

**POSTGRADUATE MEDICAL EDUCATION & RESEARCH
GOVT. OF DELHI
NEW DELHI-110002**

(To be filled by the Doctor - Formula 2 Form for the Department of Health & Family Welfare)

1. Name of the Patient Divanshu 22/4/16 Gihuran Dass

2. Address N-64/118, Indra Basti Timar Pur Delhi

3. Age 1½ Sex Male

4. OPD/CORNO 2110474

5. Name of the Disease PDA

6. Name of the Doctor Dr. N. B. Laskar

for PDA Amplifier done.
New Adam code 934 - $\text{Rs. } 3000/- + \text{V\&S} \text{ Rs. } 1500/-$
Total = $\text{Rs. } 31500/-$
at early at pms

[Signature]

[Signature]

Is, in words

Signature

7. The demand draft/pay order must be issued in favour of the **SUPERINTENDENT, P.G. MEDICAL INSTITUTE, NEW DELHI** alongwith forwarding letter for deposit of the amount. A certificate is issued on the line.

8. **DECLARATION BY PATIENT**

9. I have not applied for another Rs. 31500/- from the Govt. of Delhi. (APR 14, 2016)

10. I, Divanshu, Patient/Relative,

11. do hereby declare that

SIGNATURE OF MEDICAL SUPERINTENDENT

12. To: Treating Doctor

Purchase Office (with the Photocopy of the bill of the medicine)



Dr. N. B. LASKAR
Addl. Medical Supdt.
G.B./Pant Institute of PG Medical
Education & Research
Govt. of NCT of Delhi
New Delhi-110002