

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 Tushar s/o, d/o, w/o
2. Address E-73A 103 Sanjay colony Gokal Puri Delhi
3. Age: 9 Sex M Department Cardiology
4. OPD/CR No. 1627735 Treating consultant/ surgeon
5. Diagnosis of the diseases PDA
6. Details of consumables, treatment/operation required: for new

item code (934)

Rx. 50,000/- + vat 5%:

Rx. 1500/-

Rx. 31500/-

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 of Dr. SUMOD KURIAN
Professor
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).

12/8/16
N.R. LASKAR
Addl. Medical Officer
G.B. Pant Institute of PG Medical
Education & Research
Govt. of NCT of Delhi
New Delhi-110002