

**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 Suhaliya s/o, d/o, w/o Khalid
2. Address H.No-213 Satune Sang Rampur UP
3. Age: 6yrs Sex F Department
4. OPD/CR NO. 82857 Treating consultant/ surgeon
5. Diagnosis of the diseases ASO
6. Details of consumables, treatment/operation required: for three days

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

Signature & Stamp of treating consultant/surgeon:

DR. SUMOD KURIAN
Professor
Deptt. of Cardiology
GIPMER, New Delhi-110002

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

(Rupees in words:)

Sixty Three 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.

SIGNATURE OF PATIENT/ RELATIVE).....

SIGNATURE OF MEDICAL SUPERINTENDENT
G.B.PANT HOSPITAL
1, J.N. Marg, New Delhi-2

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