILAK DWAR, MATHURA Mob. : 9319908887

Bill No. 14163

Shri ..... Date 23-12-2022

Dr. DR. VEDUSHI SINGH  
 SONAL MEHRA

S. No.	Particulars	Qty.	Batch No. & Exp. Date	Rate Per Unit	Value of Goods (Rs.)
1	CARTIZEN DW	30	DNT72248		
2	METOPROLOL 100	60	10-2024		765 -
3	PAN-D	60	W2202844		520 -
4	MELOS 300	60	8-2024		796 -
5	FOLVITE	60	22442482		
6	PILSOMAX	90	7-2024		1110 -
7	SINELVAL 100	120	6P10620108M		
8	ATORVA 10	60	1-2023		152 -
		60	26 22 01		936 -
		60	12-2023		
		60	1-2024		500 -
		60	6DWL0018		
		60	2-2024		408 -
		60	1-2022		
		60	4-2023		

Dr. Sonal Mehra

Senior Consultant Rheumatologist  
 & Clinical Immunologist - Jaypee Hospital

MBBS, MD Medicine, DM Rheumatology (IPMER)

Senior Lecturer Rheumatology (Royal College of Physicians UK)

5187 -

Rs. (In words) Four thousand Eight hundred and seventy seven	Order Charges	
	Amount of Discount	779 -
	Other Details, if any	
	G. Total	4408 -

Signature of person issuing cash memo

Name: Sudhir Medical Agencies

Status: Proprietor

L. No. UP8521000526  
VALID 08/08/2025

Tax Invoice

GSTIN : 09ACCF56269D1ZX

सुधीर मेडीकल एजेंसी, मथुरा  
**SUDHIR MEDICAL AGENCIES**

TILAK DWAR, MATHURA Mob. : 9319908887

Bill No. 12924

Date: 19/11/2022

Shri ..... DR. VIDUANI SINGH  
Dr. .... S. S. NAL. MATHURA

S. No.	Particulars	Qty.	Batch No. & Exp. Date	Rate Per Unit	Value of Goods (Rs.)
1	CARTIZEN DM	20	DNT720007 1-2023		484
2	GLIAPIN 100	30	W220225		260
3	PAW-D	30	6-2023		398
4	FOLITREX 10	10	22452324		141
5	FOLITREX 25	10	7-2023 A7190622		55
6	FOLITRE	1x45	5-2023		76
7	UCES 300	30	3-2023 603481		76
8	PILOMAX	30	9-2023		555
9	SUNELCAL M	90	6/11/2023		702
10	ATELMA 10	30	11-2023 M1505613		250
11	UPRISE COL	30	1-2024 6DWL2022		204
12	FOLIMAIN	4	2-2024 1207228		146
13	SYSTEM ULTRA	30	4-2023 22510227		676
		2	4-2024 PLM2136		988
			12-2023 14ACDL		
			1-2024		4935

Rs. (In words): FOUR THOUSAND  
ONE HUNDRED AND SEVENTY FOUR

Other Charges

Amount of Discount: 741

Other Details if any:  Senior Consultant - Jaypee Hospital

Signature of person issuing cash memo: *[Signature]*

Name: *[Name]*

Status: *[Status]*

MBBS, MD Medicine, DM Rheumatology (JIPMER)  
FRCR Rheumatology (Royal College of Physicians UK)  
EULAR Certified (Rheumatology)  
MCI/09-33076

चिकित्सा व्यय की प्रतिपूर्ति हेतु  
(ख) CERTIFICATE - 'B'

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

Certificate granted to Mrs./Mr./Miss .....  
wife/son/daughter of Mr. ....  
employed in the .....

**PART - 'A'**

(To be signed by the medical officer incharge of the case at the hospital)

I Dr. .... hereby certify.

- (a) that the patient was admitted to hospital on my advice/the advice of .....  
..... (Name of Medical officer)
- (b) that the patient has been under treatment at ..... and  
that the under mentioned medicines prescribed by me in this connection were essential for the  
recovery / prevention of serious deterioration in the condition of the patient.
- (c) The medicines are not stocked in the ..... (name of  
hospital) for supply to private patients and do not include proprietary preparation for which cheaper  
substances of equal therapeutic value are available and nor preparations which are primarily foods,  
toilets or disinfectants.

Sl.	Name of medicines	Quantity	Price
1.			
2.			
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- (e) that the patient is/was suffering from ..... and is/was, under my treatment from ..... to .....
- (f) that the X-Ray, Laboratory tests etc. for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at ..... (Name of the Hospital or laboratory)
- (g) that I called to Dr. .... for specialist consultation and that the necessary approval of the ..... (Name of the Chief Administrative Medical Office of the State) as required under the rules was obtained.

Signature and Designation of the  
Medical Officer-in-charge of the  
case at the hospital

### **PART - 'B'**

I certify that the patient has been under treatment at the ..... hospital and that the services of the special nurses for which an expenditure of Rs. .... essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge  
of the case at the hospital

### **COUNTERSIGNED**

I certify that the patient has been under treatment at the ..... hospital and the facilities provided were the minimum which were essential for the patient's treatment.

Place .....

Date .....

Medical Superintendent,  
..... Hospital

**N.B. —** Certificates not applicable should be struck off. Certificate is compulsory and must be filled in by the Medical Officer in all cases.



# Centre for Rheumatology Arthritis & Spine

**Dr. Sonal Mehra**

Senior Consultant Rheumatologist & Clinical Immunologist

MBBS, MD Medicine, DM Rheumatology (JIPMER)

SCE Rheumatology (Royal College of Physicians UK), EULAR Certified (Rheumatology)

9585599353

drsonalmehra@gmail.com

www.drsonalmehrarheumatologist.com

Name: Vidushi Singh Age: 54 Gender: F

Marital Status: M Profession: \_\_\_\_\_ Date: 29.9.22

Address: Mathura Mobile: \_\_\_\_\_

Weight: \_\_\_\_\_ B.P. \_\_\_\_\_ Pulse \_\_\_\_\_

Primary Diagnosis

*Ejogreen syndrome*

Comorbidities

Treatment

*This is to verify that Dr. Vidushi Singh is suffering from Ejogreen syndrome with secondary fibromyalgia. She has been treated in Emergency on 25/9/2021 in Centre for Rheumatology & Spine.*

*Self Attested  
Dr  
25/11/23*

**Dr. Sonal Mehra**  
Senior Consultant Rheumatologist,  
& Clinical Immunologist - Jaypee Hospital  
MBBS, MD Medicine, DM Rheumatology (JIPMER)  
SCE Rheumatology, (Royal College of Physicians U  
EULAR Certified (Rheumatology)  
14C1/08-33076

Video Consultation Number  
BR-01 (3rd floor), Sec-49, Noida, Near Sec-76 Metro Station  
Apollo Hospitals, Noida, Sector- 26

(Appointment : 9999103730)  
(Appointment : 8700299776)  
(Appointment : 8287414731)