

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 RIZA FATMA s/o, d/o, w/o RAZA HASAN  
2. Address.....  
3. Age: 5 Sex FEMALE Department CARDIOLOGY  
4. OPD/CR No. 2144152 Treating consultant/ surgeon.....  
5. Diagnosis of the diseases ASD  
6. Details of consumables, treatment/operation required: pericardium

RS - 63840/-

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 .....

as cash as pay

Signature & Stamp of treating consultant/surgeon;

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

(Rupees in words: Sixty Three Thousand Eight Hundred and Seventy -

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

- Copy to : 1. Treating surgeon/ consultant.  
2. Purchase office (with photocopy of receipt of payment).

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