

**GOVIND BALLABH PANT INSTITUTE OF  
POST GRADUATE MEDICAL EDUCATION & RESEARCH  
GOVT. OF N.C.T. OF DELHI  
1 JLN MARG, New Delhi**

**(ESTIMATES FORM FOR ALL SURGERIES AND PROCEEDURES OF GIPMER HOSPITAL)**

**(TO BE FILLED BY THE TREATING CONSULTANT / SURGEON):-**

Columns 1,2,3 & 4 as per documents / OPD form, Ration Card and Voter I. Card.

1. Name of the patient Komal s/o, d/o, w/o Rajiv
2. Address Karkardooma Delhi
3. Age: 6 Sex Female Department Cardiary
4. OPD/CR No. 2055653 Treating consultant/ surgeon
5. Diagnosis of the diseases USD
6. Details of consumables, treatment/operation required:

*vm Devere (u) Rs = 62000/-*  
*4AT 5% = Rs 3100/-*  
*9km code - 946*  
*Total Rs = 65,100/-*

7. Whether the patient pertains to:  
(a) Self paid (b) DAN/RAN (c) any other source of funding.

Note: The patient will be tentatively admitted/ operation date

*an early on pay, hi*

Signature & Stamp of treating consultant/surgeon:

(To be filled by the Purchase Department) Amount + vat

(Rupees in words: Sixty five thousand One Hundred rupees only)

Note: The demand draft / pay order must be issued in the name of **MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL, NEW DELHI** ALONGWITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. This certificate is issued only one time.

**DECLARATION BY PATIENT**

I have not applied for another estimate from any other department: DAN/RAN/PMO etc.

SIGNATURE OF PATIENT/ RELATIVE).....

SIGNATURE OF MEDICAL SUPERINTENDENT  
G.B.PANT HOSPITAL

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

Copy to : 1. Treating surgeon/ consultant.

2. Purchase office (with photocopy of receipt of payment).