

The Chariman,  
Smt. Krishana Breast Cancer Care  
Charitable Trust  
Tagore Nagar  
Ludhiana



Sir,

With due respect I beg to state that I have been advised admission by Dr. Anil Dhillon

DMC & H, Department of SVRS

I am poor person and not in a position to pay normal charges. I therefore, request you to kindly provide me financial help because I am unable to pay the hospital bill & medicine bills.

**My particulars for your consideration: -**

Name of Patient Mr. Narayan Adm No. 92/2009  
Age & Sex 34 years / Male Occupation lab  
Gross Monthly Income low Place of work .....  
Address.....

Yours faithfully,

*(Handwritten signature)*

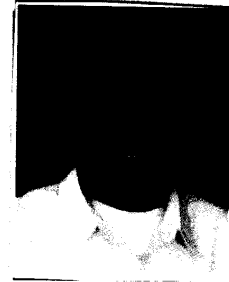
Signature of Pt. /Attendant

**Remarks of the Consultant :-**

Provisional Diagnosis - Tubercular Peritonitis & Abd back's  
If Surgery required Ex. Major, Major, Medium, Minor approx cost. 20,000/-  
If Chemotherapy required stay ..... Medicine... approx cost.....

*patient was sick at To Ash  
Now improved  
WISH him speedy recovery*

The Chariman,  
Smt. Krishana Breast Cancer Care  
Charitable Trust  
Tagore Nagar  
Ludhiana



Sir,

With due respect I beg to state that I have been advised admission by Dr. Anil Dhillon

DMC & H, Department of SURGERY

I am poor person and not in a position to pay normal charges. I therefore, request you to kindly provide me financial help because I am unable to pay the hospital bill & medicine bills.

**My particulars for your consideration: -**

Name of Patient Mr. Narayan Adm No. 99/2009  
Age & Sex 34 years / Male Occupation Peon  
Gross Monthly Income 300/- Place of work .....

Address.....

Yours faithfully,

04/11/09

Signature of Pt. /Attendant

**Remarks of the Consultant :-**

Privisional Diagnosis - Tubercular Peritonitis & Abd back's  
If Surgery required Ex.Major, Major, Medium, Minor approx cost. 20,000/-  
If Chemotherapy required stay ..... Medicine... approx cost.....

patient was sick  
at To Ash  
Now improved  
WISH him speedy recovery  
[Signature]



24 HOURS EMERGENCY



# GANDHI NURSING HOME

(A UNIT OF PAWAN GANDHI HEALTHCARE PVT. LTD.)

C-50, OM VIHAR, UTTAM NAGAR, NEW DELHI-110059  
TEL. : 25335135, 25335099 Fax : 011-25333179

GOVT. REGISTERED NURSING HOME

## IPD Bill Summary Bill

|              |                   |        |            |
|--------------|-------------------|--------|------------|
| Bill No.     | 09-10/136         | Date   | 11/04/2009 |
| Ipd No.      | 09-10/99          | D.O.A. | 08/04/2009 |
| Patient Name | MR. NARAYAN SINGH | D.O.D. | 11/04/2009 |

| Srl No | Service Description | Rate x No's | Amt.    |
|--------|---------------------|-------------|---------|
| 1      | ROOM CHARGES        | 500 x 3     | 1500.00 |
| 2      | RMO CHARGES         | 100 x 3     | 300.00  |
| 3      | GLUCOSE (I/V FLUID) | 50 x 8      | 400.00  |
| 4      | OPERATION FEE       | 6000 x 1    | 6000.00 |
| 5      | ANAESTHISIA CHARGES | 1800 x 1    | 1800.00 |
| 6      | ASSIT. FEE          | 1500 x 1    | 1500.00 |
| 7      | O.T. CHARGE         | 1800 x 1    | 1800.00 |
| 8      | ECCG                | 100 x 1     | 100.00  |
| 9      | SP VISIT (SURGEON)  | 200 x 3     | 600.00  |

Amount in words: Fourteen Thousand Only

Total Bill amount 14,000.00

Advance receipt

Less Advance Receipts (-) 0.00

Balance (Receivable) 14,000.00

Final Settlement  
Signature

Paid Dt.  
Refunded Dt.

CR No.  
RV No.

Rs.  
Rs.

Gandhi Nursing Home  
C-50, Om Vihar Uttam Nagar,  
New Delhi-110059

Auth. Signatory

**GANDHI NURSING HOME**  
C-50, OM VIHAR, UTTAM NAGAR, NEW DELHI -, 110059  
TEL: 25335135, 25335099  
**FINAL RECEIPT**

Recpt # 110 - 07-08/9231 11/04/2009

08/04/2009

IPD # 09-10/99

MR. NARAYAN SINGH

Panel Standard

Received with thanks a sum of Rs. 14000.00  
(Fourteen Thousand Only)  
From MR. NARAYAN SINGH  
By: Cash on a/c of: FINAL RECEIPT Against IPD

For GANDHI NURSING HOME

Cashier  
Gandhi Nursing Home  
C-50, Om Vihar Uttam Nagar,  
New Delhi-110059