

सेवा में,

माननीय अध्यक्ष,

राजस्व परिषद,

लखनऊ

महोदय,

सादर अवगत कराना है कि प्रार्थी विकास कुमार, तहसीलदार पद पर जनपद-गोरखपुर में कार्यरत है। प्रार्थी का कार्यकाल जनपद गोरखपुर में (नायब तहसीलदार व तहसीलदार) के पद पर लगभग तीन वर्ष पूर्ण होने वाला है। प्रार्थी के पिता श्री सत्यनारायन, जनपद-बहराईच में विकास खण्ड-बलहा में वाहन चालक के पद पर कार्यरत हैं। प्रार्थी के पिता मधुमेह व उच्च रक्तचाप के मरीज है। इसी वर्ष 24 फरवरी 2024 को उन्हें हार्टअटैक के कारण स्टेन भी पड़ा है। डॉक्टरों द्वारा उन्हें अकेले न रहने और परिवार के बीच ज्यादा समय बिताने हेतु सलाह दिया गया है।

अतः आप महोदय से निवेदन है कि उक्त परिस्थितियों पर सहानुभूति पूर्वक विचार करते हुए प्रार्थी का स्थानान्तरण जनपद-गोरखपुर से जनपद-बहराईच करने की कृपा करें, जिससे की प्रार्थी सेवा के साथ-साथ पिता की सेवा कर अपने पारिवारिक दायित्वों का भी निर्वहन कर सकें।

प्रार्थी सदैव आपका आभारी रहेगा।

दिनांक :

संलग्नक :- हॉस्पिटल बिल व डिस्चार्ज बिल।

प्रार्थी,

(विकास कुमार)

तहसीलदार

जनपद-गोरखपुर



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY

Budh Vihar Commercial, Taramandal
Gorakhpur, UP

Contact No. 0551-2230390,8795875444



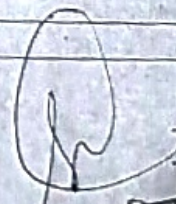
DISCHARGE BILL

Bill No. 17430 UHID No. SGH6413
 Name of Patient Mr. SATYANARAYAN Date 26/02/2024 Time 12:59:26 PM
 Guardian Name Mr. GANESH Age & Sex 56 M
 Address 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR
 Bed Room No S.ICU-10
 Date Of Admission 24/02/2024 03:48 PM
 Date Of Discharge 26/02/2024 12:59:26 PM Date Of Operation
 Consultant Dr. S.S. SHAHI
 Treatment Operation

| Description | Consultant | Day | Charge | Amount(Rs.) |
|----------------------|---------------|-----|--------|-------------|
| Admission Charge | | | | |
| Room Bed Charges | | | | 500 |
| Surgeon Charges | Dr. S. ICU-10 | 2 | 3500 | 7000 |
| Nursing Care Charges | | | | 140000 |
| EMERGENCY | | | | |
| ICU VISIT | | 1 | 5000 | 5000 |
| R.M.O. (ICU) | | 2 | 1000 | 2000 |
| N.CARE (ICU) | | 2 | 600 | 1200 |
| DR. P.C. SHAHI | | 2 | 600 | 1200 |
| DR. B.G. SINGH | | 2 | 2000 | 4000 |
| R.B.S CHARGE | | 2 | 1500 | 3000 |
| | | 6 | 50 | 300 |

| | | | | |
|-----------------------------------|--|--|--|----------|
| TOTAL | | | | 164200 |
| Less Advance CRNo. | | | | 10000 |
| Less Charges OFDr. ADVANCE | | | | 100000 |
| Net Amount (Payable / Refundable) | | | | 54200 |
| Paid Amount | | | | 54200.00 |
| Final Amount | | | | 64200.00 |

Rs(In Words): SIXTY-FOUR THOUSAND TWO HUNDRED RUEEES ONLY.


 शाही ग्लोबल हॉस्पिटल
 मुख्याधिकारी
 बुद्ध वीहार, तारामण्डल, गोरखपुर
 शाही ग्लोबल हॉस्पिटल
 Authorized Signatory
 तारामण्डल



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY
Buddh Vihar Commercial, Taramandal
Gorakhpur, UP
Contact No. 0551-2230390, 8795875444



PATHOLOGY BILL

Patient Name: SATYANARAYAN
Age & Gender: 56 M
Guardian Name: GANESH
Address: 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR
Mobile No.: 9320722218

Date & Time: 24/02/2024 4:03:18 PM
Bill No.: 17433
UHID No.: SGH 6413
INV No.: 21INV16964
Room No.: OPD

| Description | Charge | Amount |
|-------------|--------|--------|
| ICU PROFILE | 2600 | 2600 |
| ABG | 1000 | 1000 |
| EKG | 300 | 300 |
| TROP-I | 1000 | 1000 |

Amount (In Words): FOUR THOUSAND NINE HUNDRED RUPEES ONLY
Payment Mode: CASH
Consultant Name: S.S. SHAH



Prepared By: ALOK
Printed on: 24/02/2024 4:03:18 PM

For: **SHAHI GLOBAL HOSPITAL**
Authorised Signatory



SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY

Budh Vihar Commercial, Taramandal

Gorakhpur, UP

Contact No. 0551-2230390, 8795875444



PATHOLOGY BILL

| | | | |
|---------------|------------------------------------------|-------------|-----------------------|
| Patient Name | SATYANARAYAN | Date & Time | 07/03/2024 1:49:23 PM |
| Age & Gender | 56 M | Bill No. | 18049 |
| Guardian Name | GANESH | UHID No. | SGH 6413 |
| Address | 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR | INV No. | 21INV17188 |
| Mobile No. | 9520722218 | Room No. | OPD |

| Description | Charge | Amount |
|-------------|--------|--------|
| TYPHOID | 400 | 400 |
| WIDAL | 200 | 200 |
| MAERIA | 300 | 300 |
| URINE RM | 100 | 100 |

| | | | |
|-------------------|--------------------------|----------------|---------|
| Amount (In Words) | ONE THOUSAND RUIEES ONLY | Total Amount | 1000.00 |
| Payment Mode | CASH | Disc Amount | 0.00 |
| Consultant Name | S.S. SHAHI | Paid Amount | 1000.00 |
| | | Balance Amount | 0.00 |

Prepared By ALOK BUDH VILAR
Printed on 07/03/2024 at 1:52:37PM

शही ग्लोबल हॉस्पिटल
गोरखपुर

SHAHI GLOBAL HOSPITAL
Authorised Signatory





SHAHI GLOBAL HOSPITAL

MULTI SUPER SPECIALITY
Budh Vihar Commercial, Taramandal
Gorakhpur, UP
Contact No. 0551-2230390, 8795875444



X-RAY BILL

Patient Name SATYANARAYAN
Age & Gender 56 M
Guardian Name GANESH
Address 4/34 SSP COMPOUND NEAR GOLGHAR GORAKHPUR
Mobile No. 9520722218

Date & Time 24/02/2024 5:02:27 PM
Bill No. 17436
I/IIID No. SGH 6413
INV No. 21INV16966
Room No. IPD

| Description | Charge | Amount |
|------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|
| X-RAY CHEST (PA) | 400 | 400 |
| Amount (in Words) FOUR HUNDRED RUEEES ONLY. Payment Mode CASH Consultant Name S.S. SHAHI | | |
| Prepared By ALOK Printed on 24/02/2024 5:03:07 PM | | Total Amount 400.00 Disc. Amount 0.00 Paid Amount 400.00 |

Signature of ALOK
For SHAHI GLOBAL HOSPITAL
Authorised Signatory

GST INVOICE

SHAHI GKP GLOBAL HOSPITAL AND RESEARCH LIMITED; No. :A044704
 C/O SHAHI GLOBAL HOSPITAL BUDDH VIHAR; Date: 24/02/2024
 COMMERCIAL TARAMANDAL GORAKHPUR, ; Name: BATYHARAYAN
 Phone : 0795075444 ; Add. :
 GST NO. : 09RATGS1479H2ZN ; Dr. :
 D.L.NO. :UP53200002020,UP53210002002 ; Reg. :

| QTY. | M.S.P. | PACK | DESCRIPTION | BATCH | EXP. | AMOUNT |
|------|--------|------|-------------------|-----------|-------|--------|
| 2 | 214.5 | 1 | TAZAR 2.25G TAB | PTB23010 | 8/26 | 428.90 |
| 4 | 210.0 | 10 | ECOSPRIN-AV 75/40 | 28024264 | 9/24 | 84.00 |
| 2 | 341.0 | 10 | PRAX 10 TAB | RF032101 | 4/24 | 68.20 |
| 4 | 180.0 | 10 | KORANDIL 5MG TAB | 6TD0923A | 3/25 | 72.00 |
| 4 | 130.9 | 10 | FLAVEDON MR TAB | KV052306 | 4/26 | 52.36 |
| 2 | 39.94 | 10 | GOUTNIL 0.5 TAB | GU2106 | 1/26 | 7.99 |
| 2 | 84.30 | 15 | ACILOEC RD TAB | JKAD23062 | 10/25 | 11.24 |
| 2 | 8.00 | 1*1 | 10 ML DISPOSEL | 150101017 | 8/24 | 16.00 |
| 2 | 400.0 | 1*1 | NEEDLE 16NO | 138425B | 8/26 | 8.00 |

SUB TOATL = 748.69

SALE RETURN= 0.00

DISC. = 0.00

Rs. Seven Hundred Forty Nine Only

PLEASE PAY ; 749.00

- *All disputes subject to gorakhpur Jurisdiction only
- *Medicines without Batch No.& Exp. will not taken back. For SHAHI GKP GLOBAL HOSPITAL AND RESEA
- *Please consult Dr. Before using the medicines

शाही

बुद्ध

तारामण्डल, गोरखपुर

GST INVOICE

SHAHI GKP GLOBAL HOSPITAL AND RESEARCH LIMITED! No. :A044856
 C/O SHAHI GLOBAL HOSPITAL BUDDH VIHAR! Date: 24/02/2024
 COMMERCIAL TARAMANDAL GORAKHPUR, ; Name: SATYANARAYAN
 Phone : 8795875444 ; Add.:
 GST NO.: 09AATCS1479H2ZN ; Dr. : DR.S.S.SHAHI (M.S)
 D.L.NO.:UP53200002020,UP53210002002 ; Reg.:

| QTY. | M.R.P. | PACK | DESCRIPTION | BATCH | EXP. | AMOUNT |
|------|--------|------|--------------------|-----------|-------|--------|
| 2 | 69.86 | 1*1 | CEFBACT 1G INJ | EAB02039A | 3/25 | 139.72 |
| 2 | 56.50 | 1*1 | PANSEC 40MG INJ | CN3042048 | 4/25 | 113.00 |
| 3 | 6.69 | 1 | FRU-CID 2ML INJ | FU23N1P | 10/25 | 20.07 |
| 1 | 671.6 | 1 | LNOX 60MG INJ | 673F019 | 5/25 | 671.60 |
| 4 | 42.00 | 1*50 | SORBITRATE 5MG TAB | SBA0001 | 12/24 | 3.36 |
| 1 | 155.0 | 1*1 | DRIP SET | 242228 | 6/26 | 155.00 |
| 1 | 132.0 | 1*1 | INTRACATH 20 NO | 2141 | 8/26 | 132.00 |
| 1 | 38.00 | 1*1 | CANULA FIXER | IVHT | 7/27 | 38.00 |
| 2 | 8.00 | 1*1 | 10 HL DISPOSEL | 150101017 | 8/24 | 16.00 |
| 2 | 400.0 | 1*1 | NEEDLE 16NO | 1384258 | 8/26 | 8.00 |

SUB TOTAL = 1296.75
 SALE RETURN= 0.00 DISC. = 0.00
 Rs. One Thousand Two Hundred Ninety Seve PLEASE PAY ; 1297.00

*All disputes subject to gorakhpur Jurisdiction only
 *Medicines without Batch No.& Exp.
 will not taken back. For SHAHI GKP GLOBAL HOSPITAL AND RESEA
 *Please consult Dr. Before using the medicines

शाही ग्लोबल हॉस्पिटल
 बुल
 तारामण्डल, गोरखपुर