

**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 SHIVANK S/O, d/o, w/o Gulab Singh
 2. Address Laksar Haridwar
 3. Age: 11 Sex Male Department _____
 4. OPD/CR No 2152770 Treating consultant/ surgeon _____
 5. Diagnosis of the diseases AIM
 6. Details of consumables, treatment/operation required: _____

*Device closure
(C1)*

931

Rs. 5700/-
Rs. 2850/-
Rs. 59850/-

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 _____

another as per

8. Signature & Stamp of treating consultant/surgeon:

To be filled by the Purchase Department) Amount + vat

Rupees in words:

Fifty nine thousand eight hundred and fifty 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 once.

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).

Labkar 02/09/16
 P. LASKAR
 G.B. PANT HOSPITAL
 G.B. Pant Institute of PG Medical
 Education & Research
 Govt. of NCT of Delhi
 New Delhi-110002