

प.क्षे.-II/लोक सूचना/2021/056

दिनांक : 01/06/2021

सेवा में,

श्रीमती आरुषि जैन

पुत्री - डॉ. अनिल जैन

502, Hitawala Tower, Nr. Celebration Mall,

Udaipur - 313 001, Rajasthan.

विषय : सूचना का अधिकार अधिनियम 2005 के अंतर्गत मांगी गयी जानकारी के संबंध में ।

महोदय,

सूचना के अधिकार अधिनियम 2005 के तहत आपके द्वारा प्रेषित पत्र, इस कार्यालय में के.तो.सू. के द्वारा दिनांक 18/03/2021 को प्राप्त हुआ है। आवेदन पत्र में मांगी गयी जानकारी इस पत्र के साथ संलग्न प्रेषित है। यहाँ यह उल्लेख करना अति आवश्यक है कि COVID-19 Pandemic में सीमित कार्य गतिविधि होने के कारण जवाब प्रेषण में विलंब हुआ है ।

यदि आप केंद्रीय लोक सूचना अधिकारी के उत्तर से संतुष्ट न हों तों, CPIO के उत्तर की प्राप्ति के 30 दिनों के भीतर अपीलिय अधिकारी के सम्मुख अपील कर सकते हैं । आरटीआई अधिनियम, 2005 के तहत अपीलिय अधिकारी का नाम और पता निम्नानुसार है ।

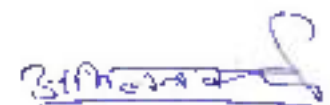
श्री पी. सी. गर्ग, अपीलिय अधिकारी,

पावर ग्रिड कॉर्पोरेशन आफ इंडिया लिमिटेड,

प्लॉट न-54, अम्बे विद्यालय के सामने, समा-रावली रोड,

वडोदरा - 390 024 (गुजरात).

धन्यवाद सहित,

केन्द्रीय लोक सूचना अधिकारी^{1(c)(2)}

पश्चिम क्षेत्र - II, वडोदरा

संलग्न : यथोपारि**प्रतिलिपि: -**

1. कार्यपालक निदेशक (प.क्षे.-II), वडोदरा - सादर सूचनार्थ
 2. वरिष्ठ महाप्रबंधक (सतर्कता), प.क्षे.- II
 3. वरिष्ठ महाप्रबंधक (वित्त व लेखा), प.क्षे.- II
- (रुपये 10/- के IPO नं.-52F 203963, उदयपुर की मूल प्रति के साथ)

पता: प्लॉट न-54, रिया-रेवेली रिसॉर्ट के पास, अम्बे विद्यालय के सामने समा रावली रोड, वडोदरा - 390024 (गुजरात)

Plot No.54, Adjacent to Riya-Reveli Resort, Opp Ambe Vidhyalaya, Sama Ravli Road, Vadodara - 390024 (Gujarat)

avenna@powergridindia.com

मुख्यालय: अहमदाबाद, नर्मदा नगर, अमरावती, गुजरात - 380015, इंडिया | टेलीफोन: 079-25719021

Corporate Office: Ahmedabad, Narmada Nagar, Amraoti, Gujarat - 380015, India, Tel: 079-25719021

पंजीकृत कार्यालय: नं. 5, टुलु इन्टरनैशनल सिटी, न.ए.ए.ए. हाथ, नर्मदा नगर - 380015, गुजरात, इंडिया | टेलीफोन: 079-25719021, 25584815, 25584816, 25584817, 25584818, 25584819, 25584820, 25584821, 25584822, 25584823, 25584824, 25584825, 25584826, 25584827, 25584828, 25584829, 25584830, 25584831, 25584832, 25584833, 25584834, 25584835, 25584836, 25584837, 25584838, 25584839, 25584840, 25584841, 25584842, 25584843, 25584844, 25584845, 25584846, 25584847, 25584848, 25584849, 25584850, 25584851, 25584852, 25584853, 25584854, 25584855, 25584856, 25584857, 25584858, 25584859, 25584860, 25584861, 25584862, 25584863, 25584864, 25584865, 25584866, 25584867, 25584868, 25584869, 25584870, 25584871, 25584872, 25584873, 25584874, 25584875, 25584876, 25584877, 25584878, 25584879, 25584880, 25584881, 25584882, 25584883, 25584884, 25584885, 25584886, 25584887, 25584888, 25584889, 25584890, 25584891, 25584892, 25584893, 25584894, 25584895, 25584896, 25584897, 25584898, 25584899, 25584900, 25584901, 25584902, 25584903, 25584904, 25584905, 25584906, 25584907, 25584908, 25584909, 25584910, 25584911, 25584912, 25584913, 25584914, 25584915, 25584916, 25584917, 25584918, 25584919, 25584920, 25584921, 25584922, 25584923, 25584924, 25584925, 25584926, 25584927, 25584928, 25584929, 25584930, 25584931, 25584932, 25584933, 25584934, 25584935, 25584936, 25584937, 25584938, 25584939, 25584940, 25584941, 25584942, 25584943, 25584944, 25584945, 25584946, 25584947, 25584948, 25584949, 25584950, 25584951, 25584952, 25584953, 25584954, 25584955, 25584956, 25584957, 25584958, 25584959, 25584960, 25584961, 25584962, 25584963, 25584964, 25584965, 25584966, 25584967, 25584968, 25584969, 25584970, 25584971, 25584972, 25584973, 25584974, 25584975, 25584976, 25584977, 25584978, 25584979, 25584980, 25584981, 25584982, 25584983, 25584984, 25584985, 25584986, 25584987, 25584988, 25584989, 25584990, 25584991, 25584992, 25584993, 25584994, 25584995, 25584996, 25584997, 25584998, 25584999

Registered Office: B-5, Tulu International City, N.A.A.A. Road, Narmada Nagar - 380015, Gujarat, India | Tel: 079-25719021, 25584815, 25584816, 25584817, 25584818, 25584819, 25584820, 25584821, 25584822, 25584823, 25584824, 25584825, 25584826, 25584827, 25584828, 25584829, 25584830, 25584831, 25584832, 25584833, 25584834, 25584835, 25584836, 25584837, 25584838, 25584839, 25584840, 25584841, 25584842, 25584843, 25584844, 25584845, 25584846, 25584847, 25584848, 25584849, 25584850, 25584851, 25584852, 25584853, 25584854, 25584855, 25584856, 25584857, 25584858, 25584859, 25584860, 25584861, 25584862, 25584863, 25584864, 25584865, 25584866, 25584867, 25584868, 25584869, 25584870, 25584871, 25584872, 25584873, 25584874, 25584875, 25584876, 25584877, 25584878, 25584879, 25584880, 25584881, 25584882, 25584883, 25584884, 25584885, 25584886, 25584887, 25584888, 25584889, 25584890, 25584891, 25584892, 25584893, 25584894, 25584895, 25584896, 25584897, 25584898, 25584899, 25584900, 25584901, 25584902, 25584903, 25584904, 25584905, 25584906, 25584907, 25584908, 25584909, 25584910, 25584911, 25584912, 25584913, 25584914, 25584915, 25584916, 25584917, 25584918, 25584919, 25584920, 25584921, 25584922, 25584923, 25584924, 25584925, 25584926, 25584927, 25584928, 25584929, 25584930, 25584931, 25584932, 25584933, 25584934, 25584935, 25584936, 25584937, 25584938, 25584939, 25584940, 25584941, 25584942, 25584943, 25584944, 25584945, 25584946, 25584947, 25584948, 25584949, 25584950, 25584951, 25584952, 25584953, 25584954, 25584955, 25584956, 25584957, 25584958, 25584959, 25584960, 25584961, 25584962, 25584963, 25584964, 25584965, 25584966, 25584967, 25584968, 25584969, 25584970, 25584971, 25584972, 25584973, 25584974, 25584975, 25584976, 25584977, 25584978, 25584979, 25584980, 25584981, 25584982, 25584983, 25584984, 25584985, 25584986, 25584987, 25584988, 25584989, 25584990, 25584991, 25584992, 25584993, 25584994, 25584995, 25584996, 25584997, 25584998, 25584999

Website: www.powergridindia.com

DR. ISMAIL Y. PALA M.D.

Assistant Psychiatrist
No. G-11217
Rajvas Towers, Near Tube Company,
Pala Road, Vidodara - 20. Ph. : 2320868, 9974058888



Slip No. 993 Date: 17/07/18

Received with thanks from Ayushi Choudhary
Mrs/Miss Smt. Anandraj July

Sum of Rupees _____ Date: _____ Bank: _____
Cash / Cheque No. _____

- of the following Charges:
- Consultation Rs. 600/-
 - Re-Consultation Rs. _____
 - Psychotherapy Rs. _____
 - ECT Rs. _____
 - Pentothal Interview Rs. _____
 - Others Rs. _____

Total Rs. 600/- 680/-



(Cheques are subject to realization)

For **DR. ISMAIL Y. PALA**

NO.

NURSING HOME
PATHAK

OBSTETRICIAN & GYNAECOLOGIST
Kansli Bldg, Vadodra - 390 018.
2465024
3000@yahoo.com

25427

RECEIPT

THANKS FROM <i>Arun</i>	
<i>Chandra</i>	
RUPEES	<i>2500/- (Two thousand)</i>
CONSULTATION / MINOR OPERATION.	
<i>of</i>	<i>Vaginitis</i>
	<i>Pruthi</i>
	For PRUTHI.

PRITHI

ERNITY NURSING HOME

PRITHI PATHAK

B.G.O. (Bom.) (G-22637)

OBSTETRICIAN & GYNAECOLOGIST

KANAND SOCIETY,

WASBAUG, VADODARA - 390 018.

PHONE: 2482499 / 2485024 Mobile: 9227100888

EMAIL: prithipathak_2000@yahoo.com

OPERATING HOURS: 10 a.m. to 10 p.m.

(Sat)

5 a.m. to 7 p.m.

पृथा

प्रसुति गृह - नर्सिंग होम

डॉ. प्रीती पाठक

बेम.डी., बी.उ.ओ. (उ - २२६३७)

प्रसुति अल्ट्रा-सोनोग्राफिस्ट

३, मुकुटानंद सोसायटी, वसईवांग, वडोदरा - ३९० ०१८.

फोन नं. : २४८२४९९ / २४८५०२४

मध्य रात्रि : १० થી ૧ સાંજ : ૫ થી ૭

(સોમ થી શનિ)

Poonef...

*Prithi Chokdia
Kavya Napa*

*Dr. Hemant
Chokdia*

20/11/15

Cap Vitz'ae Rich : daily 3 months

- Lactogen Lotion for vaginal cleaning.

Poonel

©: (C) 2491884 (R) 2491883
BHARATI K. JAMBUSARIA
M.B.B.S., O.G.O
Reg. No. G-5057

27/1/16

Rs 30000
three hundred
but Amount
Rs 15 Police.

Signature

Dr. B. K. Jambusaria
M.B.B.S., O.G.O
Reg. No. G-5057

Karellbaug, VADODARA - 390 018.

ALA ...

ggist
HOSPITAL, KARELSORGE ...

INVOICE Date: 01-11-18

Item	Rate	Qty	Amount
...	10.00	20	200.00
...	11.00	20	220.00

Total: 187.00
Grand Total: 187.00

... day ...
... will be ...

...
...
...

DE ...



पावर ग्रिड कॉर्पोरेशन ऑफ इंडिया लिमि

पुनः नामाकरण के अधीन

POWER GRID CORPORATION OF INDIA LIMITED

(A Government of India Enterprise)

Medical Claim - Hospitalisation / Non-Hospitalisation

Claim Submitted Date 0

Employee Name : Himanshu Chordia	Employee Number : 60002614
Region : Western Region - II	Location : RHQ-Vadodara
Department : Commercial	Designation : Engr

Claim Detail

Hospitalisation							
Sl. No.	Patient's Name	Treatment Date	Consultation Amt	Injection Amt	Medicine Amt	Patho Amt	Total
00138355	Arun Chordia	20.09.2015	400.00	6.00	520.00	70.00	Rs.996
00138461	Himanshu Chordia	30.09.2015	1500.00	3.00	662.18	0.00	Rs.2165
Total Amount							Rs.1,166

Claim form and supporting medical documents need to be submitted in concerned Finance Department

Declaration

I hereby certify that the particulars mentioned in this claim are true to best of my knowledge and belief and that the amount claimed for medical expenses incurred is wholly dependent upon me and residing with me.

Himanshu Chordia
Signature of the Employee

[Signature]
Signature of the Appr

Job. No. - 9428516169

980-302
1352
[Signature]
8/19

Covering Agency :

All CCs :
FD - Upto Rs.2000/- (Type Rs.1000/-, BSNL/IRCTC - Upto Rs.1500/-), all other classes of
G.M. & above - Full cover (including ambulance)
In the case of Kerala Rules - OAG/DR - Upto Rs.2000/-, OGP - Full cover

All RTU and Sites :

All other classes - Full cover
DR - Upto 500/-, OAG/DR - Upto Rs.1000/-, DGM & above - Full cover & above
OAG/DR - Upto Rs.1000/-, OGP - Full cover
In the case of Kerala Rules - G.M. - Upto Rs.2000/-, DR - Full cover

NO.

NURSING HOME
PATHAK

OBSTETRICIAN & GYNAECOLOGIST
Kandla, Vadodra - 390 016.
2470074
27000@yako.com

25698
RECEIPT

THANKS FROM

Aliahi

RUPEES

4000

CONSULTATION / MINOR OPERATION.

Vagina

Candidiasis

Referral

915

For PRUTHA

V. I. P.
DIAGNOSTIC
LAB

DR. ALPA VAIDYA
M.D. (PATH), DCP
DR. RAKESH VAIDYA
M.D. (PATH), DCP

Office: Opp. Ugrta Nursing Home,
Vadodra - 390 019,
Phone: 0265-2495277

Timings
Monday to Saturday : 7.00 a.m. To 8.00 p.m.
Sunday : 8.00 a.m. to 1.00 p.m.

Prushi chardiu L. R. No. : 193863
Ref Time : 1:00 Date : 28/9/15
Status : Total ₹ 51 Paid _____ Due ₹ 51

Extensive Quality Lab
 Regulation
 Biology
 Safety
 Infection Facility
 Wastes Monitoring
 Check-up Package

ઉપલક્ષ
 7 & 8, Amraoab Complex,
 near Mahansri Bus Stop,
 Water Tank Road, Karetolaj,
 Vadodra-38, ☎ 2487912

Doctor's Name: Dr. E. K. Patel
 Address: ...
 Patient's Name: ...
 Address: ...

Retail No. 23-03
 Retail No. 23-03
 Retail No. 23-03
 Retail No. 23-03

Pack	Batch No.	Exp.	Quantity	Rate	Amount
10 CAP	14076150	05/15	10	55.00	550.00
1+6781P	281477	11/15	10	16.12	161.20
10PS11P	213507	03/15	10	99.00	990.00

સર્જિત કરવાની જવાબદારી સારી રાખી
 આ કાર્ડ પર ઉપરના બધાં (૧) સંબંધિત સ્થાનો અને સંબંધિત વાપર કરવામાં આવેલ છે.
 ૩ વર્ષ માટે. કાર્ડ ત્રણ વર્ષ માટે. (૨) સર્જિત કરવામાં આવેલ છે.

For Medipius
 Signature: *[Signature]*
 P.S.O.F.

TOTAL	197.20
Add Deduction	
Net Amount	307.20



7 & 8, Amrapali Complex,
Near Mukharad Bus Stop,
Wale Tank Road, Karetbaug,
Vadodra-10. ID 2487912

Doctor's Name: Dr. P. J. Jethi
Address: Vadodra
Patient's Name: Adarshi
Address: Vadodra
Date: 21-04-19

Product Name	Pack	Batch No.	Exp.	Quantity	Rate	Amount
10 CAP	10 CAP	140570100	11/17	10	80.00	800.00
10 CAP	10 CAP	140570100	11/17	10	80.00	800.00
10 CAP	10 CAP	140570100	11/17	10	80.00	800.00

વંદીત સ્વાસ્થ્યની શુભકામનાઓ સાથે

(1) આ દવાની કોઈપણ પ્રકારની ગુણવત્તાની જાણ કરવા અથવા સંશય લેવા, (2) આની કોઈપણ પ્રકારની કોઈપણ પ્રકારની ગુણવત્તાની જાણ કરવા અથવા સંશય લેવા, (3) આની કોઈપણ પ્રકારની ગુણવત્તાની જાણ કરવા અથવા સંશય લેવા.

For Modiplus	TOTAL	2100
Signature	E. & D. E.	2100
	Net Amount	2100

**NURSING HOME
PATHAK**
GYN & SYNAECOLOGIST
Karelibaug, Vadodra - 390 018
2445924
2008@yahoo.com

NO.

25698
RECEIPT

THANKS FROM Alina
Chandras
RUPEES ₹ 20,000 for consultation
CONSULTATION / MINOR OPERATION.
Vipna
Chandras
For PRUTHI

VAIDYA
PATHAK

63
5
31

7-20/15
70.00
70.00
70.00
0.00

For V.I.P. DIAGNOSTIC LAB

V.I.P. DIAGNOSTIC LAB
GF/FF1, Pacific Plaza,
Opp. Urjita Nursing Home,
V.I.P. Road, Karelibaug,
Vadodra - 390 018.
Phone : 0265-2495277.

RUTHA

TERNITY NURSING HOME

PRITI PATHAK

B.G.O. (Reg.) (G-22837)

OBSTETRICIAN & GYNAECOLOGIST

WAKHANAND SOCIETY,

WAKHANAND, VADODARA - 390 018.

PHONE : 2452459 / 2455024 Mobile : 8277100568

EMAIL : prithipathak_2000@yahoo.com

CONSULTING HOURS : 10 a.m. to 1 p.m.

5 p.m. to 7 p.m.

(Sat to Sat)

Pronegrod

પૃથા

પ્રત્યુત્તિ ગૃહ - બર્સગિ હોમ

ડૉ. પ્રીતી પાઠક

એમ.ડી., ડી.જી.ઓ. (જી-૨૨૬૩૭)

પ્રત્યુત્તિ અને સ્ત્રીશોગ વિષ્ણુશાલ

૧, મુસ્તાફા સોસાયટી, કાદેલીબાગ, વડોદરા - ૩૯૦ ૦૧૮.

ફોન નં.: ૨૪૬૨૪૬૯ / ૨૪૬૫૦૨૪

સમય સવારે : ૧૦ થી ૧ રાત્રિ : ૫ થી ૭

(સોમ થી શનિ)

Pronegrod
Pronegrod

23/5/15

- tab 2000mg 1500mg - after dinner

- Cap VIZYLAC Rich 1 daily - today + 20 (30)

- Clingen 3 capsules 1 daily - after
dinner

28/5/15

- tab teifen Plus

(10)

1 - 1 - 1
5 days

- tab 2000mg (1) Monday

1500mg (1) Wednesday

(1) Friday

- fu 100mg

Pronegrod



पावर ग्रिड कारपोरेशन ऑफ इंडिया लिमिटेड

(भारत सरकार का उद्योग)

POWER GRID CORPORATION OF INDIA LHM

(A Government of India Enterprise)

Medical Claim - Hospitalisation / Non-Hospitalisation

Claim Submitted Date

Employee Name : Himanshu Choudhary Employee Number : 60602614
 Region : Western Region - II Location : RHQ-Vadodra
 Department : Commercial Designation : Engr

Claim Detail

Sl. No.	Patient's Name	Treatment Date	Consultation Amt	Investing Amt	Medicine Amt	Other Amt	Total Amount	UNIT
0000034779	Himanshu Choudhary	12.02.2016	550.00	0.00	137.00	0.00	Rs. 687.00	T
0000034783	Himanshu Choudhary	07.12.2015	150.00	0.00	0.00	0.00	Rs. 150.00	T
0000034794	Arushi Choudhary	04.03.2016	500.00	0.00	32.00	400.00	Rs. 932.00	T
0000034798	Renu Choudhary	16.03.2016	100.00	0.00	6924.00	0.00	Rs. 7024.00	T
0000034809	Arushi Choudhary	22.02.2016	100.00	0.00	245.00	0.00	Rs. 345.00	T
0000034829	Himanshu Choudhary	01.03.2016	500.00	0.00	352.00	0.00	Rs. 852.00	T

Total Amount: 10,540

Note: Claim form and supporting medical documents need to be submitted in concerned Finance Department.

10500!

Declaration

I hereby certify that the particulars mentioned in this claim are true to best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me and residing with me.

Himanshu Choudhary
Signature of the Employee

Mob. No. : 9428216109

[Signature]
Signature of the Approving Officer

[Signature]

[Signature]

Dr. (Mrs.) Kalpana Modi
M.D., D.G.O. (Bombay)

41311E

shu

Ry

~~Tab. Metrogyl 200mg~~
o o o (15) + (15)

- ~~Tab. Klu Fole 150mg~~
Every Saturday (3)
after e milk

- ~~Vagi vaginal~~
afternoon 3rd 2nd 1st

KSM

Residence & Clinic :

"URABH CLINIC" Chanakyapur Road, Sama, VADODARA - 390 024, ☎ 2780118

Consulting Hours : 10-00 to 12-00 a.m. & 5-30 to 7-50 p.m.

Saturday Evening & Sunday Closed

Opposite Sama Sports Stadium, Near Chanakyapur Circle, New Sama Road, Vadodara-390024

Timing : Monday to Saturday 9.00 am to 8.00 pm / Emergency Call : 24 Hrs

E-mail ID : rajdiagnostics09@gmail.com

DR. RAJ BUMIYA (M.D.)

Consultant Radiologist
Reg. No. G-12818

Gandhinagar
Bhamburda Road, Vadodra

Mob. No. : +91 9978345495

DIAGNOSTICS

Accredited center

8.00 AM TO 8.00 PM . 24HRS SERVICES AVAILABLE

SOCIETY, ABOVE JALARAM AGARWALLA OPP SAMA SPORTS STADIUM,
CHANAKYAPUR CIRCLE, NEW SAMA ROAD, VADODRA -24

સામા સ્પોર્ટ્સ અગરવાલની ઓપર, સમા સ્પોર્ટ્સ સ્ટેડિયમની ઓપર, ચાનક્યપુરી સર્કલની પાસે,

વડોદરા

RADIOLOGY REFERRAL FORM

Name: Kaushik AGE/SEX: 33 yd
Male

LAB REPORTS:
(Increase specificity of diagnosis)

DIAGNOSIS:

REF. BY: Dr. Kaushik Modi

DIGITAL X RAY

USG

UPPER ABDOMEN (ABDOMEN + PELVIS)

PRE & POST VOID

1ST & 3RD QUANT

ANOMALY SCAN

STUDY

DX

ROB-T

RAIN

ULTRASONIC DOPPLER

RT/LT

RT/LT

RT/LT

RT/LT

- CHEST (PA / AP)
- ABDOMEN STANDING
- KUB
- PNS
- SKULL (AP/LAT)
- CERVICAL SPINE (AP/LAT)
- LS SPINE (AP/LAT)
- DL SPINE (AP/LAT)
- PELVIS WITH BOTH HTS
- FOOT Left & Right
- HANDS
- JOINTS

- BARIUM PROCEDURE -
- IVP -
- MYOLOGIC/SINOGRAM -

USG GUIDED INTERVENTIONS

- LIVER BIOPSY
- KIDNEY BIOPSY
- LYMPH NODE BIOPSY
- MASS LESION BIOPSY
- PLEURAL FLUID TAPPING
- ASCITIC FLUID TAPPING
- LIVER ABSCESS ASPIRATION
- PERCUTANEOUS NEPHROSTOMY TUBE INSERTION

USG time: Start to 1:00pm & After 4:30pm

ICS

Receipt No.

1131

1st / House,
Sports Stadium,
Vadodra - 390024.
978345495

Date: 4.3.16

For, RAJ DIAGNOSTICS

Signature

THANKS FOR REFERENCE

DR. RAJ B

RAJ DIAGNOSTICS

C-31, Swati Society, Above Ashu Nasta House.
Opp Sama Sports Stadium.
New Sama Road, Baroda - 390024
Ph. +91 9978345495

Receipt No.

1131

Med.

Incredible results.

RECEIPT

Date : 4.3.16

Received with thanks from Aarushi Chaudia

of Rupees Four hundred only/-

X-Ray - (L) Ankle

400/-

For, RAJ DIAGNOSTICS



Signature

NO SIGNIFICANT ABNORMALITY DETECTED.

THANKS FOR REFERENCE

RAJ BUMIYA (M.D.)

CONSULTANT RADIOLOGIST

tal



ISO 9001:2008 No. 11

Service Tax No. : ABV

W Sarna Road, Vadodara-39

22/21

2/10/08

10

10

मण्डी चौगला,
ऑफिस के पास,
नेम्बाहेड़ा (राज.)

6/3/16

2 dnt
sun &
whites

2 dnt 'A
1 dnt
6 dnt
10 dnt

1 dnt
6 dnt

2 dnt
6 dnt
2 dnt

1 dnt
6 dnt

10/2

Patient : EUS-1
 Add : NEEMBAHEDA
 Doctor : RAJESH KUMAR HINDI
 AMI :
 Date : 04/03/16

SHAGWATI MEDICAL & GENERAL STORE
 9, GANESH NAGAR, NEEMBAHEDA, SARAL JAGAN NAGAR, NEEMBAHEDA, VADODARA-39, PIN : 390012 (RAJ.)
 MO : 98791 32072, 98473 31461

ORIGINAL

SR. NO.	DESCRIPTION	QTY	UNIT	AMOUNT
01	2 dnt	2	10	20.00
02	sun & whites	1	10	10.00
03	2 dnt 'A	2	10	20.00
04	1 dnt	1	10	10.00
05	6 dnt	6	10	60.00
06	10 dnt	10	10	100.00
07	1 dnt	1	10	10.00
08	6 dnt	6	10	60.00
09	2 dnt	2	10	20.00
10	6 dnt	6	10	60.00
11	2 dnt	2	10	20.00
12	6 dnt	6	10	60.00
13	1 dnt	1	10	10.00
14	6 dnt	6	10	60.00
15	2 dnt	2	10	20.00
16	6 dnt	6	10	60.00
17	1 dnt	1	10	10.00
18	6 dnt	6	10	60.00
19	2 dnt	2	10	20.00
20	6 dnt	6	10	60.00
21	1 dnt	1	10	10.00
22	6 dnt	6	10	60.00
23	2 dnt	2	10	20.00
24	6 dnt	6	10	60.00
25	1 dnt	1	10	10.00
26	6 dnt	6	10	60.00
27	2 dnt	2	10	20.00
28	6 dnt	6	10	60.00
29	1 dnt	1	10	10.00
30	6 dnt	6	10	60.00
31	2 dnt	2	10	20.00
32	6 dnt	6	10	60.00
33	1 dnt	1	10	10.00
34	6 dnt	6	10	60.00
35	2 dnt	2	10	20.00
36	6 dnt	6	10	60.00
37	1 dnt	1	10	10.00
38	6 dnt	6	10	60.00
39	2 dnt	2	10	20.00
40	6 dnt	6	10	60.00
41	1 dnt	1	10	10.00
42	6 dnt	6	10	60.00
43	2 dnt	2	10	20.00
44	6 dnt	6	10	60.00
45	1 dnt	1	10	10.00
46	6 dnt	6	10	60.00
47	2 dnt	2	10	20.00
48	6 dnt	6	10	60.00
49	1 dnt	1	10	10.00
50	6 dnt	6	10	60.00
51	2 dnt	2	10	20.00
52	6 dnt	6	10	60.00
53	1 dnt	1	10	10.00
54	6 dnt	6	10	60.00
55	2 dnt	2	10	20.00
56	6 dnt	6	10	60.00
57	1 dnt	1	10	10.00
58	6 dnt	6	10	60.00
59	2 dnt	2	10	20.00
60	6 dnt	6	10	60.00
61	1 dnt	1	10	10.00
62	6 dnt	6	10	60.00
63	2 dnt	2	10	20.00
64	6 dnt	6	10	60.00
65	1 dnt	1	10	10.00
66	6 dnt	6	10	60.00
67	2 dnt	2	10	20.00
68	6 dnt	6	10	60.00
69	1 dnt	1	10	10.00
70	6 dnt	6	10	60.00
71	2 dnt	2	10	20.00
72	6 dnt	6	10	60.00
73	1 dnt	1	10	10.00
74	6 dnt	6	10	60.00
75	2 dnt	2	10	20.00
76	6 dnt	6	10	60.00
77	1 dnt	1	10	10.00
78	6 dnt	6	10	60.00
79	2 dnt	2	10	20.00
80	6 dnt	6	10	60.00
81	1 dnt	1	10	10.00
82	6 dnt	6	10	60.00
83	2 dnt	2	10	20.00
84	6 dnt	6	10	60.00
85	1 dnt	1	10	10.00
86	6 dnt	6	10	60.00
87	2 dnt	2	10	20.00
88	6 dnt	6	10	60.00
89	1 dnt	1	10	10.00
90	6 dnt	6	10	60.00
91	2 dnt	2	10	20.00
92	6 dnt	6	10	60.00
93	1 dnt	1	10	10.00
94	6 dnt	6	10	60.00
95	2 dnt	2	10	20.00
96	6 dnt	6	10	60.00
97	1 dnt	1	10	10.00
98	6 dnt	6	10	60.00
99	2 dnt	2	10	20.00
100	6 dnt	6	10	60.00

योग	6824.16
हस्ताक्षर	

60 2 dnt
 100 6 dnt
 60 2 dnt
 60 6 dnt



Kamubala Hospital

AN ISO 9001-2008

CERTIFIED POLYCLINIC & LABORATORY

(G). - 0265 2712254 arohi . kamubalahospita@gmail.com



ISO 9001:2008 No. : 1200MS00539

Service Tax No. ABWPJ 66241 30001

Science Colony, Opp. Giridharkrupa Flats, Near Chanakyapuri Society, New Sama Road, Vadodara-8.

22/2/16

~~22/02/16~~ ~~10~~ ~~10~~

2016 10 10

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10/10

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Dr. J
N.E
LAD
R
NINE BA



Kamubala Hospital

Polyclinic & Clinical Laboratory

AN ISO 9001:2015 CERTIFIED LABORATORY
QIP : 0206 2712294 गुणित - कम्बुबाला क्लिनिकल लैबोराटरी
Service Tax No. 65091029 31001

53, Dargan Chattray, Opp. Gaurikrupa Field, Near Charanjapuri Society, New Saina Road, Madhivani-8.

Receipt No. 2525 Date: 22/02/16

Received with thanks from Mr./Mrs./Miss Amshi Chordia

the sum of Rupees One hundred Rs only

By Cash/ Cheque _____

For Camry _____

Sl. No.	Description	Rate	Amount
1		0.00	200.00
1.00		0.00	200.00
Net Amount :			200.00

for Navrang Hospital

Authorised Signatory

0151615522

01/03/2016 20:12:00

2 2900

116



Navrang Hospital

Authorised Signatory



1	0.00	200.00
1.00	0.00	200.00
Net Amount :		200.00

For Navrang Hospital
 Authorised Signatory

0151615522
 01/03/2016 20:17:00



ADHYAMAHESHWAR MEDICOS

52, DIFENCE FOUNDRY,
 NE, CHANAKYAPURI SOCIETY,
 Phone : 9825028467
 C. NO. 221, 20/4 200-1, 35:5 200-1, 8579, 2 b 113577

RETAIL INVOICE

CASH

Invoice No 02087

Date 22/02/2016

Doctor Name: **KAMUBAI A HOSPITAL**
 City: **ARUSHI**

DL NO. ...
 RETAIL INVOICE

S. Product	Pack	MFR.	Batch	Exp.	Qty.	Free	M.R.P.	Rate	Vat%	Amount
1 CREPE BANDAGE 38C	06C744	38	0850	11/11	1		80.00	80.00	4.00	80.00
2 KOLMEZ PLUS TAB	10TAB	1074	LAG5073	5/17	1.00		88.50	88.50	4.00	88.50
VAT DETAIL						TOTAL	149.00	149.00	6.44	155.44
4.00%	14.700	6.88	0.76	0.00						
12.50%	0.00	0.00	0.00	0.00						
STIMCO	0.00	0.00	0.00	0.00						
VAT+ADD. TAX AMT.						TOTAL	152.00	152.00	0.00	152.00
GRDR NOTE						TOTAL	149.00	149.00	0.00	149.00

Hospital

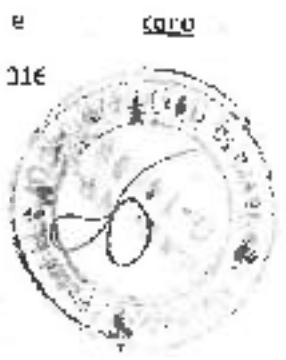
Signatory



1	0.00	200.00
1.00	0.00	200.00
Net Amount :		200.00

For Navrang Hospital
 Authorised Signatory

0151015522
 01/03/2016 20:12:00



ADHYANMAHESHWAR MEDICOS

251, NITENACE COLONY,
 NR. C. HARADVA PURM SOCIETY,
 Phone: 9615028457
 E-MAIL NO: 22112521209 / 18770309 / 185779 275-119377

RETAIL INVOICE
 CASH
 Invoice No 02117
 Date 28/02/2016

KAMUBALA HOSPITAL
 Patient Square,
 ARUSHI
 D.L.RD.
 RETAIL INVOICE

SJ Product	Pack	Mfr.	Batch	Exp.	Qty.	Freight	M.R.P.	Rate	Rate%	Amount
ACEMIZ PLUS/AMC	10TBP	GEN	LASSCT3	6/17	1:4		68.50	68.50	4.00	94.90
TOTAL										92.21
VAT+ADD TAX AMT										3.69
CR/DPR NOTE										0.00
VAT DETAIL										92.21
4.00%	SALE VALUE	92.21	VAT AMT	3.68	ADD TAX	2.00	DOE	VEDGER BALANCE	96.00	
12.50%		0.00		0.00		0.00				

Hospital
 Signatory

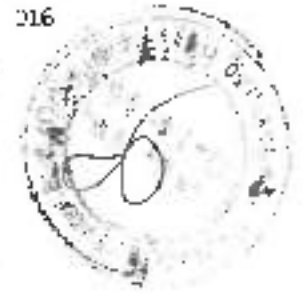
Printed on Recycled Paper. This receipt is valid only if it is signed by the authorized signatory of the hospital. For more information, please contact the hospital.

Sl. No.	Particulars	Rate	Amount
			250.00
Total			250.00
Add-Deduction			
Net Amount			

1.00	0.00	200.00
Net Amount :		200.00

For Navrang Hospital
 Authorised Signatory

0151615522
 01/03/2016 20:12:00

Signature: gano
 2016




Kamubala Hospital

Polyclinic & Clinical Laboratory

AN ISO 9001:2015 CERTIFIED LABORATORY
 NO. : 0250 247256 email kamubalapolycliniclab@gmail.com
 GATEWAY NO : 186/1, 186/1B/1C

52, Narce Colony, Opp. Gadhankrupa Tala, Near Chanayapur, Society, New Sama Road, Vaddewadi-4

Receipt No. 25025

Date: 22/02/16

Received with thanks from Mr/Ms/Miss Amshi Chordiy

The sum of Rupees One hundred Rs only

by Cash/ Cheque

For Coro 1

Navrang Hospital
 Authorised Signatory

निवारे सांजे अने रविवारे ओ.पी.डी. बंध रहेले. EMERGENCY SERVICES 24 HOURS
 Mediclaim Cashless Facilities available. ❖ C.B.D.T. approved Hospital {Income Tax-1961-17(2)(B)}



पावर ग्रिड कारपोरेशन ऑफ इंडिया

बिजनेस सहायता का कर्मा

POWER GRID CORPORATION OF INDIA

(A Government of India Enterprise)

Medical Claim - Hospitalisation / Non-Hospitalisation

Claims Submitted

Employee Name : Himanshu Chordia Employee Number : 600026
 Region : Western Region - II Location : RHQ-V
 Department : Commercial Designation : T. Agr

Detail

Hospitalisation

Sl. No.	Employee Name	Diagnosis Date	Consultation Amt.	Operation Amt.	Medicine Amt.	Patho Amt.	Total Amount	T/NT
0006443	Himanshu Chordia	24.11.2015	300.00	0.00	1041.00	0.00	Rs. 1341.00	T
0006443	Himanshu Chordia	10.12.2015	300.00	0.00	0.00	0.00	Rs. 300.00	T
0006449	Himanshu Chordia	28.12.2015	500.00	0.00	387.40	0.00	Rs. 887.40	T
0006473	Anshu Chordia	17.11.2015	50.00	0.00	600.00	0.00	Rs. 650.00	T
0006484	Anshu Chordia	19.10.2015	50.00	0.00	103.00	0.00	Rs. 153.00	T
Total Amount							Rs. 3,333.00	

Claim form and supporting medical documents need to be submitted in concerned Finance Department.

29/1/16

Declaration

I hereby declare that the particulars mentioned in this claim are true to best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me and residing with me.

Himanshu Chordia
 Signature of the Employee

Id. No. - 9428516109

[Signature]
 Signature of the Approving Officer

[Handwritten mark]

Ph. : (C) 2491984, (R) 2491983
Dr. (Mrs.) **BHARATI K. JAMBUSARIA**
M.B.B.S., D.G.O.
Reg. No. G-5057

20/10/15

Amrit

Liv 52 255 (C)
1-1

~~Sambhar~~

Powder

[Signature]
Dr. B. K. Jambusaria
Reg. No. G-5057 M.B.B.S., D.G.O.

MIG Flats, Karelibaug, VADODARA-390018.

VADODARA - 390 018.

IDYA
[M] UCP
RIDYA
[M] OCF

Timings
Today : 7.00 a.m. to 8.30
p.m. to 1.00 p.m.

Registration Date

To 8.30 p.m.
p.m.

24

15

Grand Total

Paid:

Unpaid:

V.I.P. DIAGNOSTIC I

V.I.P. DIAGNOSTIC I
GF1/FF1, Pacific Plaza
Opp. Ujala Nursing Home
202, Road, Karelibaug,
Vadodara - 390 018.
Phone - 9255-2495277.

4115

[Handwritten notes and scribbles]

Alt. 31/10

Ansh Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Sama, VADODARA - 390 008.

Disorders

PATEL MEDICAL & GENERAL STORES



G-2 Elegance, B.P.O. Road, Near Umi Chzy Park,
Opp. Vard Complex, Gandhinagar, Ph. 2222227 (M) 992222222

Cash Memo

DOCTOR
PATIENT
ADDRESS

DR. ANAND
MPCDA

NO. 00/11/2015
DATE:

Qty	Product Name	Pack	Mfg	Exp. No.	Exp. Dt.	Amount
2	FLUJYF E CREAM 20 GM	BOX	WIPAC	07/2015		399.00
2	LULIFIN CREAM 20 GM	CARTON	WIPAC	7/2015		399.00
4	EMOLFOLE 10:1:1 CRM	MANICHO	735/0011	10/2016		170.00
1	FLUJYF E CREAM 10 GM	BOX	WIPAC	11/2015		55.50

AMOUNT IN WORDS: 1,023.50
TOTAL: 1,023.50
PATEL MEDICAL & GENERAL STORES

PATEL MEDICAL & GENERAL STORES



G-2 Elegance, B.P.O. Road, Near Umi Chzy Park,
Opp. Vard Complex, Gandhinagar, Ph. 2222227 (M) 992222222

Cash Memo

DOCTOR
PATIENT
ADDRESS

DR. ANAND
MPCDA

NO. 00/11/2015
DATE:

Qty	Product Name	Pack	Mfg	Exp. No.	Exp. Dt.	Amount
2	LULIFIN CREAM 20 GM	CARTON	WIPAC	7/2015		399.00
1	LULIFIN CREAM 20 GM	CARTON	WIPAC	7/2015		399.00
15	EMOLFOLE 10:1:1 CRM	MANICHO	735/0011	10/2016		89.25
14	EMOLFOLE 10:1:1 CRM	MANICHO	735/0011	10/2016		408.00

AMOUNT IN WORDS: 1,695.25
TOTAL: 1,695.25
PATEL MEDICAL & GENERAL STORES



पावर ग्रिड कारपोरेशन ऑफ इंडिया लिमिटेड

शक्ति संचयन का उद्योग

POWER GRID CORPORATION OF INDIA LIMITED

(A Government of India Enterprise)

Medical Claim - Hospitalisation / Non-Hospitalisation

Claim Submitted Date : 19.11.2015

Employee Name : Arti Pradhan	Employee Number : 60002988
Region : Western Region - D	Location : RHQ-Vadodra
Department : Engineering	Designation : Engr

Shyam Verma

IN SKIN CLINIC

202/203 "Elegance",
Hem. Vard Complex

Treatment Amt: 5000/-

PAELL MEDICAL & GENERAL STORES

Elegance, B.P.C. Road, Near Urm: Char Rasta,
Vrund Complex, Baroda, Ph. 2055867 (M: 9826406084)

Cash Memo

5031

FOR : H3A41543
 AMOUNT : 286706
 NO : 9311/2015
 DATE :

Product Name	Pack	Mfg.	Batch No.	Exp. Dt.	Amount
LULIFEN 200MG TAB	PANACEV	892215	7/2017		598.00
LULIFEN 200MG TAB	SANBAXY	802215	7/2017		199.00
TRICHLORAZEN 100 TAB	DRUGSLAND	7601918	7/2017		85.20
CHLORPHEZIN 200.4 CAP	MARKING	33720014	11/2015		460.00

TOTAL	1,455.20
-------	----------

Chief and that the person for
 of the Approving Officer

19/11/15

6006
 For. Dr. Shyam Verma

2 km

I certify that the Employee was on leave at Sabna during the period of treatment.

Shadham



पावर ग्रिड कारपोरेशन ऑफ इंडिया लिमिटेड

(सर्वोच्च अग्रगण्य एन एन डी)

POWER GRID CORPORATION OF INDIA LIMITED

(A Government of India Enterprise)

Medical Claim - Hospitalisation / Non-Hospitalisation

Claim Submitted Date

Employee Name : Himanshu Chordia	Employee Number : 60002614
Western Region - II	Location : RIIC-Vadodra
Commercial	Designation : Engr

Detail

Hospitalisation

Sl. No.	Patient's Name	Treatment Date	Consultation Amt	Injection Amt	Medicine Amt	Patho Amt	Total Amount	TYPE
000150482	Arash Chordia	21.10.2015	700.00	0.00	576.00	1700.00	Rs 2,526.00	T
000150497	Arash Chordia	19.10.2015	50.00	0.00	395.00	860.00	Rs 1,305.00	T
000150514	Himanshu Chordia	21.10.2015	480.00	0.00	105.00	0.00	Rs 495.00	T
000150532	Himanshu Chordia	08.10.2015	575.00	0.00	1003.00	550.00	Rs 2,533.00	NT
000150550	Himanshu Chordia	17.09.2015	15000.00	0.00	0.00	0.00	15000.00	T
000150564	Renu Chordia	26.10.2015	50.00	0.00	0.00	1500.00	Rs 1,610.00	T
000150260	Renu Chordia	24.10.2015	1000.00	0.00	4915.00	0.00	Rs 5,915.00	T
Total Annual							28,909	

Note: Claim form and supporting medical documents need to be submitted in concerned Finance Department.

3909

Declaration

Certified that the particulars mentioned in this claim are true to best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me and residing with me.

Himanshu Chordia
Signature of the Employee

Mob. No. - 9428516192

[Signature]
06/11/15
Signature of the Approving Officer
ARUN K. RANA
BY MCR/Comm.

[Signature]
P. V. NATH
GM (ENCC/COMM)



CONSULTATION
(New Case)

Pt. No.: 104509 Ver. No.: DRB4B322/15
 Pt. Name: MOUSUMI CHORDIA
 Doctor's Name: Dr. PANKAJ JAIN
 Reg. No.: 17030-2004 Sex: Female
 Age: 71

AVH

No Yes

IgM HAV
 IgM HEV
 LFT =

Rx

① Tab Domstal (10 mg)
1-1-1

④ 5yp bis-52
3-1-1 = TAB

X (5 V 400)

Thiam

Signature: _____

SERVICE VOUCHER

Voucher No. 00546332/15



Voucher No. 31/10/2015

Pat. Type: CASH

App. 22 Yrs
Gender: f

Order No. 3523917

10/10
Amount
100.00
100.00
100.00
100.00

DESCRIPTION	QUANTITY	RATE	AMOUNT	STORAGE	QTY	TOTAL	DIS. AMT.	NET AMT.
PANNAK JALP	10	10	200.00	0.00	1	200.00	0.00	200.00

SECRETARY'S OFFICE

100.00

to be collected within 10 days.

to be collected between 8:00 AM to 8:00 PM on

to be collected within 10 days.

	Gross Amt	Net Amt
Receipt	200.00	200.00
Total	200.00	200.00

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Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Sama, VADODARA - 390 008.

Linka

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STERLING HOSPITALS GROUND FLOOR OPD PHARMACY

REG. NO. 235445B, 235446B, 235448B, 235450B
 REG. NO. 235445B, 235446B, 235448B, 235450B



ARUCHI GEORGE
 VALODARA
 PANKAJ JAIN

SALES BILL CASH MEMO
 Bill No. - 15405
 Date : 21/10/2011 15:00

ASH MEMO
 Amount
 152.00
 152.00

ITEM	Batch	ExpDt	M.K.D.	Qty	Rate	Amount
TORRENT	122358001	12/11	25.20	4	4.00	160.80

PAID

STERLING HOSPITALS PVT. LIMITED
 PHARMACY, VALODARA-OPD PHARMACY

BASE	VAT	AS	ADT.	MAX	MESSAGE	Total
16.00	3.84	0.96	HAVE A FAST BLOWFBY AND GOOD HEALTH			191.00
						191.00
						191.00
						191.00

Hundred One Only

3603761 CTN NO: 305110502000P003918; 0 L.NO. 20.GJ-VAD 111437, 21.67-VAD-100493
 24593603761

Price Control: orders 1979 any overcharge through a overweigh will be refunded
 VALODARA DISTRIBUTION

PHONE: 0265-2495277

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31-10-11
 Health Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
 Sama, VADODARA - 390 008.

LAB

Opp. Ujala Nursing Home,
Vadodra - 390019

Monday to Saturday : 7.00 a.m. to 8.00 p.m.
Sunday : 9.00 a.m. to 1.00 p.m.

RECEIPT

R.NO. 8/25

Gender: Female

Age: 22 Years

Registration Date: 21-Oct-2015

ARIJSHI CHURDIA

EB virus antigen (HEV IgM)

Charges

700.00

EB Virus (HEV IgM)

500.00

500.00

1700.00

has been Outsourced.

Grand Total : 1700.00

Paid : 1700.00

Unpaid : 0.00

ICP, (Reg no. G2066/VS061)
(Reg no. G21271/VS54)

V.I.P. DIAGNOSTIC LAB
V.I.P. DIAGNOSTIC LAB
GEMINI Pacific Plaza,
Opp. Ujala Nursing Home,
V.I.P. Road, Gandhinagar,
Vadodra - 390 015.
Phone : 0265-2495277.

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Opp. GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Sama, VADODARA - 390 008.

Handwritten signatures:
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46	LCBTM01	PERIDR/11/001591	42.75
46	LCBTM01	PERIDR/11/001591	0.10
47	LCBTM01	PERIDR/11/001591	11.00
47	LCBTM01	PERIDR/11/001591	0.11
			450.00
			100.00

Vertical handwritten notes:
no
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or
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Ph. : (C) 2491984, (R) 2491983

Mrs.) **BHARATI K. JAMBUSARIA**

M.B.B.S., D.G.O.

Reg. No. G-5057

19/10/15

Handwritten scribble

Handwritten scribble R.O. (30)

Handwritten scribble (10)

Handwritten signature

Dr. B. K. Jambusaria
Reg. No. G-5057 M.B.B.S., D.G.O.

Vadodra, Karelibaug, VADODARA-390018.

AIDYA

WOMEN'S DCP

AIDYA

WOMEN'S DCP

Timings
Monday - 7.00 a.m. to 8.00 p.m.
Tuesday to 1.00 p.m.

Registration Date . 28-

To 8.00 p.m.
30 p.m.

124

9/15

Grand Total :

Paid

Unpaid

Full V.I.P. DIAGNOSTIC LAB

V.I.P. DIAGNOSTIC LAB
GF1/FF1, Pacific Plaza,
Opp. Urjita Nursing Home,
V.I.P. Road, Karelibaug,
Vadodra - 390 018.
Phone : 0295-2495277.

Handwritten scribble

Handwritten scribble (10)

Handwritten scribble

Visit (31.10)

1, Ansh Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Same, VADODARA - 390 008.

Handwritten scribbles

Ph. : (C) 2491984. (R) 2491983
 (Mrs.) **BHARATI K. JAMBUSARIA**
 M.B.B.S., D.G.O.
 Reg. No. G-5057

AIIDYA
 ATHI, DCP
AIIDYA
 ATHI, DCP

20/10/15

Timing
 Monday : 7.00 a.m. to 8.00 p.m.
 a.m. to 1.00 p.m.

Registration Date : 28-Oct-2015

m. To 8.00 p.m.
 1.00 p.m.

Charges	
	110.00
	150.00
	260.00

Grand Total : 260.00
 Paid : 260.00
 Unpaid : 0.00

424
 16/15

V.I.P. DIAGNOSTIC LAB

V.I.P. DIAGNOSTIC LAB
 GF1/FF1, Pacific Plaza,
 Opp. Ujagar N. Singh Home,
 V.I.P. Road, Karelbaug,
 Vadodara - 390 018.
 Phone : 0265-2495277.

Handwritten notes:
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 1 - 1
 Karelbaug
 D. Pm-501

Signature

Dr. B. K. Jambusaria
 Reg. No. G-5057 M.B.B.S., D.G.O.

15, Karelbaug, VADODARA-390018.

5.15 - 4.15

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1.15

Visit : 31-10

3, Ansh Complex, GIPCL Circle, Nr. Navrechara School, Mangal Pandey Road,
 Sama, VADODARA - 390 008.


1.15

Handwritten signature and notes

© : (C) 2491884 (R) 2491883
 Dr. (Mrs.) BHARATI K. JAMBUSARIA
 M.B.B.S., D.G.O.
 Reg. No. G-5057

20/10/15

Received Rs 500/-
 for
 fistula culture for
 pus for
 culture on 20/10/15
 for hepatitis



Dr. B. K. Jambusaria
 M.B.B.S., D.G.O.
 Reg. No. G-5057
 Karelibaug, VADODARA - 390 018.

AIDYA
 AT&DCCP
 AIDYA
 AT&DCCP

Timings
 Saturday : 7.00 a.m. to 8.00 p.m.
 9 a.m. to 1.00 p.m.

Registration Date : 28-Oct-2016

To 8.00 p.m.
 30 a.m.

124
 0/15

Charges	
	120.00
	150.00
	280.00

Grand Total: 280.00
 Paid: 280.00
 Unpaid: 0.00

FOR V.I.P. DIAGNOSTIC LAB

V.I.P. DIAGNOSTIC LAB
 GF1/FF1, Pacific Plaza,
 Opp. Urjita Nursing Home,
 V.I.P. Road, Karelibaug,
 Vadodara - 390 018.
 Phone : 0285-2495277.

Handwritten notes and signatures in the lower section of the receipt, including a circled '124' and various scribbles.

(31.12)

Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
 Sama, VADODARA - 390 008.

Handwritten signature

22/10/15

Vertical handwritten notes on the right margin, including '75', 'ms', and other illegible characters.

V. I. P.
DIAGNOSTIC
LAB

DR. ALPA VAIDYA
M.D. (PATH) DCP
DR. RAKESH VAIDYA
M.D. (PATH) DCP

Timings
Monday to Saturday : 7.00 a.m. to 9.00 p.m.
Sunday : 8.00 a.m. to 1.00 p.m.

App. Dr. Jita Nursing Home,
Kandhari, Vadodra - 390 018.
0265-2495277

Timings
Monday to Saturday : 7.00 a.m. to 9.00 p.m.
Sunday : 8.00 a.m. to 1.00 p.m.

'88's Registration Date : 28-

Ushish Choudhary I. R. No. : 125424
Time : 5.00 Date : 28/14/15
Fees : Total 250/- Paid 250/- Due

Grand Total :
Paid :
Unpaid :

For V.I.P. DIAGNOSTIC LAB

Dr. B. K. Jambusaria
M.B.B.S., D.G.O.
Reg. No. G-5057

V.I.P. DIAGNOSTIC LAB
GF/FF1, Pacific Plaza,
Opp. Ujala Nursing Home,
V.I.P. Road, Kandhari,
Vadodra - 390 018.
Phone : 0265-2495277.

5.00 - 250/-

m. covered sup - (10) 2
5.00 250/-

Visit 31-15

Ansh Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Sama, VADODRA - 390 008.

in hand

20/10

STIC LAB

Place, Opp. Urja Nursing Home,
Kamli Nagar, Vadodra - 390018

Timings
Monday to Saturday : 7.00 a.m. to 9.00 p.m.
Sunday : 8.00 a.m. to 1.00 p.m.

RECEIPT

R NO: 8879

Gender: Female

Age: 22 Years

Registration Date: 28-Oct-2015

Request from: ARUSHI CHORDIA

	Charges
	130.00
	152.00
	280.00
Test: has been Outsourced.	Grand Total 280.00
	Paid 280.00
	Urpec: 0.00

Dr. MD, DCP (Reg no: G20860/6381)

Dr. MD, DCP (Reg no: G21271/5954)

FOR IIP DIAGNOSTIC LAB

V.I.P. DIAGNOSTIC LAB
GF1/FF1, Pacific Plaza,
Opp. Urja Nursing Home,
Kamli Nagar, Vadodra - 390 018.
Phone: 0265-2495277.

OK - 21/12

Dr. Laxmi Singh - (10)

a. Mr. Mr.

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Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Sama, VADODARA - 390 008.

DIAGNOSTIC LAB

Plot No. 1, Pipla, Opp. Lajla Nursing Home,
Vadodra - 390019
Ph: 2435277

Timings
Monday to Saturday : 7.00 a.m. to 8.00 p.m.
Sunday : 8.00 a.m. to 4.00 p.m.

RECEIPT

R.NO : 8711

Gender : Female

Age : 22 Years

Registration Date : 22-Oct-2015

Thanks for: AKUSHI JAIN

Charges
250.00
150.00
100.00
500.00

Grand Total : 500.00
Paid : 500.00
Inpaid : 0.00

That Test has been Outsourced.

Dr. Vardyn, MD, UCP. (Reg no : C20861/1984)
Dr. Vardya, MD, DCI. (Reg no : C2127/1984)

For V.I.P. DIAGNOSTIC LAB

V.I.P. DIAGNOSTIC LAB

Plot No. 1, Pipla, Opp. Lajla Nursing Home,
V.I.P. Road, Vadodra,
Vadodra - 390019
Phone : 0265-2435277

set - 125

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Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
Sama, VADODARA - 390 008.

J SHAH MEDICALS
J SHAH MEDICALS
 Druggist
 OFF. 157 Duplez, VADODARA
 279571/2460558

RETAIL INVOICE

Date: 20-10-23

ITEM	Qty	Rate	Amount	DATE	AMOUNT
100g	1	87.20	87.20	06-10	87.20
100g	1	150.00	150.00	06-10	150.00
100g	1	150.00	150.00	07-10	150.00

J SHAH
 M.B.B.S., D.V.D.
 Surgery, S.T.D.,
 Otolaryngology

Working Hours :
 7.30 to 9.30 p.m
 (BY APPOINTMENT ONLY)
 Ph. : 2795724

Control: ...
 For: J SHAH MEDICALS
 279571/2460558

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Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
 Sama, VADODARA - 390 008.

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Dr. J. Shah
 27/12/1985
 27/12/1985

RETAIL INVOICE Date: 27-12-15

Sl. No.	Qty	Rate	Amount	Sl. No.	Qty	Rate	Amount
1	100	3.25	325	1	100	3.25	325
2	100	15.00	1500	2	100	15.00	1500

Total: 1825
 Grand Total: 1825
 Price Control order 1985, any mistake/overcharge
 subject to Vadodra District
 27/12/15 / 239 582198 / 215351979 / 219 082198 / 200000106

J SHAH
 M.B.B.S., D.V.D.
 Surgery, S.T.D.,
 ENT & Otorhinolaryngology
 Working Hours :
 7.30 to 9.30 p.m.
 (BY APPOINTMENT ONLY)
 Ph. : 2793724

27.12.15

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Shah Complex, GIPCL Circle, Nr. Navrachana School, Mangal Pandey Road,
 Sama, VADODARA - 390 008.

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