

**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 Rohit s/o, d/o, w/o Ram Milan
2. Address 105 Daultabad Grint, Balrampur Daultabad UP
3. Age: 15 Sex Male Department .....
4. OPD/CR No. 41880 Treating consultant/ surgeon .....
5. Diagnosis of the diseases ASD
6. Details of consumables, treatment/operation required: for device

Rs. 63840/- including GST.

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 .....

Signature & Stamp of treating consultant/surgeon:

*[Signature]*  
**Dr. SUMOD KURIAN**  
Professor  
Department of Cardiology  
GIPMER, New Delhi

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

(Rupees in words: .....

Twenty three thousand eight hundred and forty 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

*[Signature]*  
24/8/17

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

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