

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 Prince s/o, d/o, w/o Kamlesh kumar
2. Address V-17, Old Nangal Payer Delhi; cant
3. Age: 7yrs Sex Male Department
4. OPD/CR No. 1936860 Treating consultant/ surgeon
5. Diagnosis of the diseases NSD
6. Details of consumables, treatment/operation required: for dience clere

RS-69440

7. Whether the patient pertains to:
(a) Self paid (b) DAN/RAN (c) any other source of funding. an earlier or party

Note: The patient will be tentatively admitted/ operation date

DR. SUMOD KURIAN
Professor
Dept. of Cardiology
GIPMER, New Delhi-110002
Signature of treating consultant/surgeon:
22/12/17

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

(Rupees in words: Sixty Nine Thousand Four Hundred Twenty Five 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).

DR. MOHIT D. GUPTA
Professor
Dept. of Cardiology
GIPMER, New Delhi-110002