

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 Kajal s/o, d/o, w/o Sant Lal
2. Address Pratap Garh (UP)
3. Age: 5 years Sex: Female Department Cardiology
4. OPD/CR No. 2164777 Treating consultant/ surgeon Dr. Kumar Kumar
5. Diagnosis of the diseases ASD
6. Details of consumables, treatment/operation required:

ASD done (c.i) Rs. 57,000/-  
2850/-  
+ 5% vat. 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 17/11/16

Signature & Stamp of treating consultant/surgeon:

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

(Rupees in words: Fifty nine thousand eight hundred 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 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).



Dr. N. R. ...  
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