

प्रेषक,

मुख्य चिकित्सा अधिकारी
ललितपुर।

सेवा में,

चन्द्रोदय कुमार,
जनपद न्यायाधीश
ललितपुर।

पत्रांक -

मु0चि0अ0/चि0प्रति0पूर्ति/दावा-परी/2023-24

13148

दिनांक - 04/08/23

विषय -

श्री चन्द्रोदय कुमार जनपद न्यायाधीश द्वारा अपनी पत्नी के चिकित्सा उपचार पर किये गये व्यय प्रतिपूर्ति बिलों पर प्रतिहस्ताक्षर किये जाने के संबंध में।

महोदय,

उपरोक्त विषयक कृपया आपके पत्र संख्या 1238/XV ललितपुर दिनांक 26.07.2023 का अवलोकन करने का कष्ट करें, जिसके द्वारा श्री चन्द्रोदय कुमार जनपद न्यायाधीश द्वारा अपनी पत्नी के चिकित्सा उपचार पर व्यय किये गये रू0 5791/- परीक्षण उपरान्त प्रतिहस्ताक्षर कर वापस किये जाने के अनुरोध किया गया है।

तदानुसार उक्त दावे का परीक्षण चिकित्सा अनुभाग - 6 शासनादेश संख्या 2275/5-6-11-1082-87 दिनांक 20 सितम्बर 2011 उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011 एवं चिकित्सा अनुभाग-6 शासनादेश संख्या 474/पांच-6-14-1082/87 टी0सी0 दिनांक 04 मार्च 2014 तथा चिकित्सा अनुभाग - 6 शासनादेश संख्या - 23/2019/126/पांच-6-2019-05 (रिट)/2018 दिनांक 16 जनवरी 2019 में निहित प्राविधानों के अंतर्गत किये गये परीक्षणोपरान्त रू0 4591/- (रू0 चार हजार पांच सौ इक्यानवे मात्र) की धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है।

अतः संबंधित प्रतिपूर्ति दावे को मूलरूप संलग्न कर इस आशय के साथ वापस किया जा रहा है कि उक्त दावे पर आप अपने स्तर से अग्रिम कार्यवाही करने का कष्ट करें।

संलग्नक - प्रतिपूर्ति दावा मूलरूप में।

भवदीय

Phouder

श्री पवन कुमार सिंह
वरिष्ठ सहायक

AS

डा० अबधेश चन्द्र
उप मुख्य चिकित्साधिकारी
ललितपुर

मुख्य चिकित्सा अधिकारी
डा० ललितपुराज अहमद
मुख्य चिकित्साधिकारी
ललितपुर

श्रीमान जी,

उक्त चिकित्सीय पत्रावली मुख्य चिकित्सा अधिकारी,
ललितपुर की संस्तुति उपरान्त दिनांक 04/08/2023 को प्राप्त हो
चुकी है।

अतः चिकित्सीय प्रपत्र मा० उच्च न्यायालय,
इलाहाबाद चिकित्सीय प्रतिष्ठान स्वीकार हेतु प्रेषित जिये भा
संज्ञत है।

आख्या सा 22 प्रस्तुत है।
5/8/23
बिल लिपि
जिला जज, ललितपुर

उभारी अधिकारी (चिकित्सीय प्रतिष्ठान)
जनपद न्यायालय, ललितपुर

Seek
in Kur
D. S.

✓ ①

स्तम्भ-2
एतद द्वारा प्रतिस्थापित परिशिष्ट
परिशिष्ट-ग
(भाग-पाँच-नियम 16 तथा 18 देखें)

सेवा में ,

श्रीमान् महानिबंधक महोदय,
माननीय उच्च न्यायालय,
इलाहाबाद।

विषय :- चिकित्सा उपचार पर किये गये व्यय रु05,791/- की प्रतिपूर्ति।

महोदय,

मैं **चन्द्रोदय कुमार** मेरे पारिवारिक सदस्य **श्रीमती प्रगति (पत्नी)** ने Cervical Disc Problem के लिये दिनांक **06.06.2023** से **06.06.2023** तक Dr. Shachindra Shekhar, Meerut में उपचार करवाया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिये दावा प्रस्तुत कर रहा हूँ :-

1- उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।

2- उपचारी चिकित्सक द्वारा विधिवत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (बिल), बाऊचर।

3-यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित हैं और सामान्यतया मेरे साथ निवास करता है।

मेरे उपचारार्थ X.....के पत्र संख्या X.....दिनांक.....X द्वारा स्वीकृत रु0..... X.....के अग्रिम का समायोजन करने के पश्चात मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

दिनांक :- 21.07.2023

(हस्ताक्षर)

नाम :- **चन्द्रोदय कुमार**
पदनाम :- **जनपद न्यायाधीश,**
ललितपुर।

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the treatment of
Sri/Smt. Pragati w/o Sri Chaudhary Karna was started in this
hospital in Urgency/Emergency from _____ for the
treatment of Cervical Discol.

Reg. No. 30114 Ph.: 2666510
DR. SHACHINDRA SHEKHAR (M.S.)

[Signature]
CONSULTANT ORTHOPAEDIC
(Signature of treating doctor)
TRAUMA SURGEON

Not Admitted

Certified granted to Mrs./Mr./Miss..... Pragati
 Wife/Son/daughter of Mr. Chandroday Kumar
 employed in the District-Court, Lalitpur (Posted as Hon'ble District-
 - Judge, Lalitpur)

CERTIFICATE 'A'**(To be completed in the case of patient who are not admitted to hospital for treatment)**Dr. Shachindra Shekhar hereby certify :-

- (a) that I charged/received Rs. for consultations on at may consulting room at the residence for the patient.
- (b) that I charged and received Rs. for administering.....
 Intramuscular/subcutaneous injections on at may consulting room/at the residence of the patient.
- (c) that the patient has been under treatment at hospital may consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recover/orovontions of serious detenoration in the condition of the patient. The medicines are not stocked in the (name of the hospital) from the supply to private patients and do not proprietary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily foods, toilets and disinfectants.

SL.	Name of Medicines	Quantity	Price
-----	-------------------	----------	-------

1. Bill No. 1116 Dr. D.P. Gupta Imaging - 4000 200
 Centre, Meerut Dated - 06.06.23

2. Bill No. 0004633 Ayushman Medicare 1791 200
 Dt. 06.06.23

3.

4.

5.

6.

7.

8.

Rs. 5791 200 only(Rupees Five thousand Seven hundred Ninety-
 one)
 - only

Counter Signature for Rs. 4591
 (Rs. 4591)
 As per 10 Attached & Checked by me.

11.

Chief Medical Officer
 LALITPUR

12.

13.

14.

Reg. No. 30114 Ph.: 2666510
 DR. SHACHINDRA SHEKHAR (M.S.)
 CONSULTANT ORTHOPAEDIC
 & TRAUMA SURGEON

- (d) that the patient is /was suffering from Cervical Disc Problem and is /was my treatment from.....to.....
- (e) that the patient is/was not given prenatal or postnatal treatment.
- (f) that the X-Ray, Laboratory test etc. for which an expenditure of Rs.as in cured were necessary and were undertaken on my advice at.....
- (g) that I reoffered the patient to Drfor specialist consultation and that the necessary of theas required under the rules was obtained.
- (h) that the patient did not require/required under the rules for hospitalization.
- (i) I am not drawing any NPA/NPP.

Date:- 07.2023

Signature & Designation of the
Medical Officer and the Hospital/
Dispensary to which attached.

CONSULTANT ORTHOPAEDIC
& TRAUMA SURGEON

NB: Certificate not applicable should be struck off Certificate (A) is compulsory and must be filled in by the Medical Officer in all case.

COUNTERSIGNED

I Certify that the patient has been under treatment at the Mrityunjay Bone & Joint - Super Speciality Hospital, Meerut hospital and that the facilities provided were minimum which were essential for the patients treatment.

Place: -

Date: -

Medical Superintendent


M. Bone & Joint Super.....Hospital
- Speciality Hospital, Meerut.

Reg. No. 30114 Ph. 266510
DR. SHACHINDRA SHEKHAR (M.S.)

CONSULTANT ORTHOPAEDIC
& TRAUMA SURGEON

Reimbursement Particular

Patient's Name. Mrs. Pragati w/o Mr. Chandroday Kumar
 Doctor's Name. Dr. Shachindra Shekhar
 Disease's Name. Cervical Disc Problem
 Treatment Period. 06.06.23 To 06.06.23

S. No	Bill No. & Date	Chemist/ Hospital Name	Amount	Due	Non Due
01.	Bill No. 1116 Dt. 06.06.23	Dr. O.P. Gupta Imaging Centre, Meerut	4000.00	2850	—
02.	Bill No. 0004632 Dt. 06.06.23	Ayushman Medicine	1791.20	—	—
			Rs. —	5791.20 only	4591
(Rupees five thousand. Seven hundred - - Ninty one only.)					
 Reg. No. 30114 Ph: 2666510 DR. SHACHINDRA SHEKHAR (M.S.) CONSULTANT ORTHOPAEDIC & TRAUMA SURGEON जय मुख्य विकास अधिकारी ललितपुर					

ORTHO POINT

HEALTHY BONES
ACTIVE LIFE

MRITYUNJAY
BONE & JOINT
SUPER SPECIALITY HOSPITAL

WORLD CLASS ORTHOPAEDIC CENTRE FOR SPORTS INJURY, ARTHROSCOPY & JOINT REPLACEMENT

Dr. Shachindra Shekhar
MBBS, MS (KGMU LKO) GOLD MEDALIST
SENIOR CONSULTANT ORTHOPAEDIC SURGEON

Phone Numbers for Appointment :
0121-2666510, 4034100
08791487662

TIME : 10:00 A.M. to 5:00 P.M.
06.06.23

Mrs Pragati



MRI, cervical spine

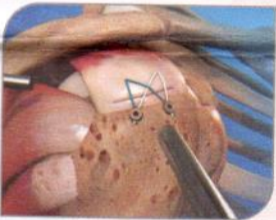
C5-6
L4-5
C6-7

RCB

cervical disc prol,



Reg. No. 30114 Ph.: 2666510
DR. SHACHINDRA SHEKHAR (M.S.)
CONSULTANT ORTHOPAEDIC
& TRAUMA SURGEON



- soft cervical collar (100) *Revised*

- tab. Calchi MR (100)

- tab. Nimesulid 24 (100)

- tab. Stemetil (100)



TRAUMA | JOINT REPLACEMENT | SPORTS INJURY | ARTHROSCOPIC SURGERY | MINIMAL INVASIVE SURGERIES

143, COLLEGE ROAD, NEAR LOYAL BOOK DEPOT, BEGUM BRIDGE ROAD, MEERUT (U.P.)
Ph.: 0121-2666510, 4034100 | Mob.: 08791487662 | E-mail: drshachindrashekharms@gmail.com

EMERGENCY 24 HOURS

- mac heal spray
CPD SATURDAY EVENING CLOSED & SUNDAY CLOSED
Dr. Shachindra Shekhar



DR. O.P. GUPTA IMAGING CENTRE

387, SUMER BHAWAN BACHCHA PARK MEERUT

HELP LINE NO - 9997316200

Email:- droguptahelpu@gmail.com



NABH Certified Centre

Certificate No. MIS -2022-0151

Bill / Money Receipt



Patient Name : Mrs.PRAGATI **Receipt No :** 1116
Lab No. : 012306060147 **Reg. Date :** 06-Jun-2023 13:31:30
Contact No. : 9984649499 **UHID :** 10223
Referred By : Dr. SHACHINDRA SHEKHAR [M.S.] **Age :** 43 Y **Sex :** Female
Address :

Sr.No	Department	Test Name	Test Rate
1	MRI	Cervical Spine	6,000.00

Reg. No. 30114
 DR. SHACHINDRA SHEKHAR (M.S.)

Gross Amount : 6,000.00

Card::(4,000.00) at 06-Jun-2023 13:31:30
 Received with thanks an amount of (Rupees)Four Thousand Only

**CONSULTANT ORTHOPAEDIC
& TRAUMA SURGEON**

Discount Amount: 2,000.00

Net Amount: 4,000.00

Paid Amount : 4,000.00

Due Amount: 0.00

This is Computer Genrated Receipt & Does Not Require Signature/Stamp

Dr. O.P. Gupta Imaging Centre
 387, Summer Bhawan, Bachcha Park,
 Meerut, U.P. 201002
 Mob : 9997316200

RETAIL INVOICE

✓ (X) 6

AYUSHMAN MEDICOSE

Inv.No.:0004633 DATE : 06/06/2023

COLLEGE ROAD, OPPOSITE LOYAL BOOK DEPOT,
CHIPPI TANK, MEERUT
Phone : 9720004301,0121-2666510
D.L.No.:UP15200000282

Pt.: PRAGATI
Add:
Pre. By :Dr. 1DR.SACHINDRA SHEKHA
GSTIN : 09ARQPS5444R1ZJ

QTY.	PARTICULARS	PACK	BATCH	EXP.	M.R.P.	AMOUNT
3:0	CALCHI-MR	10	T230101	12/24	240.00	720.00
3:0	VERBET 24MG TAB	10	OT44002	6/24	170.00	510.00
2:0	STEMETIL MD TAB	15	SEA22044	3/24	157.00	314.00
1:5	PUR-DSR	10	C22H091A	7/24	130.00	195.00
1	MACHEAL OIL	1	DO22024	8/25	150.30	150.30

Reg. No. 30114 Ph.: 2666510
DR. SHACHINDRA SHEKHAR (M.S.)

**CONSULTANT ORTHOPAEDIC
& TRAUMA SURGEON**

ITEMS	SUB TOTAL	DISCOUNT	(+/-)	NET AMOUNT PAYABLE
5	1889.30	98.25	-0.05	1791.00

Rs. One Thousand Seven Hundred Ninety One Only

Certified that goods sold under this memo do not contravene
sec.18 of the Drug Act 1940. All disputes subject to Meerut Jurisdiction.

AYUSHMAN MEDICOSE
For **AYUSHMAN MEDICOSE**
143, COLLEGE ROAD,
NEAR LOYAL BOOK DEPOT, MEERUT
Sign.



DR.O.P.GUPTA IMAGING CENTER

387, SUMER BHAWAN BACHCHA PARK MEERUT

HELP LINE NO - 9997316200

Email:- drogguptahelpu@gmail.com

(TEST REQUISITION SLIP)

MRI



Name	:Mrs.PRAGATI	Lab No	:012306060147
Age/Sex	:43 Y 0 M 0 D / Female	Mobile	:9984649499
Referred By	:Dr. SHACHINDRA SHEKHAR [M.S.]	Daily	:14
UHID	:10223	Token	
Addrss	:--select-- Meerut	Date&Time::	:06-Jun-2023 13:31:30

SrNo	Test	Department	Specimen Type	Due Date
1	CERVICAL SPINE	MRI Reg. No. 30114 DR. SHACHINDRA SHEKHAR (M.S.)	Ph.: 2668510	07-Jun-2023

Created By : KAVITA Printed By : KAVITA

Print Date Time: 06/06/2023 1:31 PM

CONSULTANT IN ORTHOPAEDIC
& TRAUMA SURGEON