

प्रेमक,

मुख्य चिकित्सा अधिकारी,
हापुड।

सेवा में,

प्रेम नरनाथ जी
परिवार न्यायालय हापुड

पत्रांक : मु0चि0अ0 / चिकि0प्रतिपूर्ति / 2024-25 / 4/12

दिनांक 24/05/2024

विषय : आपके पत्र संख्या
के संबंध में।

X

दिनांक 13/5/24

प्रपत्र-1

1	लाभार्थी का नाम/पद नाम	श्रीमति विदुषी सिंह
02	लाभार्थी के पिता/पति का नाम	
03	उपचार प्राप्तकर्ता का नाम/पिता/पति का नाम	श्रीमति विदुषी सिंह
04	उपचार प्राप्तकर्ता का लाभार्थी से सम्बन्ध	सह
05	निवास का पता	हापुड
06	चिकित्सा प्रतिष्ठान/संस्थान का नाम व पता (जिससे उपचार प्राप्त किया गया हो) (निजी है अथवा सरकारी)	डा० अमित शर्मा
07	बीमारी का नाम	Stoyeans Syndrome
08	उपचार की अवधि	23-1-24 to 30/4/24
09	चिकित्सा पर कुल व्यय धनराशि	Rs-19018
10	परीक्षण के उपरान्त शुम्भान हेतु संस्तुत धनराशि	Rs-18293 = अर्द्धांश (वै. वि. नं.)

प्रमाणीकरण

प्रमाणित किया जाता है कि चिकित्सा अनुभाग 6 उ0प्र0 शासन की उ0प्र0 सरकारी सेवाक (चिकित्सा परिचर्या) नियमावली 2011, अधिसूचना संख्या-2275/पांच-6-111082-87 दिनांक 20 सितम्बर 2011 उ0प्र0 सरकारी सेवाक (चिकित्सा परिचर्या) प्रथम संशोधन नियमावली 2014, अधिसूचना संख्या 474/पांच-6-111082/87टी.सी. दिनांक 04 मार्च 2014 एवं उ0प्र0 सरकारी सेवाक (चिकित्सा परिचर्या) द्वितीय संशोधन नियमावली, 2016 अधिसूचना संख्या 365/2016/3124/पांच-6-2016-19/16 दिनांक 27 दिसम्बर 2016 में निहित प्राविधानों के अन्तर्गत पदेश के अन्दर करायी गयी चिकित्सा व्यय प्रतिपूर्ति की संस्तुति के0जी0एम0यू0/एस0जी0पी0जी0आई0 लखनऊ की दर पर की जाती है। सुसंगत अभिलेख मूल रूप में संलग्न कर प्रेषित है।

संलग्नक : उपरोक्तानुसार दावा मूल रूप में।

भवदीय

मुख्य चिकित्सा अधिकारी,
हापुड।

चिकित्सा व्यय की प्रतिपूर्ति हेतु

(क) CERTIFICATE "A"

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

Certificate granted to Mrs./Mr./Miss. **Dr. Vidushi Singh**

Daughter of **Late Shri Om Prakash**

Employed in the **Hapur Judgeship.**

CERTIFICATE "A"

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

1- **Dr. Ankit Jain** hereby certify :-

- (a) That I charged and received ₹.....for consultations on(date to be given) at my consulting room at the residence of the patient.
- (b) That I charged and received ₹.....for administeringintramuscular injections/subcutaneous on.....(date to be given) at my consulting room/at the residence of the patient.
- (c) That the injections administered were for/were not for immunizing or prophylactic purposes.
- (d) That the patient has been under treatment at.....hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the..... (name of the hospital) for supply to private patients.....(name of the hospital) and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations, which are primarily foods, toilets or disinfection.

Sl. No.	Bill No.	Date	Agency	Price
1.	A017511	24.01.2024	Geeta Medical Store	2,283/-
2.	A018390	09.02.2024	Geeta Medical Store	2,299/-
3.	A019400	27.02.2024	Geeta Medical Store	4,076/-
4.	A019401	27.02.2024	Geeta Medical Store	2,172/-
5.	SA020414	31.03.2024	Geeta Medical Store	5,978/-
6.	OIDL240423040901629418	23.04.2024	Dr. Lal PathLabs	2,210/-
7.			Total	19,018/-

- (e) That the patient is/was suffering from **SJogren's Syndrome** and is/was under my treatment from **23.01.2024** to **30.04.2024**.
- (f) That the patient is/was not given prenatal or postnatal treatment.
- (g) That the X-ray laboratory test, etc. for which an expenditure of ₹ was incurred were necessary and were undertaken on my advice at..... (Name of hospital or laboratory)
- (h) That I referred the patient to Dr.for specialist consultation and that the necessary approval of the(Name of the Chief Administrative Medical Officer of the State), as required under the rules was obtained.
- (i) That the patient did not require/required hospitalization.

Date:.....

मुख्य चिकित्सा अधिकारी
हापड़

COUNTERSIGNED

I Certify that the patient has been under treatment at the hospital and the facilities provided were the minimum which essential for the patients treatment.

Date:.....

Dr. ANKIT JAIN
MBBS, MD (Medicine)
DM (Clinical Immunology & Rheumatology)
Consultant Rheumatologist & Clinical Immunologist
Regd. No. DMC/R/04331

श्री. अ. जैन
2283
2299
4076
2172
5978
1485
18293

GEETA MEDICAL STORE

RAJAN PLAZA OPP. GANGA TOWER
RAILWAY ROAD HAPUR
Phone : 9897200905, 0122-2300449
GSTIN:09AAERG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No. :
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : SA020414
Date : 31/03/2024
Due Date : 31/03/2024
Sales Man :

Sl. No.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	2	0	SYSTANE ULTRA 10ML	15VFF0	5/25	0902	538.00	538.00	0.00	6.00	6.00	1076.00
2.	3-0	0	SOFTMEGA FORTE 1*10	PSSAH18	2/25	3004	175.00	175.00	0.00	6.00	6.00	525.00
3.	2-0	0	SHELICAL HD TAB 1*15	GDWD00123	9/25	0902	137.25	137.25	0.00	6.00	6.00	274.50
4.	2-0	0	HCCOS 200 TAB 1*15	GPD083022B	8/27	0902	106.68	106.68	0.00	6.00	6.00	213.36
5.	1-0	0	PANTOCID 40 1*15	SEI1830A	7/26	0902	188.00	188.00	0.00	6.00	6.00	188.00
6.	4-0	0	GABAPIN 100MG TAB 1*15	N2303395	11/25	0902	142.00	142.00	0.00	6.00	6.00	568.00
7.	1-0	0	FOLITRAX 10MG TAB 1*10	AT-271023	9/26	3004	139.44	139.44	0.00	2.50	2.50	139.44
8.	2-0	0	MOKTEL TAB 1*15	ZMT010823	7/25	2106	210.00	210.00	0.00	9.00	9.00	420.00
9.	1-0	0	FOLFIT TAB 1*10	FTAS0041	3/25	0902	129.00	129.00	0.00	6.00	6.00	129.00
10.	3-0	0	REULOX OD CAP IX10CAP	MW123006	7/25	3302	658.80	658.80	0.00	9.00	9.00	1976.40
11.	6-0	0	PILOMAX TAB 1*10	JME1088A	6/25	3004	78.00	78.00	0.00	2.50	2.50	468.00
NET TOTAL												
GST OTHER 2030.86*9+9%=182.77SGST+182.77CGST												
CLASS	TOTAL	SCH.	DISC.	DT	SGST	MD	CGST	TR	NET	CGST	TOTAL	SGT
GST 5%	607.44	0.00	0.00	114.46	114.46	114.46	114.46	114.46	114.46	114.46	114.46	356.55
GST 12%	2973.86	0.00	0.00	159.37	159.37	159.37	159.37	159.37	159.37	159.37	159.37	365.55
OTHER GST	2396.40	0.00	0.00	182.77	182.77	182.77	182.77	182.77	182.77	182.77	182.77	0.00
TOTAL	5977.70	0.00	0.00	356.55	356.55	356.55	356.55	356.55	356.55	356.55	356.55	5978.00

Rs. Five Thousand Nine Hundred Seventy Eight Only

Receiver

For GEETA MEDICAL STORE
Partwade Road, Hapur (G Rod)

GEETA MEDICAL STORE

RAJAN PLAZA OPP. GANGA TOWER
RAILWAY ROAD HAPUR
Phone : 9897200905, 0122-2300449
GSTIN:09AAERF09432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No. :
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : SA020414
Date : 31/03/2024
Due Date : 31/03/2024
Sales Man :

Sl. No.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount	
1.	2	0	SYSTANE ULTRA 10ML	15VFF0	5/25	0902	538.00	538.00	0.00	6.00	6.00	1076.00	
2.	3:0	0	SOFTMEGA FORTE 1*10	PSSAH18	2/25	3004	175.00	175.00	0.00	6.00	6.00	525.00	
3.	2:0	0	SHELICAL HD TAB 1*15	GDWD00123	9/25	0902	137.25	137.25	0.00	6.00	6.00	274.50	
4.	2:0	0	HCCOS 200 TAB 1*15	GPDD083022B	8/27	0902	106.68	106.68	0.00	6.00	6.00	213.36	
5.	1:0	0	PANTOCID 40 1*15	SEI1830A	7/26	0902	188.00	188.00	0.00	6.00	6.00	188.00	
6.	4:0	0	GABAPIN 100MG TAB 1*15	N2303395	11/25	0902	142.00	142.00	0.00	6.00	6.00	568.00	
7.	1:0	0	FOLITRAX 10MG TAB 1*10	AT-271023	9/26	3004	139.44	139.44	0.00	2.50	2.50	139.44	
8.	2:0	0	MOKTEL TAB 1*15	ZMT010823	7/25	2106	210.00	210.00	0.00	9.00	9.00	420.00	
9.	1:0	0	FOLFIT TAB 1*10	FTAS0041	3/25	0902	129.00	129.00	0.00	6.00	6.00	129.00	
10.	3:0	0	REULOX OD CAP 1X10CAP	MW123006	7/25	3302	658.80	658.80	0.00	9.00	9.00	1976.40	
11.	6:0	0	PILOMAX TAB 1*10	JME1088A	6/25	3004	78.00	78.00	0.00	2.50	2.50	468.00	
NET TOTAL													
GST OTHER 2030.86*9+9%=182.77SGST+182.77CGST													
CLASS	TOTAL	SCH.	DISC.	DT	SGST	CGST	MRP	Net	Rate	Dis	SGST	CGST	Amount
GST 5 %	607.44	0.00	0.00	11/24	46	46	1194.46	1194.46	0.00	0.00	0.00	0.00	356.55
GST 12 %	2973.86	0.00	0.00	11/24	150.33	150.33	3910.19	3910.19	0.00	0.00	0.00	0.00	356.55
OTHER GST	2396.40	0.00	0.00	11/24	182.77	182.77	5977.70	5977.70	0.00	0.00	0.00	0.00	0.00
TOTAL	5977.70	0.00	0.00	11/24	356.55	356.55	12261.35	12261.35	0.00	0.00	0.00	0.00	578.00

Rs. Five Thousand Nine Hundred Seventy Eight Only

Receiver

For GEETA MEDICAL STORE

Terms & Conditions

Handwritten signature

Part of Road, Hapur (G Rod)

GEETA MEDICAL STORE

RAJAN PLAZA, OPP. GANGA TOWER
RAILWAY ROAD, HAPUR
Phone : 9897200905, 0122-2300449
GSTIN: 09AAEFG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No.:
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : A019400
Date : 27/02/2024
Due Date : 27/02/2024
Sales Man :

Sn.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	3:0	0	SOFTMEGA FORTE 1*10	PSSAH18	2/25	3004	175.00	175.00	0.00	6.00	6.00	525.00
2.	1:0	0	SHELCAL HD TAB 1*15	GDWD0099	8/25	0902	137.25	137.25	0.00	6.00	6.00	137.25
3.	2:0	0	HCQS 200 TAB 1*15	GPD083021B	8/27	0902	106.68	106.68	0.00	6.00	6.00	213.36
4.	1:0	0	PANTOCID 40 1*15	SIE1830A	7/26	0902	188.00	188.00	0.00	6.00	6.00	188.00
5.	4:0	0	GABAPIN 100MG TAB 1*15	N2302665	8/25	0902	142.00	142.00	0.00	6.00	6.00	568.00
6.	3:0	0	REJULOX OD CAP 1X10CAP	NW123003	3/25	3302	658.80	658.80	0.00	9.00	9.00	1976.40
7.	6:0	0	PILOMAX TAB 1*10	JME0543A	12/24	3004	78.00	78.00	0.00	2.50	2.50	468.00

GST OTHER 1674.92*9+9%=150.74SGST+150.74CGST, **GET WELL SOON**

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	Amount
GST 5 %	468.00	0.00	0.00	11.70	11.70	22.28	SGST PAYBLE	249.29
GST 12 %	1631.61	0.00	0.00	87.41	87.41	174.82	CGST PAYBLE	249.29
OTHER GST	1976.40	0.00	0.00	150.74	150.74	301.48	CR/DR NOTE	0.00
TOTAL	4076.01	0.00	0.00	249.29	249.29	498.58	GRAND TOTAL	4076.00

Rs. Four Thousand Seventy Six Only

Terms & Conditions

Receiver

For GEETA MEDICAL STORE

GEETA MEDICAL STORE

RAJAN PLAZA, OPP. GANGA TOWER
RAILWAY ROAD, HAPUR
Phone : 9897200905, 0122-2300449
GSTIN: 09AAEFG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EQ DR
HAPUR
Ph.No.:
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : A019401
Date : 27/02/2024
Due Date : 27/02/2024
Sales Man :

Sn.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	3	0	SYSTANE ULTRA 10ML	15JCC4	2/25	0902	538.00	538.00	0.00	6.00	6.00	1614.00
2.	1	0	REFRESH TEARS DROPS 10ML	06430	5/25	0902	137.64	137.64	0.00	6.00	6.00	137.64
3.	2:0	0	MOKTEL TAB 1*15	210.	7/25	2106	210.00	210.00	0.00	9.00	9.00	420.00

GST OTHER 355.94*9+9%=32.03SGST+32.03CGST, **GET WELL SOON**

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	Amount
GST 5 %	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYBLE	125.86
GST 12 %	1751.64	0.00	0.00	93.83	93.83	187.66	CGST PAYBLE	125.86
OTHER GST	420.00	0.00	0.00	32.03	32.03	64.06	CR/DR NOTE	0.00
TOTAL	2171.64	0.00	0.00	125.86	125.86	251.72	GRAND TOTAL	2172.00

Rs. Two Thousand One Hundred Seventy Two Only

Terms & Conditions

Receiver

For GEETA MEDICAL STORE

GEETA MEDICAL STORE

RAJAN PLAZA, OPP. GANGA TOWER
RAILWAY ROAD, HAPUR
Phone : 9897200905, 0122-2300449
GSTIN:09AAEFG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No.:
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : A017511
Date : 24/01/2024
Due Date : 24/01/2024
Sales Man :

Sn.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	0:1	0	DEPURA NANO SHOT 1*4			3004	439.00	439.00	0.00	6.00	6.00	109.75
2.	1:5	0	GABAPIN 100 1*15	N2301196	3/25	3004	142.00	142.00	0.00	6.00	6.00	189.33
3.	0:10	0	SHELCAL HD TAB 1*15	GDWD0078	4/25	0902	137.25	137.25	0.00	6.00	6.00	91.50
4.	0:10	0	HCQS 200 TAB 1*15	GPD083004B	3/27	0902	106.68	106.68	0.00	6.00	6.00	71.12
5.	2:0	0	OMEGA SOFT CAP 10CAP 1*10	BFG-044E23	4/25	3004	229.80	229.80	0.00	9.00	9.00	459.60
6.	1:0	0	REJUNEX OD CAP 1*10	N2301232	10/24	0902	214.00	214.00	0.00	6.00	6.00	214.00
7.	0:2	0	FOLITRAX 10MG TAB 1*10	AT190423	3/26	3004	139.44	139.44	0.00	2.50	2.50	27.89
8.	1:5	0	NICARDIA RET 10 MG TAB 1*15	KCG23001	6/26	3004	46.73	46.73	0.00	6.00	6.00	62.31
9.	1:0	0	FOLFIT TAB 1*10	FTAS0038	7/24	0902	129.00	129.00	0.00	6.00	6.00	129.00
10.	1	0	PEGMOVE POWDER 119GM	GKE1599A	8/25	0902	290.00	290.00	0.00	6.00	6.00	290.00
11.	3:0	0	PILOMAX TAB 1*10	JME0543A	12/24	3004	78.00	78.00	0.00	2.50	2.50	234.00
12.	1:0	0	CARNISURE 500 1*10	WBA5D006	1/26	0902	404.95	404.95	0.00	6.00	6.00	404.95

GST OTHER 389.5*9+9%=35.05SGST+35.05CGST, ** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	2033.55
GST 5 %	261.89	0.00	0.00	12.59	12.59	25.18	SGST PAYBLE	124.95
GST 12 %	1561.96	0.00	0.00	83.68	83.68	167.34	CGST PAYBLE	124.95
OTHER GST	459.60	0.00	0.00	35.05	35.05	70.10	CR/DR NOTE	0.00
TOTAL	2283.45	0.00	0.00	124.95	124.95	249.90	GRAND TOTAL	2283.00

Rs. Two Thousand Two Hundred Eighty Three Only

Terms & Conditions

Reciver

Rajan Plaza Building
Railway Road, HAPUR (G Bad)

GEETA MEDICAL STORE

RAJAN PLAZA, OPP. GANGA TOWER
RAILWAY ROAD, HAPUR
Phone : 9897200905, 0122-2300449
GSTIN:09AAEFG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No.:
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : A018390
Date : 09/02/2024
Due Date : 09/02/2024
Sales Man :

Sn.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	2:0	0	SOFTMEGA FORTE 1*10	PSSAH18	2/25	3004	175.00	175.00	0.00	6.00	6.00	350.00
2.	1:0	0	SHELCAL HD TAB 1*15	GDWD0099	8/25	0902	137.25	137.25	0.00	6.00	6.00	137.25
3.	2:0	0	HCQS 200 TAB 1*15	GPD083020B	8/27	0902	106.68	106.68	0.00	6.00	6.00	213.36
4.	1:0	0	PANTOCID 40 1*15	SIE1831A	7/26	0902	188.00	188.00	0.00	6.00	6.00	188.00
5.	2:0	0	GABAPIN 100MG TAB 1*15	N2302326	7/25	0902	142.00	142.00	0.00	6.00	6.00	284.00
6.	1:0	0	REJULOX OD CAP 1X10CAP	MW123006	7/25	3302	658.80	658.80	0.00	9.00	9.00	658.80
7.	6:0	0	PILOMAX TAB 1*10	JME0543A	12/24	3004	78.00	78.00	0.00	2.50	2.50	468.00

GST OTHER 558.3*9+9%=50.25SGST+50.25CGST, ** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	2051.01
GST 5 %	468.00	0.00	0.00	22.28	22.28	44.56	SGST PAYBLE	124.20
GST 12 %	1172.61	0.00	0.00	62.81	62.81	125.62	CGST PAYBLE	124.20
OTHER GST	658.80	0.00	0.00	50.25	50.25	100.50	CR/DR NOTE	0.00
TOTAL	2299.41	0.00	0.00	124.20	124.20	248.40	GRAND TOTAL	2299.00

Rs. Two Thousand Two Hundred Ninety Nine Only

Terms & Conditions

Reciver

Rajan Plaza Building
Railway Road, HAPUR (G Bad)

GEETA MEDICAL STORE

RAJAN PLAZA, OPP. GANGA TOWER
RAILWAY ROAD, HAPUR
Phone : 9897200905, 0122-2300449
GSTIN:09AAEFG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No.:
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : A017511
Date : 24/01/2024
Due Date : 24/01/2024
Sales Man :

Sn.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	0:1	0	DEPURA NANO SHOT 1*4			3004	439.00	439.00	0.00	6.00	6.00	109.75
2.	1:5	0	GABAPIN 100 1*15	N2301196	3/25	3004	142.00	142.00	0.00	6.00	6.00	189.33
3.	0:10	0	SHELCAL HD TAB 1*15	GDWD0078	4/25	0902	137.25	137.25	0.00	6.00	6.00	91.50
4.	0:10	0	HCQS 200 TAB 1*15	GPD083004B	3/27	0902	106.68	106.68	0.00	6.00	6.00	71.12
5.	2:0	0	OMEGA SOFT CAP 10CAP 1*10	BFG-044E23	4/25	3004	229.80	229.80	0.00	9.00	9.00	459.60
6.	1:0	0	REJUNEX OD CAP 1*10	N2301232	10/24	0902	214.00	214.00	0.00	6.00	6.00	214.00
7.	0:2	0	FOLITRAX 10MG TAB 1*10	AT190423	3/26	3004	139.44	139.44	0.00	2.50	2.50	27.89
8.	1:5	0	NICARDIA RET 10 MG TAB 1*15	KCG23001	6/26	3004	46.73	46.73	0.00	6.00	6.00	62.31
9.	1:0	0	FOLFIT TAB 1*10	FTAS0038	7/24	0902	129.00	129.00	0.00	6.00	6.00	129.00
10.	1	0	PEGMOVE POWDER 119GM	GKE1599A	8/25	0902	290.00	290.00	0.00	6.00	6.00	290.00
11.	3:0	0	PILOMAX TAB 1*10	JME0543A	12/24	3004	78.00	78.00	0.00	2.50	2.50	234.00
12.	1:0	0	CARNISURE 500 1*10	WBA5D006	1/26	0902	404.95	404.95	0.00	6.00	6.00	404.95

GST OTHER 389.5*9+9%=35.05SGST+35.05CGST, ** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	2033.55
GST 5 %	261.89	0.00	0.00	12.10	12.10	24.20	SGST PAYBLE	124.95
GST 12 %	1561.96	0.00	0.00	83.67	83.67	167.34	CGST PAYBLE	124.95
OTHER GST	459.60	0.00	0.00	35.05	35.05	70.10	CR/DR NOTE	0.00
TOTAL	2283.45	0.00	0.00	124.95	124.95	249.90	GRAND TOTAL	2283.00

Rs. Two Thousand Two Hundred Eighty Three Only

Terms & Conditions

Reciver

Rajan Plaza Building
Railway Road, HAPUR (G Bad)

GEETA MEDICAL STORE

RAJAN PLAZA, OPP. GANGA TOWER
RAILWAY ROAD, HAPUR
Phone : 9897200905, 0122-2300449
GSTIN:09AAEFG9432E1ZE

Mr./Mrs. DR VIDUSHI SINGH
EP DR ANKIT JAIN
HAPUR
Ph.No.:
GST :

Licence No. : 131/20/98;131/21/98

GST INVOICE

Invoice No. : A018390
Date : 09/02/2024
Due Date : 09/02/2024
Sales Man :

Sn.	Qty.	Free	Item Name & Packing	Batch	Exp.	HSN	Mrp	Rate	Dis	SGST	CGST	Amount
1.	2:0	0	SOFTMEGA FORTE 1*10	PSSAH18	2/25	3004	175.00	175.00	0.00	6.00	6.00	350.00
2.	1:0	0	SHELCAL HD TAB 1*15	GDWD0099	8/25	0902	137.25	137.25	0.00	6.00	6.00	137.25
3.	2:0	0	HCQS 200 TAB 1*15	GPD083020B	8/27	0902	106.68	106.68	0.00	6.00	6.00	213.36
4.	1:0	0	PANTOCID 40 1*15	SIE1831A	7/26	0902	188.00	188.00	0.00	6.00	6.00	188.00
5.	2:0	0	GABAPIN 100MG TAB 1*15	N2302326	7/25	0902	142.00	142.00	0.00	6.00	6.00	284.00
6.	1:0	0	REJULOX OD CAP 1X10CAP	MW123006	7/25	3302	658.80	658.80	0.00	9.00	9.00	658.80
7.	6:0	0	PILOMAX TAB 1*10	JME0543A	12/24	3004	78.00	78.00	0.00	2.50	2.50	468.00

GST OTHER 558.3*9+9%=50.25SGST+50.25CGST, ** GET WELL SOON **

CLASS	TOTAL	SCH.	DISC.	SGST	CGST	TOTAL GST	SUB TOTAL	2051.01
GST 5 %	468.00	0.00	0.00	11.74	11.74	23.48	SGST PAYBLE	124.20
GST 12 %	1172.61	0.00	0.00	62.81	62.81	125.62	CGST PAYBLE	124.20
OTHER GST	658.80	0.00	0.00	50.25	50.25	100.50	CR/DR NOTE	0.00
TOTAL	2299.41	0.00	0.00	124.20	124.20	248.40	GRAND TOTAL	2299.00

Rs. Two Thousand Two Hundred Ninety Nine Only

Terms & Conditions

Reciver

Rajan Plaza Building
Railway Road, HAPUR (G Bad)

011-49885050 (National Customer Care)
Customer.Care@lalpathlabs.com

9045959419

AUTHORISED COLLECTION CENTER

INVOICE CUM CASH RECEIPT

(PLEASE BRING THIS RECEIPT FOR REPORT COLLECTION)



176459544

Patient Name Mr DR. VIDUSHI SINGH
Age & Sex 50 year(s) / Female
Ref. Doctor ANKIT JAIN
Contact No 9412210001
Date & Time 23-04-2024 09:39:59

Invoice cum Receipt no OIDL240423040901629418
Lab No 176459544
LPL Client Code CC5287
Reporting Location HAPUR F PSC

S.No.	Test Code	Test Name	Estimate of report by #	Amount (Rs.)
1	B074	C-REACTIVE PROTEIN; CRP	23-04-2024 17:00	390
2	H009	ESR; ERYTHROCYTE SEDIMENTATION RATE	23-04-2024 17:00	70
3	WM15S	SWASTHFIT SUPER 2	23-04-2024 16:00	1750
4	B001PF	GLUCOSE, FASTING (F)	23-04-2024 13:00	0
5	Z284PF	THYROID PROFILE, TOTAL	23-04-2024 18:00	0
6	Z318PF	LIPID SCREEN, SERUM	23-04-2024 17:00	0
7	B080PF	HBA1C; GLYCOSYLATED HEMOGLOBIN	23-04-2024 16:00	0
8	Z025PF	LIVER & KIDNEY PANEL	24-04-2024 11:00	0
9	Z021PF	COMPLETE BLOOD COUNT; CBC	23-04-2024 13:00	0

Order Value: 2210
Home Collection Charges: 0
Total Order Value : 2210
Net Payable Amount : 2210
Paid Amount: 2210
Balance Amount: 0

Ankit Jain
DR. ANKIT JAIN
MD (Medicine)
DMC/R/10433

Note:

- Please check your Name, Tests and contact details. These will be used to send Report related notifications.
- To download the Reports, please visit www.lalpathlabs.com or download the App and click on 'VIEW ALL YOUR TEST REPORTS'.
- Enter Lab No. (as given on receipt) as your Lab/Visit ID and your name (as given on receipt) as password. e.g. if your name is RAM KUMAR, then KUMAR is your Password.
- Partially paid or unpaid reports cannot be accessed on the Website or App.
- You can now get the Cumulative Report (One Report for all your Values) by downloading the App and creating an account with the same mobile number given at the time of registration. All your previous reports will also be available on the same dashboard. Download the App now from Play Store/ App Store
- Services provided hereunder are healthcare services which are exempt from GST under serial no. 74 of notification 12/2017, Central Tax (Rate).
- # Reports may be delayed due to unforeseen circumstances; inconvenience regretted.
- * Report will be available as per the Schedule of test.
- By accepting this invoice / transacting with the Company, I agree/confirm having understood the Terms and Conditions mentioned in Dr. Lal PathLabs Privacy Policy and Terms of Use (also available on the website).

Dr. Lal PathLabs
Awasi Vikas, Meerut Road
Near Dr. Anil Kumar
HAPUR M 766877545
For HAPUR F PSC

Authorised Signatory

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प्रेषिका,

डॉ० विदुषी सिंह,
प्रधान न्यायाधीश, परिवार न्यायालय,
हापुड़।

सेवा में,

श्रीमान महानिबन्धक,
माननीय उच्च न्यायालय,
इलाहाबाद।

पत्रांक

०९/१४ /परिवार न्यायालय/हापुड़।

दिनांकित: 24.01.2024

विषय-

जनपद मेरठ स्थित IMMUNOLOGY & RHEUMATOLOGY CLINIC,
डॉ० अंकित जैन से उपचार की सूचना के सन्दर्भ में।

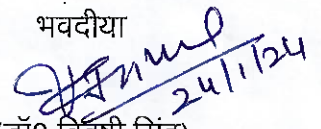
महोदय,

ससम्मान निवेदन है कि मैंने माननीय उच्च न्यायालय के आदेशानुसार दिनांक 22.11.2023 को प्रधान न्यायाधीश, परिवार न्यायालय, हापुड़ का पदभार ग्रहण किया है। मैं शोग्रेन्स सिन्ड्रोम (Sjogren's Syndrome) रोग से पीड़ित हूँ, जिसका उपचार **Immunologist/ Rheumatologist** करते हैं। जनपद हापुड़ में इस रोग के चिकित्सक उपलब्ध नहीं है।

अतः जनपद मेरठ स्थित IMMUNOLOGY & RHEUMATOLOGY CLINIC, डॉ० अंकित जैन से अपना उपचार करा रही हूँ। जिसके सन्दर्भ में सूचना सादर प्रेषित है।

सादर।

दिनांक: 24.01.2024

भवदीया

(डॉ० विदुषी सिंह)
प्रधान न्यायाधीश,
परिवार न्यायालय,
हापुड़।