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 Ayan Ahmad s/o, d/o, w/o Vazeer Ahmed
2. Address Vazeer Ahmad, 31 Nasrulakhan Rampur UP
3. Age: 14yrs Sex Male Department
4. OPD/CR No. 1285511 Treating consultant/ surgeon
5. Diagnosis of the diseases ASD
6. Details of consumables, treatiment/operation required: pernedium

Rs 63,840/-

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 early as possible

Dr. SHMOD KURIAN
Professor
Department of Cardiology
GIPMER, New Delhi-02

Signature & Stamp of treating consultant/surgeon

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

(Rupees in words: Sixty five thousand Eight Hundred Forty rupees 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.

01/09/17

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).

Dr. N. R. LASKAR
Medical Supdt.
Institute of PG Medical
& Research
Govt. of NCT of Delhi
New Delhi-110002