

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. 62/2023

Dated: 26-7-2023

Subject: Reimbursement of expenditure done on medical treatment
Amounting to Rs. 57,076/- & Rs. 59,191/-.

Sir,

I MANOJ KUMAR-III took treatment of my mother Smt. KAMLA DEVI for Rt. Kidney Stone with rectocele, HTN & Vault Prolapse with Ureteric Calculus from 01.05.2023 to 05.06.2023 at Galaxy Surgical and Maternity Centre, Moradabad.

I am submitting the claim with following documents for reimbursement:

1. Essentiality Certificate duly signed/countersigned by treating doctor/Superintendent of the Hospital.
2. Original Cash memo Bills, Vouchers and Prescription duly signed and verified by treating doctor.
3. It is certified that above named family member is wholly dependent upon me and generally resides with me.

Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs nil sanctioned for my treatment vide letter no.X..... datedX..... ofX.....

Dated. 26.7.23

Name of Officer - MANOJ KUMAR-III
Designation - District & Session Judge
Place of Posting - Sitapur
I.D. No. - U.P.-1909

Enclosures:

1. Original letter of C.M.S. Sitapur (Regarding technical examination.) (No.2)
2. Essentiality Certificate "A"
3. Essentiality Certificate "B"
4. List of Medical expenses calculation sheet (No. 2)
5. Emergency Certificate
6. Original Bills & Vouchers alongwith prescription and discharge summary.

प्रेषक,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।

सेवा में,

श्री मनोज कुमार-।।।
मा0 जनपद न्यायाधीश,
सीतापुर।

पत्रांक:-जि0चि0/चिकित्सा प्रतिपूर्ति/2023-24/1447

दिनांक 25/07/23

विषय:-श्री मनोज कुमार-।।। मा0 जनपद न्यायाधीश की माताजी के उपचार पर व्यय हुई धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,


उपर्युक्त विषयक आपके पत्र सं0-43/2023 दिनांक 26.06.2023 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 मनोज कुमार, मा0 जनपद न्यायाधीश
- 2- लाभार्थी के पिता/पति का नाम :
- 3- उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम : श्रीमती कमला देवी
- 4- उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : माता
- 5- निवास का पता : सीतापुर
- 6- चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) : डा0 समीर जैन
गैलेक्सी सर्जिकल एण्ड मैटर्निटी सेन्टर
राम गंगा विहार फेज-2 मुरादाबाद
(निजी हैं अथवा सरकारी) : निजी
- 7- बीमारी का नाम : Rt kidney stone = Rectocele c
urethru H-TM
- 8- उपचार की अवधि : दि0 07-05-2023 से 09-05-2023
- 9- चिकित्सा पर कुल व्यय धनराशि : मु0रु0 64576.00
- 10- परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु0रु0 57076.00 (सत्तावन हजार छियत्तर 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 हैं। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)



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 2020 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/
एस0जी0पी0जी0आई0/के0जी0एम0यू0 की दर/अन्तर की धनराशि का विवरण

प्रारूप-3

क्र० सं०	व्यय का विवरण/नाम	निजी चिकित्सालय द्वारा अधिरोपित दर	एम्स नई दिल्ली/ एस0जी0पी0जी0आई0 लखनऊ/ के0जी0एम0यू0 की स्वीकृत दर	अन्तर की धनराशि	प्रतिपूर्ति योग्य धनराशि
1	प्रतिपूर्ति दावे के अनुसार	64576.00	57076.00	7500.00	57076.00


(डा० आर०के० सिंह)
मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय सीतापुर।
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय-सीतापुर

APPENDIX VIII
Form of Certificates A/B

Certificate granted to the Smt. Kamla Devi M/O Sri Manoj Kumar-III,
District Judge, Sitapur.

CERTIFICATE 'B'

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

- I Dr. Sanjiv Jain 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 administeringintra-
muscular-injections onsub-coetaneous at my consulting
room.....at 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 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.	Bill No.	Date	Institution/Chemist Name	Amount
1	3917	7.5.23	Galaxy Surgical And Maternity Center, Moradabad	9000
2	430	7.5.23	Raghav Medical Store, Moradabad	1560
3	432	7.5.23	Raghav Medical Store, Moradabad	973
4	435	8.5.23	Raghav Medical Store, Moradabad	976
5	12850	8.5.23	Galaxy Surgical And Maternity Center, Moradabad	100
6	446	9.5.23	Raghav Medical Store, Moradabad	1294
7	366	9.5.23	Galaxy Surgical And Maternity Center, Moradabad	173
8	96	9.5.23	Galaxy Surgical And Maternity Center, Moradabad	50500
TOTAL				64576

वि०प्र०पू० की सकल धनराशि रु० 64576 = ००
परिक्षाणोपान्त अदेय धनराशि रु० 7500 = ००
शुद्ध देय धनराशि रु० 57076 = ००
धनराशि शब्दों में रु०

वकाफत अज्जल दिवाकर
Dr. Sanjiv Jain
मुख्य चिकित्सा अधिकारी
जिला चिकित्सालय
सीतापुर

Galaxy Surgical & Maternity Centre
B-1/ 08, Ramganga Vihar Phase-2, Moradabad
Reg. No.-RMEE2119597

Dr. Sanjiv Jain
M.B.B.S., M.B., F.M.A.S., F.I.C.S.

Vault Absolapse with ureteric calculi

- (e) that the patient is/was suffering from and is/was under my treatment from 07.05.2023 to 09.05.2023.
- (f) that the patient is/was not given prenatal or postnatal treatment
- (g) that the X-Ray, Laboratory test, etc. for which 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) as required under the rules (Administrative Medical Officer of State.)
- (i) that the patient did not required hospitalization Required.

Dated:.....

Galaxy Biological & Maternity Centre
 B-1/ 06, Rangange Vihar Phase-2, Moradabad
 Reg. No. RMEG2119597
 Designation of the
 Medical Officer and the hospital
 dispensary to which attached.

N.B.:- Certificate not applicable should be struck off.
 Certificate (A) is compulsory and must be filled by the Medical Officer in all cases.

COUNTERSIGNED **Galaxy Biological & Maternity Centre**
 B-1/ 06, Rangange Vihar Phase-2, Moradabad
 Reg. No. RMEG2119597

Dr. Sanjay Jain
 Medical Superintendent
Hospital

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

Place.....

Date.....

Medical Superintendent
Hospital

Details of Medical Expenses Reimbursement vouchers

Name of Patient: Smt. Kamla Devi M/O Sri Manoj Kumar-III, District Judge, Sitapur

Name of Institution:- Galaxy Surgical & Maternity Centre, Moradabad.

Period of Treatment:- 7.5.23 to 9.5.23

Sl. No.	Bill No.	Date	Institution/Chemist Name	Amount	Payable	Not Payable	Details
1	3917	7.5.23	Galaxy Surgical And Maternity Center, Moradabad	9000			
2	430	7.5.23	Raghav Medical Store, Moradabad	1560			
3	432	7.5.23	Raghav Medical Store, Moradabad	973			
4	435	8.5.23	Raghav Medical Store, Moradabad	976			
5	12850	8.5.23	Galaxy Surgical And Maternity Center, Moradabad	100			
6	446	9.5.23	Raghav Medical Store, Moradabad	1294			
7	366	9.5.23	Galaxy Surgical And Maternity Center, Moradabad	173			
8	96	9.5.23	Galaxy Surgical And Maternity Center, Moradabad	50500			
			TOTAL	64576			

- 7560 = 0

57076 = 0

Galaxy Surgical & Maternity Centre
B-1/ 08, Phase-2, Moradabad
Reg. No. F11EE2115597

Dr. Samir Joshi
M.B.B.S., MR. FMAS, BC

Raghav Medical Store

B-1/08, Ramganga Vihar, Phase-2, MDA
Moradabad-244001

Bill No.

4-5

Date: 8/5/23

Patient's Name & Address: **KAMLA DEVI**

S.No	Particulars	Batch No.	Qty.	Rate	Amount
1.	1kg. Ceftriamox S		2	175	350-
2.	ing. Acosavin		2	125	250-
3.	ing. Medinac		3	20	60-
4.	ing. Mefpro		3	25	75-
4.	Pl. Soro wal		1	50	50-
5.	Dispo swd		6	8	48-
6.	Blood swd		1	100	100
7.	ing. Coat S		1	38	38-
8.	ing. Avil		1	5	5
				Total	976-

Yellow-Original, White-Office

For : Raghav Medical Store

E.&O.E.

All Subject to Moradabad Jurisdiction only.

Authorised Signatory

Raghav Medical Store

B-1/08, Ramganga Vihar, Phase-2, MDA
Moradabad-244001

Bill No.

4-2

Date: 7/5/23

Patient's Name & Address: **KAMLA DEVI**

S.No	Particulars	Batch No.	Qty.	Rate	Amount
1-	ing. Ceftriamox S		2	175	350-
2.	ing. Acosavin		2	125	250-
3.	ing. Mefpro IV		3	25	75
4.	ing. Medinac		4	20	80
5.	Pl. Soro wal		2	50	100
6-	NS. Soro wal		2	34	68
7.	ing. Acalos		2	5	10
8.	Dispo swd		8	5	40
				Total	973-

Yellow-Original, White-Office

For : Raghav Medical Store

E.&O.E.

All Subject to Moradabad Jurisdiction only.

Authorised Signatory

GSTIN No. 09ACNPNJ9209K1Z1 Cash Memo/Sale Invoice

Raghav Medical Store

B-1/08, Ramganga Vihar, Phase-2, MDA
Moradabad-244001

446

Bill No.

Date: 09/05/23

Patient's Name & Address: Kamla Devi
Dr Samir Jain

LAB RECEIPT Dated: 08/05/23

S.No. 12850

GALAXY SURGICAL AND MATERNITY CENTER


B-1/08, Ramganga Vihar, Phase-2 Nr. C.L. Gupta World School
Moradabad-244001 (U.P.)
PH.: 0591-2453184

Received with thanks from Sri/Smt. Kamla Devi

45 Re

Rs. 100/-

Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No. FMEE2119597


Signature
 Dr. Samir Jain
 M.B.B.S., MS, FRCG, FCIS

S.No.	Particulars	Batch No.	Qty.	Rate	Amount
①	Aspirin-P		15	5	75
②	Pazole Disr		5	12	60
③	Suncav 1gm		10	44	440
④	44-Picoft		1	270	270
⑤	clindamycin		10	25	250
⑥	abdevit		1	199	199
Including all Tax					1294

Total

(Signature)
Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No. FMEE2119597

(Signature)
Dr. Samir Jain
M.B.B.S., MS, FRCG, FCIS

Yellow-Original, White-Office

E.&O.E. All Subject to Moradabad Jurisdiction only. Authorised Signatory

For : Raghav Medical Store



GALAXY SURGICAL & MATERNITY CENTER

B-1/08, RAMGANAGA VIHAR, PHASE 2, NEAR C L GUPTA WORLD SCHOOL, MORADABAD

CONT: 9897946667, 7599130184

IN PATIENT BILL

NAME:- MRS. KAMLA DEVI W/O MR. SHRI KRIPAL SINGH AGE:- 65 YRS/F

ADDRESS:- ARUSH GREEN MORADABAD BILL NO: 0096

CONSULTANT BY DR: DR. MANEESHA JAIN , DR SAMIR JAIN

DATE OF BILL 09/05/23 AT 10:00 AM

DATE OF ADMISSION: 07/05/23 AT 10:00 AM DATE OF DISCHARGE: 09/05/23 AT 10:00 AM

PARTICULARS:	PER DAY CHARGE	NET AMOUNT (Rs)
ROOM RENT	4000/DAY (02 DAY)	8,000 - 5000 = 3000
DR VISIT	500/VISIT (04 VISIT)	2,000 - 2000 = 0
NURSING CHARGE	250/VISIT (02 VISIT)	500 - 500 = 0
OPERATION CHARGES		40,000
TOTAL AMOUNT PAYABLE		50,500/-

(FIFTY THOUSAND FIVE HUNDRED RUPEES ONLY)

Galaxy Surgical & Maternity Center
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No.-RMEE2119597

Dr. Samir Jain
M.B.B.S., M.S. F.M.S., M.C.S.

Dr. Maneesha Jain
M.B.B.S., M.S. F.M.S., M.C.S.

FOR

GALAXY SURGICAL AND MATERNITY CENTER



GALAXY SURGICAL & MATERNITY CENTER

B-1/08, RAMGANAGA VIHAR, PHASE 2, NEAR C L GUPTA WORLD SCHOOL, MORADABAD

CONT: 9897946667, 7599130184 .

DISCHARGE SUMMERY

PATIENT NAME: KAMLA DEVI W/O MR. SHRI KRIPAL SINGH DATE OF ADMISSION: 07/05/23 AT 10.00 AM
AGE: 65 YRS GENDER: F DATE OF DISCHARGE: 09/05/23 AT 11.00 AM

ADDRESS - ARUSH GREEN MORADABAD /CONT- 9456401402

CLINICAL DIAGNOSIS AT THE TIME OF ADMISSION: VAGINAL HYSRECTOMY 20 YEAR BACK WITH VAULT PROLAPSE WITH RIGT VUJ CALCULUS WITH RECTOCELE WITH HTN

CLINICAL /ILLNESS SUMMARY/PRESENTATION/COMPLAINTS: PAIN LOWER ABDOMAN WITH

P/V- VAULT PROLAPSE

OBSTETRICAL HISTORY: P4 L4 ALL FTND
INVESTIGATION DONE: ABROH - (B+VE) HIV- NR HBsAG-NR HCV- NR
HB - 9.0 TLC - 6,300

TREATMENT RENDERD/PROCEDURE/OPERATION: LAPAROSCOPIC COLPOPEXY WITH POSTERIOR COLPORRINEORRHAPHY WITH RIGHT URETEROSCOPY WITH RIGHT DJ STENTING ON 7.3.23

TREATMENT ADVISED:

1.TAB .ASNIM P TDS	4.PAZOLE DSR OD	} 5 DAYS
2.TAB SUNCLAV 1 gm BD	5.SYP PICOPIIL 2TSP HS	
3.TAB CLINDAMYCIN BD	6. SYP IVIT 2 TSP BD	

- यह छुट्टी का पर्चा सिर्फ 20 दिन तक ही मान्य है

:This leave paper is valid only for 20 day

DR MANEESHA JAIN

13/05/23

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प्रेषक,

मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय, सीतापुर।

सेवा में,

श्री मनोज कुमार-111
मा0 जनपद न्यायाधीश,
सीतापुर।

पत्रांक:-जि0चि0/चिकित्सा प्रतिपूर्ति/2023-24/1447-1

दिनांक 25/07/22

विषय:-श्री मनोज कुमार-111 मा0 जनपद न्यायाधीश की माताजी के उपचार पर व्यय हुई धनराशि की चिकित्सा प्रतिपूर्ति के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके पत्र सं0-43/2023 दिनांक 26.06.2023 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 मनोज कुमार, मा0 जनपद न्यायाधीश

2- लाभार्थी के पिता/पति का नाम :

3- उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम : श्रीमती कमला देवी

4- उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध : माता

5- निवास का पता : सीतापुर

6- चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) : डा0 समीर जैन
गैलेक्सी सर्जिकल एण्ड मैटर्निटी सेन्टर
राम गंगा विहार फेज-2 मुरादाबाद
(निजी हैं अथवा सरकारी) : निजी

7- बीमारी का नाम : Nephropathy & ureteric calculus

8- उपचार की अवधि : दि0 01-05-2023 से 05-06-2023


9- चिकित्सा पर कुल व्यय धनराशि : मु0रु0 61645.00

10- परीक्षण के उपरान्त भुगतान हेतु संस्तुति धनराशि : मु0रु0 59191.00 (उन्सठ हजार एक सौ इक्यान्नबे 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 हैं। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित हैं।

संलग्नक:-यथोक्त (मूल रूप में)



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 2020 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/
एस0जी0पी0जी0आई0/के0जी0एम0यू0 की दर/अन्तर की धनराशि का विवरण

प्रारूप-3

क्र० सं०	व्यय का विवरण/नाम	निजी चिकित्सालय द्वारा अधिरोपित दर	एम्स नई दिल्ली/एस0जी0पी0जी0आई लखनऊ/के0जी0एम0यू0 की स्वीकृत दर	अन्तर की धनराशि	प्रतिपूर्ति योग्य धनराशि
1	प्रतिपूर्ति दावे के अनुसार	61645.00	59191.00	2454.00	59191.00


(डा० आर०के० सिंह)
मुख्य चिकित्सा अधीक्षक,
जिला चिकित्सालय सीतापुर।
मुख्य चिकित्सा अधीक्षक
जिला चिकित्सालय-सीतापुर

APPENDIX VIII

Form of Certificates A/B

Certificate granted to the Smt. Kamla Devi M/O Sri Manoj Kumar-III,
District Judge, Sitapur.

CERTIFICATE 'A'

(To be completed in the case of patient who are not admitted to hospital for treatment)

- I Dr. Sarvesh Jain 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 administeringintra-
muscular-injections onsub-coetaneous at my consulting
room.....at 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 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.	Bill No.	Date	Institution/Chemist Name	Amount
1	12844	1.5.23	Galaxy Surgical And Maternity Center, Moradabad	150
2	12845	2.5.23	Galaxy Surgical And Maternity Center, Moradabad	1250
3	445	2.5.23	Raghav Medical Store, Moradabad	1217
4	439	2.5.23	Raghav Medical Store, Moradabad	640
5	12815	5.5.23	Galaxy Surgical And Maternity Center, Moradabad	1100
6	338	6.5.23	Suture And Surgical Point, Moradabad.	48302
7	12801	6.5.23	Galaxy Surgical And Maternity Center, Moradabad	1800
8	444	13.5.23	Raghav Medical Store, Moradabad	718
9	853	18.5.23	Raghav Medical Store, Moradabad	2033
10	1650	23.5.23	Raghav Medical Store, Moradabad	1969
11	1701	27.5.23	Raghav Medical Store, Moradabad	1401
12	2234	5.5.23	Raghav Medical Store, Moradabad	1065
TOTAL				61645

प्र० पू० की सकल धनराशि रु० 61645
 काष्ठाणोप्रान्त अदेय धनराशि रु० 2454
 शुद्ध देय धनराशि रु० 59191
 धनराशि शब्दों में रु० 32458 एमाल छह सौ दून्धारती

[Signature]
 मुख्य चिकित्सा अधिकारी
 जिला चिकित्सालय
 सीतापुर

Galaxy Surgical & Maternity Centre
 B-1/ 88, Ramganga Khar Phase-2, Moradabad
 Reg. No.-RME2119587
[Signature]
 Dr. Sarvesh Jain
 M.B.B.S., M.S. F.M.A.C.S.

- (e) that the patient is/was suffering from Vault prolapse c. Uterus and is/was under my treatment from 01.05.2023 to 05.06.2023. Calcutta
- (f) that the patient is/was not given prenatal or postnatal treatment
- (g) that the X-Ray, Laboratory test, etc. for which 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) as required under the rules (Administrative Medical Officer of State.)
- (i) that the patient did not required hospitalization & Maternity Centre.

B-1/ 08, Ramganga Vihar Phase-2, Mrcacbad
Reg. No.-RMEE2119587

Dated:.....

Dr. Samir Jain
M.B.B.S., MS, F.M.S., D.S.
Signature & Designation of the Medical Officer and the hospital dispensary to which attached.

N.B.:- Certificate not applicable should be struck off.
Certificate (A) is compulsory and must be filled by the Medical Officer in all cases.

COUNTERSIGNED

Galaxy Surgical & Maternity Centre
B-1/ 08, Ramganga Vihar Phase-2, Mrcacbad
Reg. No.-RMEE2119587

Dr. Samir Jain
M.B.B.S., MS, F.M.S., D.S.
Medical Superintendent
..... Hospital

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

Place.....
Date.....

Galaxy Surgical & Maternity Centre
B-1/ 08, Ramganga Vihar Phase-2, Mrcacbad
Reg. No.-RMEE2119587

Dr. Samir Jain
M.B.B.S., MS, F.M.S., D.S.
Medical Superintendent
..... Hospital

Details of Medical Expenses Reimbursement vouchers

Name of Patient: Smt. Kamla Devi M/O Sri Manoj Kumar-III, District Judge, Sitapur

Name of Institution:- Galaxy Surgical & Maternity Centre, Moradabad.

Period of Treatment:- 1.5.23 to 5.6.23

Sl. No.	Bill No.	Date	Institution/Chemist Name	Amount	Payable	Not Payable	Details
1	12844	1.5.23	Galaxy Surgical And Maternity Center, Moradabad	150			
2	12845	2.5.23	Galaxy Surgical And Maternity Center, Moradabad	1250	- 250 =		
3	445	2.5.23	Raghav Medical Store, Moradabad	1217			
4	439	2.5.23	Raghav Medical Store, Moradabad	640			
5	12815	5.5.23	Galaxy Surgical And Maternity Center, Moradabad	1100			
6	338	6.5.23	Suture And Surgical Point, Moradabad.	48302			
7	12801	6.5.23	Galaxy Surgical And Maternity Center, Moradabad	1800			
8	444	13.5.23	Raghav Medical Store, Moradabad	718	- 400 =		
9	853	18.5.23	Raghav Medical Store, Moradabad	2033	- 1304 =		
10	1650	23.5.23	Raghav Medical Store, Moradabad	1969	- 210 =		
11	1701	27.5.23	Raghav Medical Store, Moradabad	1401	- 210 =		
12	2234	5.6.23	Raghav Medical Store, Moradabad	1065			
			TOTAL	61645			

Galaxy Surgical & Maternity Centre
B-11/08, Ramganga Vihar Phase-2, Moradabad
Reg. No.-RMEE2119597

Dr. Samir Jain
M.B.B.S., MR, F.M.S., D.C.M.S.

Raghav Medical Store

B-1/08, Ramganga Vihar, Phase-2, MDA
Moradabad-244001

Bill No. 445

Date 02/05/23

Patient's Name & Address KAMLA DEVI

Dr. Samir Jain

S.No.	Particulars	Batch No.	Qty.	Rate	Amount
1	Calc Volt XT		15	22	330
2	Paral D.S.R		15	12	180
3	Nopidal AT		15	6	90
4	D3		2	33	66
5	Vestrog - 100		1	320	320
6	Dolevit 19 gel		1	23	23
Including all Tax					1217

Yellow-Original, White-Office

For : Raghav Medical Store

E.&O.E.

All Subject to Moradabad Jurisdiction only.

Authorised Signatory

LAB RECEIPT

S.No. 12844

Dated 02/05/23

GALAXY SURGICAL AND MATERNITY CENTER

B-1/08, Ramganga Vihar, Phase-2 Nr. C.L. Gupta World School
Moradabad-244001 (U.P.)
PH.: 0591-2453184

Received with thanks from Sri/Smt. KAMLA DEVI

..... Hb RBS ABORY Maternity Centre
Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
(Reg. No. RMEE2119597)

Rs... 12844

Dr. Samir Jain
M.B.B.S., M.S. (FMAS), F.M.S.
Signature

LAB RECEIPT

S.No. 12845

Dated 02/05/23

GALAXY SURGICAL AND MATERNITY CENTER

B-1/08, Ramganga Vihar, Phase-2 Nr. C.L. Gupta World School
Moradabad-244001 (U.P.)
PH.: 0591-2453184

Received with thanks from Sri/Smt. KAMLA DEVI

..... CAR MIV HCU USA USA USA
Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
(Reg. No. RMEE2119597)

Rs... 12845

Dr. Samir Jain
M.B.B.S., M.S. (FMAS), F.M.S.
Signature

09ACNPJ9209K1Z1 Cash Memo/Sale Invoice

Raghav Medical Store
B-1/08, Ramganga Vihar, Phase-2, MDA
Moradabad-244001

Bill No. 439

Date: 02/05/23

Patient's Name & Address: **Kamla Devi**
Dr. Samir Jaisu

S.No.	Particulars	Batch No.	Qty.	Rate	Amount
1	V-S-Stop DH		2	320	640
Including all Tax					
Total					640

Yellow-Original, White-Office

For: Raghav Medical Store

E.&O.E.

All Subject to Moradabad Jurisdiction only.

Authorised Signatory

S.No. 12815

LAB RECEIPT

Dated: 05/05/23

**GALAXY SURGICAL AND
MATERNITY CENTER**

B-1/08, Ramganga Vihar, Phase-2 Nr. C.L. Gupta World School
Moradabad-244001 (U.P.)
PH.: 0591-2453184

Received with thanks from Sri/Smt. KAMLA DEVI

Asst. AIC KFT

Rs. 1100.00

Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No. RMME2119597

Signature
Dr. Samir Jaisu
MBBS, MS, FMS, FLS

SUTURE AND SURGICAL POINT

OPP. GUPTA NURSING HOME MMIG, 15
ASHIYANA I, MDA COLONY MORADABAD

Phone : 8791623325
D.L.No. : UP2120B001019/UP2121B001016
GST No. : 09AEEFS0827B1ZB

M/S KAMLA DEVI

State : 09

D.L.No.:

UIN:

BOOK NO.0007

BILL NO.SSP000338

BILL DT.06/05/2023

HSN.	PARTICULARS	PACK	QTY.+FREE	RATE	GST.	S/DIS	DISC.	AMOUNT	M.R.P.	BATCH /EXP.
9018	TM651515 15*15 M	1	1	24000	12.00	0.00	10.71	24000.00	30800.0	31787
9018	AQ-HRDN0530 TITA	1	1	24300	12.00	0.00	10.71	24300.00	28000.0	4/26

SUB TOTAL	DISCOUNT	SGST.	CGST	DISCOUNT	NET TOTAL	PARTY TOTAL	ITEMS
48300.00	5172.93	2587.63	2587.63	0.00	48302.33	48302.00	2

Rs. Forty Eight Thousand Three Hundred Two Only
All disputes subject to MORADAB Jurisdiction only
on the assurance of the party that they have got their valid drug licence or he is a R.M.P.

Verif
Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No. RMEE2119597

Pre-Authenticated By
For SUTURE AND SURGICAL POINT
OUR BANK OF BARODA
A/C NO.57980200000173 IFSC CODE:BARB0ASHIYA

For SUTURE AND SURGICAL POINT
[Signature]
Authorised Signatory
Dr. Samir Jain
M.B.B.S., M.S. F.MAS, F.I.C.S

S.No. 12801

LAB RECEIPT

Dated. 6/5/23

GALAXY SURGICAL AND MATERNITY CENTER

B-1/08, Ramganga Vihar, Phase-2 Nr. C.L. Gupta World School
Moradabad-244001 (U.P.)
PH.: 0591-2453184

Received with thanks from Sri/Smt. *Kamla Devi*

M.P. Charges

Rs. 1800/-

Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No. RMEE2119597
[Signature]
Dr. Samir Jain
M.B.B.S., M.S. F.MAS, F.I.C.S

RAGHAV MEDICAL STORE

B-1/08 RAM GANGA VIHAR PHASE-2ND M.B.D.

GST NO: 09/09/02908171 PH: 0591-2953894

REGD. NO: 2014/20/93 REG/2014/21/94 INV. NO.: 444 DT: 30/05/2023

PRESCRIBED BY: DR. JAYESH KUMAR M.S. NAME: Mr/Ms.: KANHA DEVI Age: 0

SN	DESCRIPTION	HEM	BATCH NO	EXP. DATE	QTY	RATE	AMOUNT
1.	ZYNES TAB	3004		/	10	9.00	90.00
2.	ASPIRIN TAB	3004		01/25 12.00	11	4.79	54.89
3.	PARZIN-E-DSR	3004		/	2	12.00	24.00
4.	RELSTORE-K6 SRP	3004		07/29 12.00	1	210.00	210.00
5.	STOP-195 TAB	3004	1300	06/23 12.00	10	9.32	93.20
6.	LEFLOXACIN 100	3004		01/29 12.00	1	115.00	115.00
7.	GLUCONATE 100	3004		01/29 12.00	-2	44.00	-88.00
8.	GLUCONATE 300MG	3004		06/29 5.00	-2	25.75	-51.50
9.	PINKISIL SRP	1905	12331	12/21 18.00	1	270.00	270.00

End. Tax: 58-2.45, 122-53.47, 123-41.39, GST: 46.11 9351-46.11

TOTAL >> Pcs: 32 Amt: 717.59 **Rs. 718.00**

Prep. By: I HINDI ISHAK P.I
All disputes subject to MUMBAI Jurisdiction.

FOR RAGHAV MEDICAL STORE

Dr. Samir Jain
 M.B.S., M.S. (F&S), FICS
 County Surgical & Maternity Centre
 B-11/08, Ranganaga Vihar Phase-2, Moradabad
 Mob. No. 9827119597

BILL OF SUPPLY
RAGHAV MEDICAL STORE

B-1/08 RAM GANGA VIHAR PHASE-2ND M.B.D.

GST NO:09AQDF09209K1Z1 INV.NO.:1650

DL:ME0/2014/20/93 ME0/2014/21/94 PH:0991-2453184 DT:23/05/2023

Pres. by: DR. NAVEENA JAIN MBBS M.S.

PATIENT: KAMLA DEVI

SN	DESCRIPTION	HSN	BATCH NO	EXP.	QTY	RATE	AMOUNT
1.	FLODS 150 TAB	3004		/	1	19.00	19.00
2.	DECOR-SR TAB	3004		01/24	15	11.00	165.00
3.	NITROBEST TAB	3004		/	10	8.06	80.60
4.	ACTOJIN	3004		05/25	10	125.00	1250.00
5.	DISPO 5 ML	9018		08/24	5	7.00	35.00
6.	NETSARGE-SR 500MG	3004		09/23	10	1.98	19.80
7.	PAZOLE-DXR	3004		/	5	12.00	60.00
8.	CLINEN FORTE	3004		07/23	5	26.00	130.00
9.	RELSTONE-86 SRP	3004		07/24	1	210.00	210.00

Encl. Tax: 12%-211.02, CGST:105.51 SGST:105.51

TOTAL >> Pcs: 62 Amt: 1969.40 **RS. 1969.00**

Prep. By: 1 MRD. ISHAT ALI
 All disputes subject to MUMBAI Jurisdiction.

FOR RAGHAV MEDICAL STORE

08, Ramganga Vihar Phase-2, Moradabad
 Reg. No. RM1E2118987
 Dr. Naveena Jain
 M.D. (S), MBBS, FCS

TAX INVOICE

RAGHAV MEDICAL STORE

B-1/08 RAM GANGA VIHAR PHASE-2ND M.B.D.

GST NO:09ACDF0209K1Z1

PH:0591-2453184

IN/NO.:853

DL:ME0/2014/20/93 ME0/2014/21/94

DT:18/05/2023

PRESCRIBED BY: DR. RAHEESHA JAIN MBBS M.S

NAME: Mr./Ms.:KAMLA DEVI

, Age: 0

SN	DESCRIPTION	N	RACK	HSN	BATCH NO	EXP.	QTY	RATE	AMOUNT
1.	MEDONERV Z TAB			1905		09/23	1	11.00	11.00
2.	FROTHACE HF POWDER			2106		/	1	977.00	977.00
3.	OSMITOL-200ML SYR			3004		10/23	1	327.00	327.00
4.	KILO CAP			3004		03/24	1	479.00	479.00
5.	SITON LD CREAM			3004		/	1	239.00	239.00

Paul

Encl.Tax: 122=111.97, 182=150.71, COST=131.34 GST=131.34

TOTAL >> Pcs: 5 Amt: 2033.00 **Rs. 2033.00**

All disputes subject to MUMBAI JURISDICTION.

Gailey Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Mirambad
Reg. No. RME2119597

Dr. Samir Jain
M.B.B.S., M.S. (GEN. SURG.)

TAX INVOICE
RAGHAV MEDICAL STORE

B-1/08 RAM GANGA VIHAR PHASE-2ND M.B.D.
 GST NO:09ACR09209K1Z1
 TEL:NR0/2014/20/93 NR0/2014/21/94
 PH:0591-2453184
 TM.NO.:1701

PRESCRIBED BY: DR. RAJESH K. JAIN MBBS M.S
 NAME: N/MS.:KAMLA DEVI
 DT:27/05/2023

Age: 0

SN	DESCRIPTION	N	PACK	GEN	BATCH	NO	EXP.	QTY	RATE	AMOUNT
1.	MONODINE 10%	3004					01/24	1	115.00	115.00
2.	SLEFRATE TP OINT	3004					07/23	1	115.00	115.00
3.	PAINLE-DGR	3004					/	15	12.00	180.00
4.	NITROBEST TAB	3004					/	7	8.96	62.72
5.	BERKIDRAM OCP	2106	1221001				06/23	14	30.00	420.00
6.	BERKIDRAM OCP	2106	1221001				06/23	-14	30.00	-420.00
7.	BERKIDRAM OCP	2106	1221001				06/23	14	36.00	504.00
8.	REL-STONE-16 SYP	3004					07/24	1	210.00	210.00
9.	CLINEM FORGE	3004					07/23	2	26.00	52.00
10.	GLIBEST-FM1 TAB	3004					/	30	5.62	168.60

Encl.Tax: 12%=96.11, 18%=76.88, CGST:86.50 SGST:86.50

=====
 TOTAL >> Pcs: 71 Amt: 1401.02
 =====
RS. 1401.00
 =====

All disputes subject to MUMBAI Jurisdiction.

Prep.By: I MRD. ISHAT A I FOR RAGHAV MEDICAL STORE

paid
1008

Rajesh K. Jain
 MBBS, MS, FRCGS
 Director
 Raghav Surgical & Maternity Centre
 B-1/08, Rangaia Vihar Phase-2, Marolund
 Reg. No. RMME2119597

TAX INVOICE
RAGHAV MEDICAL STORE
B-1/08 RAM GANGA VIHAR PHASE-2ND M.B.D.

GST NO: 09ACR3729K1Z1
 IN. NO: 2014/20/93 INO/2014/21/94
 PRESCRIBED BY: DR. SWEETA JAIN MBBS M.S
 NAME: Mr/Ms.: KAMLA
 PH: 0591-2455184
 IN. NO: 22234
 DT: 05/06/2023

Age: 0

SN DESCRIPTION	N	RACK	HSN	BATCH NO	EXP.	QTY	RATE	AMOUNT
1. SHELDA ISO	3004	/	30	21.70	741.00			
2. SEDOL DS SACCET	3004	/	4	35.00	132.00			
3. QALREST-PH1 TAB	3004	/	60	5.62	337.20			
4. QALREST-PH1 TAB	3004	/	-40	5.62	-224.80			
5. NITROGEST TAB	3004	01/25	10	7.92	79.20			

Encl. Tax: 12%-114.06, GST: 57.03 GST: 57.03

TOTAL >> Pgs: 64 Amt: 1024.60
Rs. 1065.00

All disputes subject to Haryana Jurisdiction.

Prep. By: 2 CHAUDHARY
 FOR RAGHAV MEDICAL STORE

Signature

Galaxy Surgical & Maternity Centre
 B-1/08, Ranganagar Vihar Phase-2, Mohiwalla
 Reg. No. RMEET119887

Dr. Sweeta JAIN
 MBBS, MD, FIMS, FICS

Emergency/ Urgency Certificate

I Dr. Samir Jain certify that

Mrs Kamla Devi Son w/o of ... Shri. ... Kripal ... Singh

Vault hoskase 2

is/was suffering from ~~Renal~~ Uretic calculi and his treatment

is/was going on by me in emergency conditions in this Institute with

effect from 01-05-2023 to 05-06-2023

Galaxy Surgical & Maternity Centre
B-11/46, Ramganga Vihar Phase-2, Muradabad
Reg. No. FME/2119397


Dr. Samir Jain
M.B.B.S., M.S. FICS, F.M.S.

Signature & Seal of Competent Authority



Dr. Samir Jain

ڈاکٹر شمیر جین

M.B.B.S., M.S., (Gold Medalist) FMAS

Fellowship in Male Infertility (Surat)
General & Laparoscopic Surgeon

Ex. Senior Resident- DDU Hospital (N. Delhi)

Ex. Surgeon- Maurya Sachkhand Hospital (Agra)



**GALAXY SURGICAL AND
MATERNITY CENTER**

B-1/08, Ramganga Vihar, Phase-2 Nr. C.L.Gupta World School,

Moradabad-244001 (U.P.)

Mob. No: 7599130184

Timings:-

10 AM to 2 PM- 6 PM to 7 PM Kamde deew 7/5/23

40 vault prolapse +

(10) U3 calculus + Pectus

1. Swar pain 10 days

abdomen

Admit + emergency

for surgery

Galaxy Surgical & Maternity Centre
B-1/08, Ramganga Vihar Phase-2, Moradabad
Reg. No.-RME2119597

Dr. Samir Jain
M.B.B.S., M.S. (FMAS), F.I.C.S.

सुविधायें :-

पित्त की थैली में पथरी, सभी प्रकार के हर्निया, अपेंडिक्स के आपरेशन दूरबीन विधि द्वारा • गुर्दे, की नली एवम् मसाने की पथरी का दूरबीन विधि द्वारा इलाज, • PCNL गद्दू का ऑपरेशन (TURP) बच्चेदानी से जुड़ी सभी बीमारियों का इलाज • निसंतान रोग की जांच व इलाज • बिना चीरे के बच्चेदानी निकालने का ऑपरेशन (NDVH, VH) (LAVH, TLH) • बच्चेदानी निकाले बिना बच्चेदानी की रसोली का दूरबीन द्वारा ऑपरेशन (LAP, MYOMECTOMY) • दूरबीन द्वारा बच्चेदानी व अंडेदानी की समस्याओं का इलाज व ऑपरेशन • पुरुष नपुंसकता की जांच व ईलाज

यह पर्चा सात दिन तक मान्य है।

SUNDAY CLOSED

Not For Medico legal Purpose

24 Hour Pathology

24 Hrs Emergency

Sys info & work on

GALAXY SURGICAL AND MATERNITY CENTER



Dr. Maneesha Jain

ڈاکٹر منیشا جین

B-1/08, Ram Ganga Vihar, Phase - 2, Nr. C.L. - Gupta World School, Moradabad-244001 (U.P.)

M.B.B.S, M.S., (Gold Medalist) Dip. U S G
F. I. C. O. G, F.I.C.M.C.H.
Fellowship in Infertility (Surat)
Gynaecologist & Obstetrician
Laparoscopy & Infertility Specialist

For Appointment : 7599130184

Previously at { Hindu Rao Hospital (New Delhi)
B.R. Ambedker Hospital (New Delhi) }

Timings:- 10:00 AM TO 04:00 PM

23/5/23

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GALAXY TEST TUBE BABY CENTER

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सुविधायें :-

लॅप्रोस्कोपी

हिस्टोस्कोपी

डोनर सर्विसेज

- बच्चेदानी से जुड़ी सभी बीमारियों का इलाज • निस्तान रोग की जांच व इलाज • साधारण एवं आपरेशन द्वारा डिलीवरी
- बिना चीरे के बच्चेदानी निकालने का आपरेशन (NDVH, VH) (LAVH; TLH) • बच्चेदानी निकाले बिना बच्चेदानी की रसोली का दूरबीन द्वारा ऑपरेशन (LAP, MYOMECTOMY) • दूरबीन द्वारा बच्चेदानी व अंडेदानी की समस्याओं का इलाज व ऑपरेशन, बच्चेदानी के कैंसर की जांच व इलाज।
- बच्चेदानी की नली की दूरबीन द्वारा जांच व इलाज।

24 घंटे पंथोलोजी।

यह पर्या सात दिन तक मान्य है।

Not For Medicolegal Purpose

SUNDAY CLOSED

24 Hrs Emergency

27/5/23

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GALAXY SURGICAL AND MATERNITY CENTER

B-1/08, Ram Ganga Vihar, Phase - 2, Nr. C.L. - Gupta World School, Moradabad-244001 (U.P.)



Dr. Maneesha Jain

ڈاکٹر منیشا جین

M.B.B.S, M.S., (Gold Medalist) Dip. U S G
F. I. C. O. G, F.I.C.M.C.H.
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Gynaecologist & Obstetrician
Laparoscopy & Infertility Specialist

Previously at { Hindu Rao Hospital (New Delhi)
B.R. Ambedker Hospital (New Delhi) }

For Appointment : 7599130184

Timings:-	10:00 AM TO 04:00 PM	Age 65yrs KAmLA Devi
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23/5/23

Clo Pain + Pus formation in stitches
fever

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Tax Metzyme 1/2 BAT
Tx Rg all

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Hb, TLC
RBS
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GALAXY TEST TUBE BABY CENTER

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IVF

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सुविधायें :-

लप्रोस्कोपी

हिस्टोस्कोपी

डोनर सर्विसेज

- बच्चेदानी से जुड़ी सभी बीमारियों का इलाज • निस्तान रोग की जांच व इलाज • साधारण एंड्र आपरेशन द्वारा डिलीवरी
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यह पर्चा सात दिन तक मान्य है।

Not For Medicolegal Purpose

SUNDAY CLOSED

24 Hrs Emergency



GALAXY SURGICAL AND MATERNITY CENTER

B-1/108 Ram Ganga Vihar, Phase -2, Mordabad (U.P) Ph.7599130184

Date : 23/05/2023

Lab No: 07/05/2023

Name : Mrs KAMLA DEVI

Age/Sex: Yrs. /F

Ref. By : Dr.Maneesha Jain (M.S)

BLOOD EXAMINATION

<u>Test</u>	<u>Result</u>	<u>Normal Value</u>
HB	11.5 gm %	13.5 - 16.5 gm% (male) 11.5 - 14.5 gm% (female)
TLC	12,000/cumm	4,000 - 11,000/ cumm
BLOOD SUGAR (R)	165.0 mg/dl	60.0-160.0 mg/dl

URINE ANALYSIS

Test Result

Physical Examination

Colour..... Pale Yellow
Volume..... 10 ml
Appearance..... Clear
Reaction..... Acidic

Chemical Examination

Sugar..... Nil
Albumin..... Nil

Microscopic Examination

Pus Cells FULL FIELD /hpf
RBC Nil/hpf
Epith Cells 2-4/hpf
Cast Nil
Crystal Nil
Bacteria Nil
Others Nil

** End of Report **


Signature

FACILITES :- • Clinical Pathology • Haematology • Biochemistry • Immunoassays
• Hormonal Assays • Microbiology • Culture • Biopsy

Timings:24 Hrs NOT FOR MEDICO LEGAL USES