

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 Jyoti s/o, d/o, w/o Lal Singh
2. Address 122, Yadav colony, Near ITI, Ballabgarh, Haryana (UP)
3. Age: 11 yrs Sex Female Department MD
4. OPD/CR No. 2132004 Treating consultant/ surgeon MD
5. Diagnosis of the diseases MD
6. Details of consumables, treatment/operation required: VIN deure

R. 69440/-

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:

Dr. SUMOD KURUP
Professor
Department of Cardiology
GIPMER, New Delhi-11002

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

(Rupees in words: Twenty nine thousand four hundred forty 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

Dr. N. R. LASKAR
Addl. Medical Supdt.
G.B. Pant Institute of PG Medical
Education & Research
Govt. of NCT of Delhi
New Delhi-110002

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