

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 Amrita Shahu s/o, d/o, w/o Kanahiyal Shahu
2. Address 456 Gram Bhati, Ambedkar Nagar (N.P.) 224132
3. Age: 12 yrs Sex Female Department C.P.K.D.T. & G.S.Y
4. OPD/CR No. 27015 Treating consultant/ surgeon Dr. Sumod
5. Diagnosis of the diseases O.S. ASD
6. Details of consumables, treatment/operation required: 1 Life teck ASD Device
Rs 59,850/-

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:

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).