

OFFICE OF THE MEDICAL SUPERINTENDENT
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
G.B. PANT HOSPITAL: J.L.N. Marg - NEW DELHI

(Estimate Form for All Surgeries & procedures of G.B. Pant Hospital)

(To be filled by the Doctor) :- Column 1, 2, 3, 4 as per the documents i.e. Ration Card/Voter

1/ Card/OPD Card
1. Name of the Patient Laxmi Date Savan Thakur
2. Address A-64, A Block S P Mukarji Market Faiz Road Karol Bagh
3. Age 2 Year Sex: Female Deptt. Cardiology
4. OPD/CRNo. 2034705 Treating Doctor /Consultant H. Sumod
5. Diagnosis of the Disease: PDA
6. Details of treatment/operation alongwith items required:-

PDA device

Rs. 37000/- 7445/-
Rs. 1850/-
Rs. 38850/-

7. Whether the patient pertains to
(a) BPL Card Holder (b) Self Paid (c) DAN/RAN (d) Any other source of funding
(To be borne free by hospital) (Proof to be attached)

Note:- The patient will be tentatively admitted/ operated on as early as possible

Sign & Stamp of treating Doctor
H. Sumod
Department of Cardiology
GIPMER, New Delhi-02

(To be filled by the patient/relative)
Department of Cardiology
GIPMER, New Delhi-02

Thirty eight thousand eight hundred fifty only.
(Rs. in words) Signature:

Note:- The demand draft/pay order must be issued in favour of MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL, NEW DELHI along with forwarding letter from the department concerned. This certificate is issued only once.

DECLARATION BY PATIENT:

2. I have not applied for another Estimate Form from any other department DAN/RAN, PMO etc.

[Sign. Of Patient/Relative]

Relation with patient _____

SIGNATURE OF MEDICAL SUPERINTENDENT

Copy to: Treating Doctor

Purchase Office (with the Photocopy of receipt of payment)

H. Sumod
Medical Superintendent
G.B. Pant Institute of PG
Medical Education & Research
Govt. of NCT of Delhi
New Delhi-110002