

**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 Baby Aditya s/o, d/o, w/o Ganga Ram
2. Address..... Parmanand colony Delhi-110009
3. Age: 2 Sex M Department
4. OPD/CR No. 2089525 Treating consultant/ surgeon
5. Diagnosis of the diseases PDA
6. Details of consumables, treatment/operation required: PDA device (wired) RS. 30,000/-
+ 5% vat. 1500/-
31,500/-
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:

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

(Rupees in words:

Thirty one thousand five hundred 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

SIGNATURE OF MEDICAL SUPERINTENDENT
GIPMER

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

In Case of Refund of Balance amount:

1. Name:

3. Bank A/c No. :

2. Relation with Patient:

4. Name of the Bank:

SIGNATURE OF PATIENT/ RELATIVE)