

D-225

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 Mohit s/o, d/o, w/o Sunil
2. Address Morena, Tonhan (MP)
3. Age: 4 year Sex Male Department
4. OPD/CR No. 27006 Treating consultant/ surgeon A. Sumo
5. Diagnosis of the diseases PDA
6. Details of consumables, treatment/operation required: for day
Rs 31,500/-

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: [Signature]
Department of Cardiology
GIPMER, New Delhi-02

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

(Rupees in words): Thirty one thousand five hundred 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).

[Signature] 19/5/17
Dr. N. R. LAKSHMI
Addl. Medical Supdt.
G.B. Pant Institute of PG Medical
Education & Research
Govt. of NCT of Delhi
New Delhi-110002