

**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):-

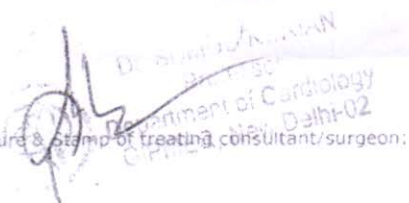
Columns 1, 2, 3 & 4 as per documents / OPD form, Ration Card and Voter I. Card.

1. Name of the patient Samad s/o, d/o, w/o Pappu
2. Address वर्तमान निवासी (वर्तमान शहर) दिल्ली
3. Age: 5 year Sex Male Department _____
4. OPD/CR No. 1973262 Treating consultant/ surgeon Dr. Samad Kauran
5. Diagnosis of the diseases 7 Meckel's D
6. Details of consumables, treatment/operation required: _____

VIP drive down. RS: 62,000/-
+ 5% vat 3100/-
65100/-

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:


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

(Rupees in words: Sixty five thousand one 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).