

PAYMENT VOUCHER

**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 31/03/2023

Paid to Khanderao Tilbe for the month of  
March 2023 12 days

Rs.	Ps.
6000	= 00

Total

Rupees Six Thousand Rupees only

SIDDHARTH GINNING & PRESSING

Sedheet  
PARTNER

Checked by

Received Payment



Paye \_\_\_\_\_ re

PAYMENT VOUCHER

**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 28/02/2023

Paid to Khanderao Tilbe for the month of  
February 2023 15 days

Rs.	Ps.
7500	= 00

Total

Rupees Seven Thousand Five Hundred only

SIDDHARTH GINNING & PRESSING

Sedheet  
PARTNER

Checked by

Received Payment



Paye \_\_\_\_\_ re

PAYMENT VOUCHER

**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 31/01/2023

Paid to Khandorao Tilke for the month  
January 2023 15 days  
  
  
**Total**

Rs.	Ps.
7500	= 00

Rupees Seven Thousand Five Hundred Only

SIDDHARTH GINNING & PRESSING

Siddhant  
PARTNER

Checked by

Received Payment



Payee

PAYMENT VOUCHER

**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 31/12/2022

Paid to Khandorao Tilke for the month of  
December 2022 12 days  
  
  
**Total**

Rs.	Ps.
6000	= 00

Rupees Six Thousand Rupees only

SIDDHARTH GINNING & PRESSING

Siddhant  
PARTNER

Checked by

Received Payment



Payee

PAYMENT VOUCHER

**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 30/11/2022

Paid to Khanderao Tilbe for the month of  
November 2022 12 days

Rs.	Ps.
6000	00
Total	

Rupees Six Thousand Rupees only

SIDDHARTH GINNING & PRESSING

Siddhant  
PARTNER  
Sign

Checked by

Received Payment



Payee Signature

PAYMENT VOUCHER

**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 31/05/2023

Paid to Khanderao Tilbe for the month of  
May 2023 6 days

Rs.	Ps.
3000	00
Total	

Rupees Three Thousand Rupees only

SIDDHARTH GINNING & PRESSING

Siddhant  
PARTNER

Checked by

Received Payment



Payee Signature

**PAYMENT VOUCHER**  
**SIDDHARTH GINNING & PRESSING**

Gangapur, Aurangabad Road, Tq. Gangapur, Dist Aurangabad-431 109.

Date : 30/04/2023

Paid to Khandorao Silbe for the month of  
April 2023 14 days

Rs.	Ps.
7000	00

**Total**

Rupees Seven thousands Rupees only  
**SIDDHARTH GINNING & PRESSING**

**Received Payment**



Checked by

Sedhoor  
**PARTNER**

Pay: \_\_\_\_\_



# सेठ नंदलाल धूत हॉस्पिटल, लिमिटेड

(फॉर्मली मराठवाडा मेडिकल रिसर्च अँड रुरल डेव्हलपमेंट इन्स्टिट्यूशन)



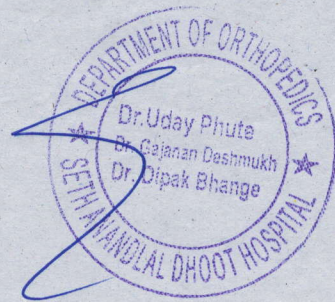
नोंदणी क्र. 232479389.

दिनांक : 19/05/2023

नांव : Mr. Jilbe

१

1. Soft Roll Ginc — ①
2. Bangle Ginc — ①
3. Lettuce gants — ②



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SETH NANDLAL DHOOT HOSPITAL LIMITED  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210



Patient Prescription

**Patient Name** : JILBE KHANDERAO RAMJI  
**UHID** : 232479389  
**Consultant Name** : Dr.DEPT OF ORTHOPAEDICS  
**Ward** : ICU  
**Patient Address** : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
**IP No** : 23/1739

**Prescription No.** : 9575  
**Prescription Date** : 14/05/2023 8:00PM  
**Indent Type** : Routine Orders  
**Bed No** : IC0011  
**Company** : INDIVIDUAL

**Age/Gender:- 21/Male**      **Diagnosis:**

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	IV	NS 0.45% 500 ML	1.00	
2	IV	NS 100ML	2.00	
3	IV	NS 500 ML	3.00	
4	TAB	DEBRILYSE	10.00	
5	TAB	VOVERAN PLUS	10.00	
6	SUR	NITRILE EXAMINATION GLOVES	10.00	
7	INJ	LOMOH-40 MG INJ.	2.00	
8	TAB	PEPTARD 20MG	10.00	

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Patient Prescription

**Patient Name** : JILBE KHANDERAO RAMJI  
**UHID** : 232479389  
**Consultant Name** : Dr.DEPT OF ORTHOPAEDICS  
**Ward** : GEN WARD-M  
**Patient Address** : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
**IP No** : 23/1739

**Prescription No.** : 10271  
**Prescription Date** : 17/05/2023 7:16AM  
**Indent Type** : Routine Orders  
**Bed No** : GB0020  
**Company** : INDIVIDUAL

**Age/Gender:- 21/Male**      **Diagnosis:**

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	IV	NS 500 ML	1.00	

Patient Prescription

<b>Patient Name</b>	: JILBE KHANDERAO RAMJI	<b>Prescription No.</b>	: 10537
<b>UHID</b>	: 232479389	<b>Prescription Date</b>	: 17/05/2023 10:12PM
<b>Consultant Name</b>	: Dr.DEPT OF ORTHOPAEDICS	<b>Indent Type</b>	: Routine Orders
<b>Ward</b>	: GEN WARD-M	<b>Bed No</b>	: GB0020
<b>Patient Address</b>	: AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA	<b>Company</b>	: INDIVIDUAL
<b>IP No</b>	: 23/1739	<b>Age/Gender:-</b>	21/Male
		<b>Diagnosis:</b>	

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	TAB	EXAFIB-10	4.00	

Patient Prescription

<b>Patient Name</b>	: JILBE KHANDERAO RAMJI	<b>Prescription No.</b>	: 10107
<b>UHID</b>	: 232479389	<b>Prescription Date</b>	: 16/05/2023 1:36PM
<b>Consultant Name</b>	: Dr.DEPT OF ORTHOPAEDICS	<b>Indent Type</b>	: Routine Orders
<b>Ward</b>	: GEN WARD-M	<b>Bed No</b>	: GB0020
<b>Patient Address</b>	: AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA	<b>Company</b>	: INDIVIDUAL
<b>IP No</b>	: 23/1739	<b>Age/Gender:-</b>	21/Male
		<b>Diagnosis:</b>	

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	INJ	DYNAPAR AQ 1 ML	1.00	
2	INJ	SOLU-MEDROL 1GM	1.00	
3	INJ	SUPACEF 1.5GM	2.00	
4	IV	NS 1 LIT	2.00	
5	IV	NS 100ML	6.00	
6	SUR	SYRINGE- 5ML DISPO VAN	3.00	
7	SUR	SYRINGE- 10ML DISPO VAN	4.00	
8	SUR	NITRILE EXAMINATION GLOVES	10.00	
9	INJ	LOMOH-40 MG INJ.	1.00	
10	INJ	ONDEM 4ML	3.00	
11	INJ	PANTAKIND 40MG INJ	1.00	
12	INJ	MIKASTAR - 500MG INJ.	1.00	

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**Patient Prescription**

**Patient Name** : JILBE KHANDERAO RAMJI  
**UHID** : 232479389  
**Consultant Name** : Dr.DEPT OF ORTHOPAEDICS  
**Ward** : GEN WARD-M  
**Patient Address** : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
**IP No** : 23/1739

**Prescription No.** : 10317  
**Prescription Date** : 17/05/2023 9:50AM  
**Indent Type** : Routine Orders  
**Bed No** : GB0020  
**Company** : INDIVIDUAL

**Age/Gender:-** 21/Male  
**Diagnosis:**

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	TAB	EXAFIB-10	6.00	

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**Patient Prescription**

**Patient Name** : JILBE KHANDERAO RAMJI  
**UHID** : 232479389  
**Consultant Name** : Dr.DEPT OF ORTHOPAEDICS  
**Ward** : ICU  
**Patient Address** : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
**IP No** : 23/1739

**Prescription No.** : 9770  
**Prescription Date** : 15/05/2023 12:10PM  
**Indent Type** : Routine Orders  
**Bed No** : IC0011  
**Company** : INDIVIDUAL

**Age/Gender:-** 21/Male  
**Diagnosis:**

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	TAB	DEBRILYSE	10.00	



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Patient Prescription

Patient Name : JILBE KHANDERAO RAMJI Prescription No. : 10316  
UHID : 232479389 Prescription Date : 17/05/2023 9:49AM  
Consultant Name : Dr.DEPT OF ORTHOPAEDICS Indent Type : Routine Orders  
Ward : GEN WARD-M Bed No : GB0020  
Patient Address : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA Company : INDIVIDUAL  
IP No : 23/1739 Age/Gender:- 21/Male Diagnosis:

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	INJ	SOLU-MEDROL 1GM	1.00	
2	INJ	SUPACEF 1.5GM	2.00	
3	IV	NS 1 LIT	1.00	
4	SUR	SYRINGE- 10ML DISPO VAN	2.00	
5	SUR	NITRILE EXAMINATION GLOVES	10.00	
6	INJ	MIKASTAR - 500MG INJ.	1.00	

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Patient Prescription

Patient Name : JILBE KHANDERAO RAMJI Prescription No. : 9581  
UHID : 232479389 Prescription Date : 14/05/2023 8:26PM  
Consultant Name : Dr.DEPT OF ORTHOPAEDICS Indent Type : Routine Orders  
Ward : ICU Bed No : IC0011  
Patient Address : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA Company : INDIVIDUAL  
IP No : 23/1739 Age/Gender:- 21/Male Diagnosis:

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	SUR	OXYGEN MASK WITH RES BAG (A)	1.00	

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**Patient Prescription**

**Patient Name** : JILBE KHANDERAO RAMJI  
**UHID** : 232479389  
**Consultant Name** : Dr.DEPT OF ORTHOPAEDICS  
**Ward** : ICU  
**Patient Address** : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
**IP No** : 23/1739

**Prescription No.** : 9788  
**Prescription Date** : 15/05/2023 1:06PM  
**Indent Type** : Routine Orders  
**Bed No** : IC0011  
**Company** : INDIVIDUAL

**Age/Gender:-** 21/Male  
**Diagnosis:**

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	SUR	ACCUFLO	1.00	

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**Patient Prescription**

**Patient Name** : JILBE KHANDERAO RAMJI  
**UHID** : 232479389  
**Consultant Name** : Dr.DEPT OF ORTHOPAEDICS  
**Ward** : ICU  
**Patient Address** : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
**IP No** : 23/1739

**Prescription No.** : 10033  
**Prescription Date** : 16/05/2023 10:37AM  
**Indent Type** : Routine Orders  
**Bed No** : IC0011  
**Company** : INDIVIDUAL

**Age/Gender:-** 21/Male  
**Diagnosis:**

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	SUR	BANDAGE 15CM	4.00	
2	SUR	BACTIGRAS 10X10 PAUCH	3.00	
3	SUR	NULIFE GLOVES NO. 7.5	1.00	

**Patient Prescription**

<b>Patient Name</b>	: JILBE KHANDERAO RAMJI	<b>Prescription No.</b>	: 9756
<b>UHID</b>	: 232479389	<b>Prescription Date</b>	: 15/05/2023 11:46AM
<b>Consultant Name</b>	: Dr.DEPT OF ORTHOPAEDICS	<b>Indent Type</b>	: <b>Routine Orders</b>
<b>Ward</b>	: ICU	<b>Bed No</b>	: IC0011
<b>Patient Address</b>	: AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA	<b>Company</b>	: INDIVIDUAL
<b>IP No</b>	: 23/1739	<b>Age/Gender:-</b>	<b>21/Male</b>
		<b>Diagnosis:</b>	

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	INJ	SOLU-MEDROL 1GM	1.00	
2	INJ	SUPACEF 1.5GM	2.00	
3	IV	NS 1 LIT	1.00	
4	IV	NS 100ML	3.00	
5	IV	NS 500 ML	3.00	
6	SUR	SYRINGE- 5ML DISPO VAN	5.00	
7	SUR	SYRINGE- 10ML DISPO VAN	5.00	
8	INJ	LOMOH-40 MG INJ.	2.00	
9	INJ	ONDEM 4ML	2.00	
10	INJ	PANTAKIND 40MG INJ	1.00	
11	INJ	MIKASTAR - 500MG INJ.	1.00	

**Patient Prescription**

<b>Patient Name</b>	: JILBE KHANDERAO RAMJI	<b>Prescription No.</b>	: 9648
<b>UHID</b>	: 232479389	<b>Prescription Date</b>	: 15/05/2023 2:19AM
<b>Consultant Name</b>	: Dr.DEPT OF MEDICINE	<b>Indent Type</b>	: <b>Routine Orders</b>
<b>Ward</b>	: ICU	<b>Bed No</b>	: IC0011
<b>Patient Address</b>	: AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA	<b>Company</b>	: INDIVIDUAL
<b>IP No</b>	: 23/1739	<b>Age/Gender:-</b>	<b>21/Male</b>
		<b>Diagnosis:</b>	

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	SUR	FOLYS CATH 14	1.00	
2	SUR	K 90 CATHETER (14FG)	1.00	
3	SUR	UROMETER DB 1068	1.00	
4	SUR	NULIFE GLOVES NO. 7.5	1.00	
5	SUR	NITRILE EXAMINATION GLOVES	20.00	
6	INJ	PANTAKIND 40MG INJ	1.00	

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SETH NANDLAL DHOOT HOSPITAL LIMITED

A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210



Patient Prescription

Patient Name : JILBE KHANDERAO RAMJI  
UHID : 232479389  
Consultant Name : Dr.DEPT OF ORTHOPAEDICS  
Ward : ICU  
Patient Address : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
IP No : 23/1739  
Age/Gender:- 21/Male  
Prescription No. : 9656  
Prescription Date : 15/05/2023 4:41AM  
Indent Type : Routine Orders  
Bed No : IC0011  
Company : INDIVIDUAL  
Diagnosis:

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	SUR	ECO HYGIENE	1.00	
2	SUR	NITRILE EXAMINATION GLOVES	10.00	
3	SUR	DIGNITY DIAPER ADULT- XL	2.00	



SETH NANDLAL DHOOT HOSPITAL LIMITED  
formerly Marathwada Medical Research & Rural Development Institution  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210

Phone :0240-2478400, 9225330014/9225330029 Fax no:

Email:contact@dhoohospital.com www.dhoohospitals.com

DLNo:- MH-AZ1-188945,MH-AZ1-188946

GSTIN No:- 27AACCS7959P1ZD

Bill Invoice

IP No : 23/1739 Bill No : 2324/P1-6394 Status: Post  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 16/05/2023 1:47PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : 10107 - 16/05/2023 1:36PM Indent By : GENWM1 GENERAL WARD  
Indent Types : Location : PHARMACY - UNIT - 1

Patient Address : AT GANESHWADI TQ GANGAPUR

Sl No	Item Name	Brand	Qty	Code	Rate	Disc	Net	GST	Total
10	LOMOH-40 MG INJ. ##	EMCU	1	ELR9AH2001 3001	05/2024	2.5	2.5	0.00	450.00
11	ONDEM 4ML	ALKE	3	ONM23007SR 3004	12/2024	6	6	0.00	23.83
12	PANTAKIND 40MG INJ	MANK	1	A5NOW011 3004	01/2025	6	6	0.00	50.40
13	MIKASTAR - 500MG INJ.	MANK	1	A2CFV003 3004	02/2024	2.5	2.5	0.00	94.46

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 3638.32  
GST Amount : 357.41  
Discount : 0.00  
Net Bill Amount : 3638.32

Prepared By : navandar Checked By :

Signature of Registered pharmacist



GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6394** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 16/05/2023 1:47PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : 10107 - 16/05/2023 1:36PM Indent By : GENWM1 GENERAL WARD  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	DYNAPAR AQ 1 ML	TRIO	1	D23S473	3004	10/2024	6	6	0.00	36.00	36.00
2	SOLU-MEDROL 1GM **	PFIZ	1	PD4024	3004	01/2024	6	6	0.00	1691.69	1691.69
3	SUPACEF 1.5GM	GLAX	2	2020E2	3004	04/2024	6	6	0.00	417.65	835.30
4	NS 1 LIT	FRES	2	PU373308	3004	02/2026	6	6	0.00	58.00	116.00
5	NS 100ML **	FRES	2	RH404060	3004	07/2025	6	6	0.00	19.64	39.28
6	NS 100ML **	FRES	4	2D30386	3004	03/2026	6	6	0.00	22.05	88.20
7	SYRINGE- 5ML DISPO VAN	HIND	3	314055JN1	9018	03/2028	6	6	0.00	8.50	25.50
8	SYRINGE- 10ML DISPO VAN	HIND	4	311105JD2	9018	02/2028	6	6	0.00	10.00	40.00
9	NITRILE EXAMINATION GLOVES	J.K.	10	M221141896F	4015	05/2026	6	6	0.00	10.00	100.00



GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6008** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 14/05/2023 2:03PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9497 - 14/05/2023 1:46PM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	DYNAPAR AQ 1 ML	TRIO	3	D23S473	3004	10/2024	6	6	0.00	36.00	108.00
2	SUPACEF 1.5GM	GLAX	3	22K00964	3004	08/2024	6	6	0.00	379.38	1138.14
3	NS 100ML **	FRES	4	RH404060	3004	07/2025	6	6	0.00	19.64	78.56
4	NS 500 ML	FRES	2	1C31369	3004	02/2026	6	6	0.00	34.84	69.68
5	CHEST LEADS	TYRO	5	I2022ECL001	9018	08/2024	6	6	0.00	28.00	140.00
6	DISCOFIX	TOP	1	2119701	9018	03/2025	6	6	0.00	70.00	70.00
7	FLAMIGRIP	ASCE	1	AWP-3035	3005	06/2025	6	6	0.00	30.00	30.00
8	NEEDLE DISPOSABLE 18X1, 1/2	HIND	2	02354C	9018	12/2027	6	6	0.00	2.75	5.50
9	STERI FLO IV SET	ROMS	1	G230220535	9018	01/2028	6	6	0.00	100.00	100.00

Phone :0240-2478400, 9225330014/9225330029 Fax no:

Email:contact@dhoothospital.com www.dhoothospitals.com

DLNo:- MH-AZ1-188945,MH-AZ1-188946

GSTIN No:- 27AACCS7959P1ZD

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6008** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 14/05/2023 2:03PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9497 - 14/05/2023 1:46PM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

10	VENFLON PRO NO. 20	BECT	1	2253580	9018	08/2025	6	6	0.00	130.00	130.00
11	ECO HYGIENE	AGEL	1	1042305	3005	03/2025	9	9	0.00	200.00	200.00
12	SYRINGE- 5ML DISPO VAN	HIND	5	314055JN1	9018	03/2028	6	6	0.00	8.50	42.50
13	SYRINGE- 10ML DISPO VAN	HIND	6	311105JD2	9018	02/2028	6	6	0.00	10.00	60.00
14	NITRILE EXAMINATION GLOVES	J.K.	20	M221141896F	4015	05/2026	6	6	0.00	10.00	200.00
15	DIGNITY DIAPER ADULT- XL	ROMS	1	G230209X1B	9619	01/2026	6	6	0.00	50.00	50.00
16	ONDEM 4ML	ALKE	1	ONM23006SR	3004	12/2024	6	6	0.00	23.83	23.83
17	ONDEM 4ML	ALKE	2	ONM23007SR	3004	12/2024	6	6	0.00	23.83	47.66
18	MIKASTAR - 500MG INJ.	MANK	2	A2CFV003	3004	02/2024	2.5	2.5	0.00	94.46	188.92

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DLNo:- MH-AZ1-188945,MH-AZ1-188946

GSTIN No:- 27AACCS7959P1ZD

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6008** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 14/05/2023 2:03PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9497 - 14/05/2023 1:46PM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

19	SUPRIDOL 1ML ING	NEON	3	300490	3004	08/2024	6	6	0.00	11.77	35.31
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\* Kindly refund unused medicines before discharge\*

\*\* Indicates for LASA item

## Indicates for HighRisk item

Gross Amount : 2718.10

GST Amount : 289.06

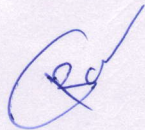
Discount : 0.00

**Net Bill Amount : 2718.10**

Signature of Registered pharmacist

Prepared By : **kakde**

Checked By :





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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

### Bill Invoice

IP No : **23/1739** Bill No : **2324/P1-6178** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 15/05/2023 12:19PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9756 - 15/05/2023 11:46AM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	SOLU-MEDROL 1GM **	PFIZ	1	PD4024	3004	01/2024	6	6	0.00	1691.69	1691.69
2	SUPACEF 1.5GM	GLAX	2	22K00964	3004	08/2024	6	6	0.00	379.38	758.76
3	NS 1 LIT	FRES	1	PU373308	3004	02/2026	6	6	0.00	58.00	58.00
4	NS 100ML **	FRES	3	RH404060	3004	07/2025	6	6	0.00	19.64	58.92
5	NS 500 ML	FRES	3	1C31369	3004	02/2026	6	6	0.00	34.84	104.52
6	SYRINGE- 5ML DISPO VAN	HIND	5	314055JN1	9018	03/2028	6	6	0.00	8.50	42.50
7	SYRINGE- 10ML DISPO VAN	HIND	5	311105JD2	9018	02/2028	6	6	0.00	10.00	50.00
8	LOMOH-40 MG INJ. ##	EMCU	2	ELR9AH3001	3001	06/2025	2.5	2.5	0.00	450.00	900.00
9	ONDEM 4ML	ALKE	2	ONM23007SR	3004	12/2024	6	6	0.00	23.83	47.66



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

### Bill Invoice

IP No : **23/1739** Bill No : **2324/P1-6178** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 15/05/2023 12:19PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9756 - 15/05/2023 11:46AM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
10	PANTAKIND 40MG INJ	MANK	1	A5NOW011	3004	01/2025	6	6	0.00	50.40	50.40
11	MIKASTAR - 500MG INJ.	MANK	1	A2CFV003	3004	02/2024	2.5	2.5	0.00	94.46	94.46

\* Kindly refund unused medicines before discharge\*

\*\* Indicates for LASA item

## Indicates for HighRisk item

Prepared By : **sadanve** Checked By :

Gross Amount : 3856.91

GST Amount : 354.05

Discount : 0.00

**Net Bill Amount : 3856.91**

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6581** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 17/05/2023 1:46PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : 10316 - 17/05/2023 9:49AM Indent By : GENWM1 GENERAL WARD  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	SOLU-MEDROL 1GM **	PFIZ	1	FRS148	3004	07/2024	6	6	0.00	1860.68	1860.68
2	SUPACEF 1.5GM	GLAX	2	22K00964	3004	08/2024	6	6	0.00	379.38	758.76
3	NS 1 LIT	FRES	1	PU373308	3004	02/2026	6	6	0.00	58.00	58.00
4	SYRINGE- 10ML DISPO VAN	HIND	2	311105JD2	9018	02/2028	6	6	0.00	10.00	20.00
5	NITRILE EXAMINATION GLOVES	J.K.	10	M221141896F	4015	05/2026	6	6	0.00	10.00	100.00
6	MIKASTAR - 500MG INJ.	MANK	1	A2CFV003	3004	02/2024	2.5	2.5	0.00	94.46	94.46

\* Kindly refund unused medicines before discharge\*

\*\* Indicates for LASA item

## Indicates for HighRisk item

Gross Amount : 2891.90

GST Amount : 304.22

Discount : 0.00

**Net Bill Amount : 2891.90**

Signature of Registered pharmacist

Prepared By : **kakde** Checked By :



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6582** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 17/05/2023 1:47PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : 10317 - 17/05/2023 9:50AM Indent By : GENWM1 GENERAL WARD  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	EXAFIB-10 ##	EMCU	6	E16L023001	3004	02/2025	6	6	0.00	43.85	263.10

\* Kindly refund unused medicines before discharge\*

\*\* Indicates for LASA item

## Indicates for HighRisk item

Gross Amount : 263.10

GST Amount : 28.19

Discount : 0.00

**Net Bill Amount : 263.10**

Signature of Registered pharmacist

Prepared By : **kakde** Checked By :





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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6342** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 16/05/2023 9:03AM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9980 - 16/05/2023 8:59AM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
10	SYRINGE- 10ML DISPO VAN	HIND	6	311105JD2	9018	02/2028	6	6	0.00	10.00	60.00
11	NITRILE EXAMINATION GLOVES	J.K.	20	M221141896F	4015	05/2026	6	6	0.00	10.00	200.00
12	DIGNITY DIAPER ADULT- XL	ROMS	2	G230209X1B	9619	01/2026	6	6	0.00	50.00	100.00
13	ONDEM 4ML	ALKE	2	ONM23007SR	3004	12/2024	6	6	0.00	23.83	47.66
14	PANTAKIND 40MG INJ	MANK	1	A5NOW011	3004	01/2025	6	6	0.00	50.40	50.40
15	MIKASTAR - 500MG INJ.	MANK	1	A2CFV003	3004	02/2024	2.5	2.5	0.00	94.46	94.46

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 1905.69  
GST Amount : 201.74  
Discount : 0.00  
**Net Bill Amount : 1905.69**

Prepared By : **ajay** Checked By :

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6177** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 15/05/2023 12:19PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9770 - 15/05/2023 12:10PM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	DEBRILYSE	MECL	10	KEA21003A	3004	12/2023	6	6	0.00	22.53	225.30

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 225.30  
GST Amount : 24.14  
Discount : 0.00  
**Net Bill Amount : 225.30**

Prepared By : **sadanve** Checked By :

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6940** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 19/05/2023 2:05PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : - Indent By :  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	SOF ROLL 15 CM	BSN	1	23MA009	3005	02/2027	6	6	0.00	282.00	282.00
2	BANDAGE 15CM	VEDC	1	1	3005	04/2026	2.5	2.5	0.00	40.00	40.00
3	NITRILE EXAMINATION GLOVES	J.K.	6	M*221148897	4015	05/2026	6	6	0.00	10.00	60.00

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 382.00  
GST Amount : 38.55  
Discount : 0.00  
**Net Bill Amount : 382.00**

Prepared By : **navandar** Checked By :

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6852** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 18/05/2023 10:02PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : - Indent By :  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	CEFUDIF CV 625 MG.	OVER	4	CT220828	3004	04/2024	6	6	0.00	70.90	283.60

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 283.60  
GST Amount : 30.39  
Discount : 0.00  
**Net Bill Amount : 283.60**

Prepared By : **prashant** Checked By :

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6192** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 15/05/2023 1:18PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9788 - 15/05/2023 1:06PM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	ACCUFLO	POLY	1	B20621/0286	9018	10/2027	6	6	0.00	300.00	300.00

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 300.00  
GST Amount : 32.14  
Discount : 0.00  
**Net Bill Amount : 300.00**

Prepared By : **sadanve** Checked By :

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6679** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 17/05/2023 10:32PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : GEN WARD-M/GB0020  
Indent No./Date : 10537 - 17/05/2023 10:12PM Indent By : GENWM1 GENERAL WARD  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	EXAFIB-10 ##	EMCU	2	E16L023001	3004	02/2025	6	6	0.00	43.85	87.70
2	EXAFIB-10 ##	EMCU	2	E18L023001	3004	02/2025	6	6	0.00	43.85	87.70

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 175.40  
GST Amount : 18.79  
Discount : 0.00  
**Net Bill Amount : 175.40**

Prepared By : **prashant** Checked By :

Signature of Registered pharmacist



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6074** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 14/05/2023 8:02PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9575 - 14/05/2023 8:00PM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	NS 0.45% 500 ML	FRES	1	1B30895	3004	01/2026	6	6	0.00	80.00	80.00
2	NS 100ML **	FRES	2	RH404060	3004	07/2025	6	6	0.00	19.64	39.28
3	NS 500 ML	FRES	3	1C31369	3004	02/2026	6	6	0.00	34.84	104.52
4	DEBRILYSE	MECL	10	KEA21003A	3004	12/2023	6	6	0.00	22.53	225.30
5	VOVERAN PLUS	NOVA	10	Z07GLBK2	3004	11/2024	6	6	0.00	6.52	65.20
6	NITRILE EXAMINATION GLOVES	J.K.	10	M221141896F	4015	05/2026	6	6	0.00	10.00	100.00
7	LOMOH-40 MG INJ. ##	EMCU	2	ELR9AH3001	3001	06/2025	2.5	2.5	0.00	450.00	900.00
8	PEPTARD 20MG	INDC	10	23540009	3004	12/2024	6	6	0.00	12.30	123.00

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 1637.30  
GST Amount : 121.85  
Discount : 0.00  
**Net Bill Amount 1637.30**  
Signature of Registered pharmacist

Prepared By : **balram** Checked By :



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GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6014** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 14/05/2023 2:29PM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : - Indent By :  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	K- SCAN 370- 90ML	GENE	1	GL140223	3006	01/2025	2.5	2.5	0.00	2192.00	2192.00
2	SYRINGE- 20ML DISPO VAN	HIND	2	311201NJG1	9018	02/2028	6	6	0.00	23.00	46.00
3	NS 500 ML	FRES	1	1C31369	3004	02/2026	6	6	0.00	34.84	34.84

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 2272.84  
GST Amount : 113.04  
Discount : 0.00  
**Net Bill Amount 2272.84**  
Signature of Registered pharmacist

Prepared By : **kakde** Checked By :



**SETH NANDLAL DHOOT HOSPITAL LIMITED**  
formerly Marathwada Medical Research & Rural Development Institution  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210  
Phone :0240-2478400, 9225330014/9225330029 Fax no:  
Email:contact@dhoohospital.com www.dhoohospitals.com  
DLNo:- MH-AZ1-188945,MH-AZ1-188946

1 of 1

GSTIN No:- 27AACCS7959P1ZD

**Bill Invoice**

Status: **Post**

IP No : **23/1739**  
Patient Name : KHANDERAO RAMJI JILBE  
UHID : 232479389  
Sponsor : INDIVIDUAL  
Indent No./Date : 9581 - 14/05/2023 8:26PM  
Indent Types :  
Patient Address : AT GANESHWADI TQ GANGAPUR

Bill No : **2324/P1-6078**  
Date/Time : 14/05/2023 8:39PM  
Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Ward/Bed No : ICU/IC0011  
Indent By : ICU1  
Location : PHARMACY - UNIT - 1

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	OXYGEN MASK WITH RES BAG (A)	EETA	1	L2107032	9019	06/2024	6	6	0.00	400.00	400.00

Gross Amount : 400.00  
GST Amount : 42.86  
Discount : 0.00  
**Net Bill Amount : 400.00**  
Signature of Registered pharmacist

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Prepared By : **sadanve** Checked By :



**SETH NANDLAL DHOOT HOSPITAL LIMITED**  
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Email:contact@dhoohospital.com www.dhoohospitals.com  
DLNo:- MH-AZ1-188945,MH-AZ1-188946

1 of 1

GSTIN No:- 27AACCS7959P1ZD

**Bill Invoice**

Status: **Post**

IP No : **23/1739**  
Patient Name : KHANDERAO RAMJI JILBE  
UHID : 232479389  
Sponsor : INDIVIDUAL  
Indent No./Date : 9648 - 15/05/2023 2:19AM  
Indent Types :  
Patient Address : AT GANESHWADI TQ GANGAPUR

Bill No : **2324/P1-6119**  
Date/Time : 15/05/2023 2:28AM  
Pres.. Doctor : Dr. DEPT OF MEDICINE  
Ward/Bed No : ICU/IC0011  
Indent By : ICU1  
Location : PHARMACY - UNIT - 1

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	FOLYS CATH 14	RUSH	1	P21L05	9018	11/2026	6	6	0.00	100.00	100.00
2	K 90 CATHETER (14FG)	ROMS	1	G220910687	9018	08/2027	6	6	0.00	30.00	30.00
3	URMETER DB 1068	ROMS	1	G16051	9018	12/2027	2.5	2.5	0.00	250.00	250.00
4	NULIFE GLOVES NO. 7.5	NULI	1	112021	4015	10/2026	6	6	0.00	67.00	67.00
5	NITRILE EXAMINATION GLOVES	J.K.	20	M221141896F	4015	05/2026	6	6	0.00	10.00	200.00
6	PANTAKIND 40MG INJ	MANK	1	A5NOW011	3004	01/2025	6	6	0.00	50.40	50.40

Gross Amount : 697.40  
GST Amount : 59.84  
Discount : 0.00  
**Net Bill Amount : 697.40**  
Signature of Registered pharmacist

Prepared By : **ashish** Checked By :



**SETH NANDLAL DHOOT HOSPITAL LIMITED**  
Formerly Marathwada Medical Research & Rural Development Institution  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210  
Phone :0240-2478400, 9225330014/9225330029 Fax no:  
Email:contact@dhoohospital.com www.dhoohospitals.com

1 of 1

GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

### Bill Invoice

IP No : **23/1739** Bill No : **2324/P1-6358** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 16/05/2023 10:53AM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 10033 - 16/05/2023 10:37AM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	BANDAGE 15CM	VEDC	4	1	3005	04/2026	2.5	2.5	0.00	40.00	160.00
2	BACTIGRAS 10X10 PAUCH	SINS	3	GS0391	3005	10/2025	6	6	0.00	31.90	95.70
3	NULIFE GLOVES NO. 7.5	NULI	1	112021	4015	10/2026	6	6	0.00	67.00	67.00

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 322.70  
GST Amount : 25.05  
Discount : 0.00  
**Net Bill Amount : 322.70**

Prepared By : **navandar** Checked By :

Signature of Registered pharmacist



**SETH NANDLAL DHOOT HOSPITAL LIMITED**  
Formerly Marathwada Medical Research & Rural Development Institution  
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Email:contact@dhoohospital.com www.dhoohospitals.com

1 of 1

GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

### Bill Invoice

IP No : **23/1739** Bill No : **2324/P1-6129** Status: **Post**  
Patient Name : KHANDERAO RAMJI JILBE Date/Time : 15/05/2023 5:08AM  
UHID : 232479389 Pres.. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Sponsor : INDIVIDUAL Ward/Bed No : ICU/IC0011  
Indent No./Date : 9656 - 15/05/2023 4:41AM Indent By : ICU1  
Indent Types : Location : PHARMACY - UNIT - 1  
Patient Address : AT GANESHWADI TQ GANGAPUR

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	ECO HYGIENE	AGEL	1	1042305	3005	03/2025	9	9	0.00	200.00	200.00
2	NITRILE EXAMINATION GLOVES	J.K.	10	M221141896F	4015	05/2026	6	6	0.00	10.00	100.00
3	DIGNITY DIAPER ADULT- XL	ROMS	2	G230209X1B	9619	01/2026	6	6	0.00	50.00	100.00

\* Kindly refund unused medicines before discharge\*  
\*\* Indicates for LASA item  
## Indicates for HighRisk item

Gross Amount : 400.00  
GST Amount : 51.94  
Discount : 0.00  
**Net Bill Amount : 400.00**

Prepared By : **ashish** Checked By :

Signature of Registered pharmacist



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Email:contact@dhoothospital.com www.dhoothospitals.com

1 of 1

GSTIN No:- 27AACCS7959P1ZD

DLNo:- MH-AZ1-188945,MH-AZ1-188946

**Bill Invoice**

IP No : **23/1739** Bill No : **2324/P1-6517** Status: **Post**  
Patient Name : **KHANDERAO RAMJI JILBE** Date/Time : **17/05/2023 7:19AM**  
UHID : **232479389** Pres.. Doctor : **Dr. DEPT OF ORTHOPAEDICS**  
Sponsor : **INDIVIDUAL** Ward/Bed No : **GEN WARD-M/GB0020**  
Indent No./Date : **10271 - 17/05/2023 7:16AM** Indent By : **GENWM2 GENERAL WARD**  
Indent Types : Location : **PHARMACY - UNIT - 1**  
Patient Address : **AT GANESHWADI TQ GANGAPUR**

Sno	Item Name	Manufacture	Qty	Batch No	HSNCode	Expiry	SGST%	CGST%	Disc.	MRP	Amt
1	NS 500 ML	FRES	1	1C31369	3004	02/2026	6	6	0.00	34.84	34.84

\* Kindly refund unused medicines before discharge\*

\*\* Indicates for LASA item

## Indicates for HighRisk item

Gross Amount : 34.84

GST Amount : 3.73

Discount : 0.00

**Net Bill Amount : 34.84**

Signature of Registered pharmacist

Prepared By : **sadanve** Checked By :



**SETH NANDLAL DHOOT HOSPITAL LIMITED**  
formerly Marathwada Medical Research & Rural Development Institution

A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210

E-mail :contact@dhoothospital.com Website: www.dhoothospitals.com Phone: 0240-2478400,  
9225330014/9225330029

Receipt No AD2324/5526  
UHID 232479389  
Patient Name Mr. KHANDERAO RAMJI JILBE  
Gender/Age Male/ 21 Yr 0 Mth 22 Days  
Contact No 9921682656  
Address AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA,  
INDIA

Receipt Dat 05/06/2023 12:47PM

IP No

Admission  
Date

Payer SELF PAY

12953

Particulars	Amount
IPD Advance Collection	80744.00
<b>Total Amount (Rs.):</b>	<b>80744.00</b>

Remarks : **SIDDHARTH GINNING**

Received an amount of (Rs.) Eighty Thousand Seven Hundred Forty Four only.



Signature

Authorised Signatory

Amount Refunded :

Prepared By: DINESHASHOKRAOKADAM

MARATHWADA MEDICAL RESEARCH AND RURAL DEVELOPMENT INSTITUTION

# SETH NANDLAL DHOOT HOSPITAL

A-1, MIDC, Chikalhana, Jalna Road, Aurangabad - 431 210.  
Ph.: 0240-2489001 (10 Lines), Fax : 0240-2485331.

## Medicine for CT Scan of Chest/Brain

Patient Name : Tilbe Khanderao

Reg. No.: 232479389

Date: 14/05/23

~~Pamiscan 370mg~~ ~~50ml/30ml~~ ~~1~~  
K-San 370 90 ml 1  
Disposable syringe 10ml/20ml 2

~~Disposable water~~ ~~10ml~~ ~~1~~

~~Angiocath~~ ~~20 No.~~ ~~1~~

~~Threeway~~ ~~-----~~ ~~1~~

~~Scalp Vein Set~~ ~~20 No.~~ ~~1~~

NS: 500 ml 1



**WORKMEN'S COMPENSATION INSURANCE CLAIM FORM**

(The issuance of this form does not imply admission of liability.)

CLAIM NO: 2712001965

POLICY NO: 2712/00139151/000/00

**1. Details of the Employer**

- (a). Name of the Policy Holder: SIDDHARTH GINNING AND PRESSING  
(b). Occupation: COTTON GINNING PRESSING  
(c). Address for communication/ Name of the contact person.  
Siddharth Dheet  
Gut No 50, A.P. Manzabad, Tq. Gangapur, Gangapur S.O.  
Aurangabad, Maharashtra. Pin - 431109

**2. Details of Injured Person:**

- (a). Name: Khanderas Tilbe (b). Father's /Husband's name: Ramji  
(c). Residential Address:  
Ganeshwadi, Aurangabad, Maharashtra  
Pin Code :- 431110  
(d). Date of Birth / Age: 20-JUNE-2003  
(e). Status of the Person: Permanent/Temporary/casua /Contractor worker.  
(f). If injured person is Contractor's employee: - N.A. -  
Give complete details of the contractor:

**3. Details of Accident:**

- (a). Date & time of accident: 14 MAY 2023, 10:30AM  
(b). Place of accident: IN Factory Premises, Near Gir House  
Is the place within your work premises? If no, where?  
(c). Date and time of reporting the accident by the employee: 14-May 2023, 10:30AM to 11:00AM  
(d). To whom was reported: TO Ramkishan Dheet  
(e). Please report the cause of any variance in accident & reporting date: NIL  
(f). On what exact work was injured person engaged at the time of accident: Cleaning of Belt

- (g). How the accident occurred? Brief details. : - Hand got stuck in Belt
- (h). Was Injured Person under the influence of liquor/drugs at the time of accident : - NO
- (i). Were all safety rules/precautions observed at the time of accident : YES
- (j). Name of the hospital Injured Person taken to : SETH NANDLAL DHOOOT HOSPITAL LTD
- (k). Date of Admission : 14 MAY 2023
- (l). Date of Discharge : 19-MAY 2023
- (m). Nature of injury : Lt. Axillary artery Thrombosis with Brachial Plexus Injury
- (n). Did injured person actually cease work after accident and if so, on what date : Yes - 14-May-2023
- (o). Has injured person resumed duty since and, if so, on what date : NO
- (p). What is the probable period of disablement: Under Medical Treatment
- (q). Was injured person free from physical infirmity at time of accident? : Yes  
If not, give particulars. :
- (r). If the worker previously met with an accident, please give full particulars : NO
- (s). Has the worker ever previously been awarded compensation by the Commissioner for workmen's compensation? : NO
- (t). Was injured person guilty of any misconduct or willful disobedience to orders or rules? : NO  
If so, please give full particulars.
- (u). State through whose neglect, if any, accident occurred : -NIL
- (v). State names of any two persons who witnessed the accident. : Sagar Gaikwad  
Shivaji Thombre

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place: Ahmednagar  
Date : 12/06/2023

SIDDHARTH GINNING & PRESSING

Siddhant  
PARTNER  
Signature of Insured

### TABLE OF WAGES

(Please fill in the Table of wages below as applicable)

1 Month & Year	2 Basic pay & D.A		3 Over time, Bonus and Dearness Allowance		4 Concession value of food- stuffs		5 Value of free quarters 10% basic wages		6 ABSENCE Give date of going on leave/beginning of period of absence and also date of subsequent resumption of work
	Rs.	P	Rs.	P	Rs.	P	Rs.	P	
<i>2022-23</i>									
1. NOV 22	6000								
2. DEC 22	6000								
3. JAN 23	7500								
4. FEB 23	7500								
5. MAR 23	6000								
6. APR 23	7000								
7. MAY 23	3000								
8.									
9.									
10.									
11.									
12.									

Total earnings in the period : From: <i>NOV 22</i> To : <i>MAY 23</i> Average monthly wages: <i>15000/-</i>
--

If the worker's period of service was less than one month, give the average monthly wages of a workman employed on similar work, showing separately Basic Wages overtime, Dearness Allowance, Concession in value of food-stuffs Value of free quarters etc.  If the worker was a daily paid employee, give (a). daily rate of wages. : (b). daily allowances, if any, : (c). number of days on an average that he/she would work in a month : <i>26</i> day. Are free quarter provided? <i>NO</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">( )</td> <td style="width: 75%;">Basic Wages.....</td> <td style="width: 20%;">Rs.....</td> </tr> <tr> <td>( )</td> <td>Overtime.....</td> <td>Rs.....</td> </tr> <tr> <td>( )</td> <td>Dearness Allowance.....</td> <td>Rs.....</td> </tr> <tr> <td>( )</td> <td>Concession in value of food - stuff.....</td> <td>Rs.....</td> </tr> <tr> <td>( )</td> <td>Value of free quarter (10% of Basic wages)</td> <td>Rs.....</td> </tr> </table>	( )	Basic Wages.....	Rs.....	( )	Overtime.....	Rs.....	( )	Dearness Allowance.....	Rs.....	( )	Concession in value of food - stuff.....	Rs.....	( )	Value of free quarter (10% of Basic wages)	Rs.....
( )	Basic Wages.....	Rs.....														
( )	Overtime.....	Rs.....														
( )	Dearness Allowance.....	Rs.....														
( )	Concession in value of food - stuff.....	Rs.....														
( )	Value of free quarter (10% of Basic wages)	Rs.....														

The above statement of earnings etc., is to the best of my knowledge and belief accurate.  
 Dated.....20

**SIDDHARTH GINNING & PRESSING**  
*Siddhant*  
**PARTNER**  
 Signature of the employer

**Note:** the details required are as per the workmen's compensation act.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD. ADDRESS: AURANGABAD BRANCH OFFICE Shop No- 4, Plot No- 33, Rokdiya Hanuman Colony, Opp. LMS Jeweller Jalna road, Aurangabad - 431005 KRANTI CHOWK S.O CITY: AURANGABAD STATE: MAHARASHTRA GSTIN: 27AABCC6633K1ZJ	GST Invoice No.: 2712444397631 DATE: 08/05/2023 PAN: AABCC6633K SAC Code: 997139 SAC Description: Other non-life insurance services (excluding reinsurance services)
Policy Issuing Office: Aurangabad Branch Office	
Policy No: 2712/00139151/000/00	Customer Code: 1017262865910003

1	Name of Insured	SIDDHARTH GINNING AND PRESSING			
1.a	Name of Additional Insured				
2	Business/ Profession	Ginning And Pressing			
3	Nature of the work	Ginning And Pressing			
4	Address of Insured	GUT NO 50,A/P MAUZABAD,TQ GANGAPUR GANGAPUR S.O AURANGABAD MAHARASHTRA PIN - 431109 GST No.: 27ABIFS0411N1Z2			
5	Aadhar No.	-			
6	PAN No.	ABIFS0411N			
7	Premium Receipt	1058979398 Date: 29/04/2023			
8	Period of Insurance	From 02/05/2023 00:00 Hours to Midnight on 01/06/2023			
10	Total Sum Insured (Rs.)	3,00,000.00			
11	Scope of Cover	Table A			
11.a	Coverage Details/ Law Applicable	Employee compensation Act 2010(as amended from workmen's compensation Act 1923), Fatal Accidents Act, 1855 and Common Law			
12	Extensions				
13	Specific Conditions/ Warranties	1. Notwithstanding any provision to the contrary, this policy/insurance excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following including any fear or threat thereof, any action taken or failure to take action in controlling, preventing, suppressing or in any way responding to such whether actual/ alleged, threat or perceived of: a ) Any infectious disease, virus, bacterium or other microorganism (whether symptomatic or not); or b ) Coronavirus (COVID-19) including any mutation or variation thereof; or c ) Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority. If the insurer alleges that, by reason of this exclusion, any amount is not covered by this policy/insurance, the burden of proving the contrary shall rest on the insured. 2. In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the insured in connection with any case of injury to which the indemnity granted under this policy applies. 3. ME Rs.5 lakhs per person, and Aggregate limit of Rs.10 Lakhs 4. Work involved in live Transmission & Distribution lines are absolutely excluded from scope of cover 5.			
14	Specific Exclusions				
15	Premium(Rs)	2,915.00			
16	CGST (9%)	262.50			
17	SGST (9%)	262.50			
18	IGST (0%)	0.00			
19	Amount Payable(Rs.)	3,440.00			
20	Co-Insurance Details				
16	Name/ Estimated Number of Employees	Occupation of Employees	Estimated Total Salaries Wages and Other Money Earnings	Contractor Sub-Contractor Name(if Applicable)	Place or Places of Employment
1	18	Skilled	270,000.00	No	Siddharth Ginning & Pressing, Gut No.50,A/P Mauzabad, Tq. Gangapur, Dist Aurangabad 431109
2	2	Commercial Travellers	30,000.00	No	Siddharth Ginning & Pressing, Gut No.50,A/P Mauzabad, Tq. Gangapur, Dist Aurangabad 431109

- Employee compensation Act 2010 (as amended from Workmen's compensation Act 1923) and subsequent amendments of the said Act prior to the date of the issue of the policy provided that the Insurance granted hereunder is not extended to include: any interest and/or penalty imposed on the insured on account of his/their failure to comply with the requirements laid down under the Employee compensation Act 2010 (as amended from Workmen's compensation Act 1923).
- The Fatal Accidents Act, 1855 and subsequent amendments of the said Act prior to the date of the issue of the Policy provided that the Insurance granted hereunder is not extended to include: any interest and/or penalty imposed on the insured on account of his/their failure to comply with the requirements laid down under The Fatal Accidents Act, 1855.
- Common Law.

Warranted that in case of a claim, if the declared wages is found to be less than the actual wages then three times the difference of the premium charged and the actual premium payable shall be charged prior to settlement of the claim.

- The coverage is for all or none basis. The number of employees / workers on the roll (including Contractor and Sub Contractor wherever applicable) at no point of time should be more than the number of employees / workers insured at that point of time. Else admission of liability under the policy will be prejudiced
- The coverage does not extend to any medical expenses reimbursement
- The liability of the company shall not exceed the amount arrived at as per provisions of W C Act considering the actual wages declared by the insured under policy and which is the basis for premium computation, If the actual compensation awarded by the authority as per W C Act exceeds the liability of the Insurer as above, the difference shall have to be borne by the insured. This is not applicable for Common law awards.
- All contractors & sub contractors employees are not covered provided they are declared in the proposal form or endorsed from time to time
- Premium computation is based on the average monthly income declared by the insured and its subject to adjustment depending on actual disbursement of actual wages / salaries.
- Occupational Diseases not covered
- Workmens Compensation Amendment Act 1923 renamed as The Employees Compensation (Amendment) act, 2009 wherever Workman or workmen is mentioned in the entire Act, the same need to be read as Employee

Consolidated Stamp Duty Paid Vide G.O. Rt No. 88 , Commercial Taxes and Registration (J1) Department, Tamil Nadu dated 28/02/2023 .

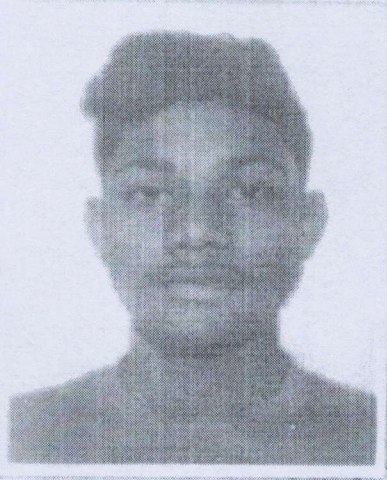
Intermediary Name: JAINUINE INSURANCE BROKERS PRIVATE LIMITED Code: 200149210153 Contact No: 8149178773 POSP Aadhaar No.:
Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.



भारत सरकार  
Government of India



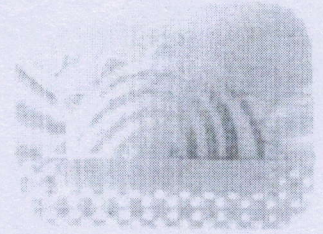
Issue Date: 20/06/2013



Khanderao Ramji Jilbe

DOB: 20/06/2003

Male



**6393 2487 6023**

मेरा आधार, मेरी पहचान

Pt No 7



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

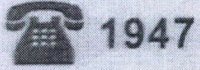


Print Date: 28/04/2022

Address: Ganeshwadi, Aurangabad,  
Maharashtra, 431110



**6393 2487 6023**



1947



[help@uidai.gov.in](mailto:help@uidai.gov.in)



[www.uidai.gov.in](http://www.uidai.gov.in)



# SETH NANDLAL DHOOT HOSPITAL LIMITED

formerly Marathwada Medical Research & Rural Development Institution  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210,Phone No:0240-2478400,  
9225330014/9225330029

E-Mail:contact@dhoothospital.com,Website: www.dhoothospitals.com GSTIN:-27AACCS7959P1ZD

I.P. No.	: 23/1739	Original	Bill No.	: IPCR2324/800
UHID	: 232479389		Bill Date	: 19/05/2023 03:34 PM
Patient Name	: Mr. KHANDERAO RAMJI JILBE		Consultant	: Dr. DEPT OF ORTHOPAEDICS
Gender/Age	: Male/21 Yr 0 Mth 5 Days		Adm. Category	: ICU BED
Contact No	: 9921682656		D.O.A	: 14/05/2023 12:47
Address	: AT GANESHWADI TQ GANGAPUR AURANGABAD		D.O.D	: 19/05/2023 15:34
Payer	: INDIVIDUAL		Bed No/Ward	: GB0020/GEN WARD-M
Sponsor	: INDIVIDUAL		Dis. Category	: GENERAL WARD 2
CRF	:		CASENO	:

Date	Particulars	Rate	Qty	Amount
<b>ROOM CHARGES</b>				
14/05/2023 - 15/05/2023	ICU BED	5000.00	2.00	10000.00
16/05/2023 - 19/05/2023	GENERAL WARD 2	800.00	4.00	3200.00
			<b>Total for ROOM CHARGES</b>	<b>13200.00</b>
<b>PHARMACY - UNIT - 1</b>				
14/05/2023 14:03:00 - 2324/P1-6008	DYNAPAR AQ 1 ML	36.00	3.00	108.00
14/05/2023 14:03:00 - 2324/P1-6008	SUPACEF 1.5GM	379.38	3.00	1138.14
14/05/2023 14:03:00 - 2324/P1-6008	NS 100ML	19.64	4.00	78.56
14/05/2023 14:03:00 - 2324/P1-6008	NS 500 ML	34.84	2.00	69.68
14/05/2023 14:03:00 - 2324/P1-6008	CHEST LEADS	28.00	5.00	140.00
14/05/2023 14:03:00 - 2324/P1-6008	DISCOFIX	70.00	1.00	70.00
14/05/2023 14:03:00 - 2324/P1-6008	FLAMIGRIP	30.00	1.00	30.00
14/05/2023 14:03:00 - 2324/P1-6008	NEEDLE DISPOSABLE 18X1, 1/2	2.75	2.00	5.50
14/05/2023 14:03:00 - 2324/P1-6008	STERI FLO IV SET	100.00	1.00	100.00
14/05/2023 14:03:00 - 2324/P1-6008	VENFLON PRO NO. 20	130.00	1.00	130.00
14/05/2023 14:03:00 - 2324/P1-6008	ECO HYGIENE	200.00	1.00	200.00
14/05/2023 14:03:00 - 2324/P1-6008	SYRINGE- 5ML DISPO VAN	8.50	5.00	42.50
14/05/2023 14:03:00 - 2324/P1-6008	SYRINGE- 10ML DISPO VAN	10.00	6.00	60.00
14/05/2023 14:03:00 - 2324/P1-6008	NITRILE EXAMINATION GLOVES	10.00	20.00	200.00
14/05/2023 14:03:00 - 2324/P1-6008	DIGNITY DIAPER ADULT- XL	50.00	1.00	50.00
14/05/2023 14:03:00 - 2324/P1-6008	ONDEM 4ML	23.83	1.00	23.83
14/05/2023 14:03:00 - 2324/P1-6008	ONDEM 4ML	23.83	2.00	47.66
14/05/2023 14:03:00 - 2324/P1-6008	MIKASTAR - 500MG INJ.	94.46	2.00	188.92
14/05/2023 14:03:00 - 2324/P1-6008	SUPRIDOL 1ML ING	11.77	3.00	35.31
14/05/2023 14:20:00 - 2324/P1-6011	SYRINGE- 20ML DISPO VAN	23.00	3.00	69.00
14/05/2023 14:20:00 - 2324/P1-6011	K- SCAN 370- 50ML	1221.00	1.00	1221.00
14/05/2023 14:29:00 - 2324/P1-6014	K- SCAN 370- 90ML	2192.00	1.00	2192.00
14/05/2023 14:29:00 - 2324/P1-6014	SYRINGE- 20ML DISPO VAN	23.00	2.00	46.00
14/05/2023 14:29:00 - 2324/P1-6014	NS 500 ML	34.84	1.00	34.84
14/05/2023 14:30:00 - 2324/P1-910	SYRINGE- 20ML DISPO VAN	23.00	3.00	-69.00
14/05/2023 14:30:00 - 2324/P1-910	K- SCAN 370- 50ML	1221.00	1.00	-1221.00
14/05/2023 20:02:00 - 2324/P1-6074	NS 0.45% 500 ML	80.00	1.00	80.00
14/05/2023 20:02:00 - 2324/P1-6074	NS 100ML	19.64	2.00	39.28
14/05/2023 20:02:00 - 2324/P1-6074	NS 500 ML	34.84	3.00	104.52
14/05/2023 20:02:00 - 2324/P1-6074	DEBRILYSE	22.53	10.00	225.30
14/05/2023 20:02:00 - 2324/P1-6074	VOVERAN PLUS	6.52	10.00	65.20
14/05/2023 20:02:00 - 2324/P1-6074	NITRILE EXAMINATION GLOVES	10.00	10.00	100.00
14/05/2023 20:02:00 - 2324/P1-6074	LOMOH-40 MG INJ.	450.00	2.00	900.00
14/05/2023 20:02:00 - 2324/P1-6074	PEPTARD 20MG	12.30	10.00	123.00



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14/05/2023 20:39:00 - 2324/P1-6078	OXYGEN MASK WITH RES BAG (A)	400.00	1.00	0.00	400.00
15/05/2023 02:28:00 - 2324/P1-6119	FOLYS CATH 14	100.00	1.00	0.00	100.00
15/05/2023 02:28:00 - 2324/P1-6119	K 90 CATHETER (14FG)	30.00	1.00	0.00	30.00
15/05/2023 02:28:00 - 2324/P1-6119	UROMETER DB 1068	250.00	1.00	0.00	250.00
15/05/2023 02:28:00 - 2324/P1-6119	NULIFE GLOVES NO. 7.5	67.00	1.00	0.00	67.00
15/05/2023 02:28:00 - 2324/P1-6119	NITRILE EXAMINATION GLOVES	10.00	20.00	0.00	200.00
15/05/2023 02:28:00 - 2324/P1-6119	PANTAKIND 40MG INJ	50.40	1.00	0.00	50.40
15/05/2023 05:08:00 - 2324/P1-6129	ECO HYGIENE	200.00	1.00	0.00	200.00
15/05/2023 05:08:00 - 2324/P1-6129	NITRILE EXAMINATION GLOVES	10.00	10.00	0.00	100.00
15/05/2023 05:08:00 - 2324/P1-6129	DIGNITY DIAPER ADULT- XL	50.00	2.00	0.00	100.00
15/05/2023 12:19:00 - 2324/P1-6177	DEBRILYSE	22.53	10.00	0.00	225.30
15/05/2023 12:19:00 - 2324/P1-6178	SOLU-MEDROL 1GM	1691.69	1.00	0.00	1691.69
15/05/2023 12:19:00 - 2324/P1-6178	SUPACEF 1.5GM	379.38	2.00	0.00	758.76
15/05/2023 12:19:00 - 2324/P1-6178	NS 1 LIT	58.00	1.00	0.00	58.00
15/05/2023 12:19:00 - 2324/P1-6178	NS 100ML	19.64	3.00	0.00	58.92
15/05/2023 12:19:00 - 2324/P1-6178	NS 500 ML	34.84	3.00	0.00	104.52
15/05/2023 12:19:00 - 2324/P1-6178	SYRINGE- 5ML DISPO VAN	8.50	5.00	0.00	42.50
15/05/2023 12:19:00 - 2324/P1-6178	SYRINGE- 10ML DISPO VAN	10.00	5.00	0.00	50.00
15/05/2023 12:19:00 - 2324/P1-6178	LOMOH-40 MG INJ.	450.00	2.00	0.00	900.00
15/05/2023 12:19:00 - 2324/P1-6178	ONDEM 4ML	23.83	2.00	0.00	47.66
15/05/2023 12:19:00 - 2324/P1-6178	PANTAKIND 40MG INJ	50.40	1.00	0.00	50.40
15/05/2023 12:19:00 - 2324/P1-6178	MIKASTAR - 500MG INJ.	94.46	1.00	0.00	94.46
15/05/2023 13:18:00 - 2324/P1-6192	ACCUFLO	300.00	1.00	0.00	300.00
15/05/2023 09:03:00 - 2324/P1-6342	DYNAPAR AQ 1 ML	36.00	3.00	0.00	108.00
15/05/2023 09:03:00 - 2324/P1-6342	SUPACEF 1.5GM	379.38	2.00	0.00	758.76
16/05/2023 09:03:00 - 2324/P1-6342	NS 100ML	22.05	4.00	0.00	88.20
16/05/2023 09:03:00 - 2324/P1-6342	NS 500 ML	34.84	4.00	0.00	139.36
16/05/2023 09:03:00 - 2324/P1-6342	CHEST LEADS	28.00	5.00	0.00	140.00
16/05/2023 09:03:00 - 2324/P1-6342	MOLINEA PLUS 60 X 90 CM	70.00	1.00	0.00	70.00
16/05/2023 09:03:00 - 2324/P1-6342	NEEDLE DISPOSABLE 26X1/2	2.20	3.00	0.00	6.60
16/05/2023 09:03:00 - 2324/P1-6342	NEEDLE DISPOSABLE 18X1, 1/2	2.75	3.00	0.00	8.25
16/05/2023 09:03:00 - 2324/P1-6342	SYRINGE- 5ML DISPO VAN	8.50	4.00	0.00	34.00
16/05/2023 09:03:00 - 2324/P1-6342	SYRINGE- 10ML DISPO VAN	10.00	6.00	0.00	60.00
16/05/2023 09:03:00 - 2324/P1-6342	NITRILE EXAMINATION GLOVES	10.00	20.00	0.00	200.00
16/05/2023 09:03:00 - 2324/P1-6342	DIGNITY DIAPER ADULT- XL	50.00	2.00	0.00	100.00
16/05/2023 09:03:00 - 2324/P1-6342	ONDEM 4ML	23.83	2.00	0.00	47.66
16/05/2023 09:03:00 - 2324/P1-6342	PANTAKIND 40MG INJ	50.40	1.00	0.00	50.40
16/05/2023 09:03:00 - 2324/P1-6342	MIKASTAR - 500MG INJ.	94.46	1.00	0.00	94.46
16/05/2023 10:53:00 - 2324/P1-6358	BANDAGE 15CM	40.00	4.00	0.00	160.00
16/05/2023 10:53:00 - 2324/P1-6358	BACTIGRAS 10X10 PAUCH	31.90	3.00	0.00	95.70
16/05/2023 10:53:00 - 2324/P1-6358	NULIFE GLOVES NO. 7.5	67.00	1.00	0.00	67.00
16/05/2023 11:23:00 - 2324/P1-949	NS 500 ML	34.84	2.00	0.00	-69.68
16/05/2023 11:23:00 - 2324/P1-949	PANTAKIND 40MG INJ	50.40	1.00	0.00	-50.40
16/05/2023 11:23:00 - 2324/P1-949	DIGNITY DIAPER ADULT- XL	50.00	2.00	0.00	-100.00
16/05/2023 11:23:00 - 2324/P1-949	NS 100ML	19.64	4.00	0.00	-78.56
16/05/2023 11:23:00 - 2324/P1-949	NS 100ML	19.64	2.00	0.00	-39.28
16/05/2023 11:23:00 - 2324/P1-949	SUPACEF 1.5GM	379.38	2.00	0.00	-758.76
16/05/2023 11:23:00 - 2324/P1-949	SYRINGE- 10ML DISPO VAN	10.00	6.00	0.00	-60.00
16/05/2023 11:23:00 - 2324/P1-949	SYRINGE- 5ML DISPO VAN	8.50	5.00	0.00	-42.50
16/05/2023 11:23:00 - 2324/P1-949	SYRINGE- 5ML DISPO VAN	8.50	2.00	0.00	-17.00
16/05/2023 11:23:00 - 2324/P1-949	NEEDLE DISPOSABLE 18X1, 1/2	2.75	2.00	0.00	-5.50
16/05/2023 11:23:00 - 2324/P1-949	SUPRIDOL 1ML ING	11.77	2.00	0.00	-23.54
16/05/2023 11:23:00 - 2324/P1-949	ONDEM 4ML	23.83	2.00	0.00	-47.66
16/05/2023 11:23:00 - 2324/P1-949	DYNAPAR AQ 1 ML	36.00	1.00	0.00	-36.00
16/05/2023 13:47:00 - 2324/P1-6394	DYNAPAR AQ 1 ML	36.00	1.00	0.00	36.00
16/05/2023 13:47:00 - 2324/P1-6394	SOLU-MEDROL 1GM	1691.69	1.00	0.00	1691.69
16/05/2023 13:47:00 - 2324/P1-6394	SUPACEF 1.5GM	417.65	2.00	0.00	835.30
16/05/2023 13:47:00 - 2324/P1-6394	NS 1 LIT	58.00	2.00	0.00	116.00

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16/05/2023 13:47:00 - 2324/P1-6394	NS 100ML	19.64	2.00	0.00	39.28
16/05/2023 13:47:00 - 2324/P1-6394	NS 100ML	22.05	4.00	0.00	88.20
16/05/2023 13:47:00 - 2324/P1-6394	SYRINGE- 5ML DISPO VAN	8.50	3.00	0.00	25.50
16/05/2023 13:47:00 - 2324/P1-6394	SYRINGE- 10ML DISPO VAN	10.00	4.00	0.00	40.00
16/05/2023 13:47:00 - 2324/P1-6394	NITRILE EXAMINATION GLOVES	10.00	10.00	0.00	100.00
16/05/2023 13:47:00 - 2324/P1-6394	LOMOH-40 MG INJ.	450.00	1.00	0.00	450.00
16/05/2023 13:47:00 - 2324/P1-6394	ONDEM 4ML	23.83	3.00	0.00	71.49
16/05/2023 13:47:00 - 2324/P1-6394	PANTAKIND 40MG INJ	50.40	1.00	0.00	50.40
16/05/2023 13:47:00 - 2324/P1-6394	MIKASTAR - 500MG INJ.	94.46	1.00	0.00	94.46
17/05/2023 07:19:00 - 2324/P1-6517	NS 500 ML	34.84	1.00	0.00	34.84
17/05/2023 13:46:00 - 2324/P1-6581	SOLU-MEDROL 1GM	1860.68	1.00	0.00	1860.68
17/05/2023 13:46:00 - 2324/P1-6581	SUPACEF 1.5GM	379.38	2.00	0.00	758.76
17/05/2023 13:46:00 - 2324/P1-6581	NS 1 LIT	58.00	1.00	0.00	58.00
17/05/2023 13:46:00 - 2324/P1-6581	SYRINGE- 10ML DISPO VAN	10.00	2.00	0.00	20.00
17/05/2023 13:46:00 - 2324/P1-6581	NITRILE EXAMINATION GLOVES	10.00	10.00	0.00	100.00
17/05/2023 13:46:00 - 2324/P1-6581	MIKASTAR - 500MG INJ.	94.46	1.00	0.00	94.46
17/05/2023 13:47:00 - 2324/P1-6582	EXAFIB-10	43.85	6.00	0.00	263.10
17/05/2023 22:32:00 - 2324/P1-6679	EXAFIB-10	43.85	2.00	0.00	87.70
17/05/2023 22:32:00 - 2324/P1-6679	EXAFIB-10	43.85	2.00	0.00	87.70
18/05/2023 22:02:00 - 2324/P1-6852	CEFUDIF CV 625 MG.	70.90	4.00	0.00	283.60
19/05/2023 12:45:00 - 2324/P1-6929	CEFUDIF CV 625 MG.	70.90	14.00	0.00	992.60
19/05/2023 12:45:00 - 2324/P1-6929	VOVERAN PLUS	5.95	14.00	0.00	83.30
19/05/2023 12:45:00 - 2324/P1-6929	PEPTARD 20MG	12.30	14.00	0.00	172.20
19/05/2023 12:45:00 - 2324/P1-6929	EXAFIB-10	43.85	10.00	0.00	438.50
19/05/2023 12:45:00 - 2324/P1-6929	ALLENZA TAB	31.00	14.00	0.00	434.00
19/05/2023 14:05:00 - 2324/P1-6940	SOF ROLL 15 CM	282.00	1.00	0.00	282.00
19/05/2023 14:05:00 - 2324/P1-6940	BANDAGE 15CM	40.00	1.00	0.00	40.00
19/05/2023 14:05:00 - 2324/P1-6940	NITRILE EXAMINATION GLOVES	10.00	6.00	0.00	60.00
19/05/2023 14:41:00 - 2324/P1-1067	NS 100ML	19.64	3.00	0.00	-58.92
19/05/2023 14:41:00 - 2324/P1-1067	NS 100ML	19.64	2.00	0.00	-39.28
19/05/2023 14:41:00 - 2324/P1-1067	NEEDLE DISPOSABLE 26X1/2	2.20	1.00	0.00	-2.20

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23096.72

PHARMACY - UNIT - 2

15/05/2023 11:13:00 - 2324/P2-1076	ANAWIN 0.5 %	95.80	1.00	0.00	95.80
15/05/2023 11:13:00 - 2324/P2-1076	DYNAPAR AQ 1 ML	36.00	2.00	0.00	72.00
15/05/2023 11:13:00 - 2324/P2-1076	HEP-25	299.00	1.00	0.00	299.00
15/05/2023 11:13:00 - 2324/P2-1076	LOX 2% WITH ADRENALINE	33.65	1.00	0.00	33.65
15/05/2023 11:13:00 - 2324/P2-1076	MYO PYROLATE 5ML	112.50	1.00	0.00	112.50
15/05/2023 11:13:00 - 2324/P2-1076	PAPARIN 2ML	23.32	3.00	0.00	69.96
15/05/2023 11:13:00 - 2324/P2-1076	PYROLATE 1ML	14.38	1.00	0.00	14.38
15/05/2023 11:13:00 - 2324/P2-1076	SUCOL	55.30	1.00	0.00	55.30
15/05/2023 11:13:00 - 2324/P2-1076	SUPACEF 1.5GM	417.65	1.00	0.00	417.65
15/05/2023 11:13:00 - 2324/P2-1076	SUPRIDOL 2 ML	23.54	1.00	0.00	23.54
15/05/2023 11:13:00 - 2324/P2-1076	WATER FOR INJ 10ML	4.00	5.00	0.00	20.00
15/05/2023 11:13:00 - 2324/P2-1076	NS 500 ML	34.84	2.00	0.00	69.68
15/05/2023 11:13:00 - 2324/P2-1076	RL 500 ML	56.42	2.00	0.00	112.84
15/05/2023 11:13:00 - 2324/P2-1076	3M SKIN PREP 100 ML_10%	81.75	1.00	0.00	81.75
15/05/2023 11:13:00 - 2324/P2-1076	GYPSONA 15CM	240.00	2.00	0.00	480.00
15/05/2023 11:13:00 - 2324/P2-1076	BANDAGE 15CM	40.00	2.00	0.00	80.00
15/05/2023 11:13:00 - 2324/P2-1076	ENDOTRACHEAL TUBE (C) 8.0	200.00	1.00	0.00	200.00
15/05/2023 11:13:00 - 2324/P2-1076	GAUZE SWABS 10 X 10CM 8 P	500.00	1.00	0.00	500.00
15/05/2023 11:13:00 - 2324/P2-1076	LUER LOK SYRINGE 05 ML	22.00	1.00	0.00	22.00
15/05/2023 11:13:00 - 2324/P2-1076	LUER LOK SYRINGE 3 ML	22.00	2.00	0.00	44.00
15/05/2023 11:13:00 - 2324/P2-1076	NEEDLE DISPOSABLE 18X1, 1/2	2.50	4.00	0.00	10.00
15/05/2023 11:13:00 - 2324/P2-1076	SENTINEL GLOVES 6.5	100.00	2.00	0.00	200.00
15/05/2023 11:13:00 - 2324/P2-1076	SENTINEL GLOVES 7	100.00	4.00	0.00	400.00
15/05/2023 11:13:00 - 2324/P2-1076	SUCTION CATHETER 14	50.00	1.00	0.00	50.00
15/05/2023 11:13:00 - 2324/P2-1076	VICRYL 2-0 (VP 2382) C *	876.00	1.00	0.00	876.00

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15/05/2023 11:13:00 - 2324/P2-1076	TAZOWIN 1 ML	39.93	1.00	0.00	39.93
15/05/2023 11:13:00 - 2324/P2-1076	SYRINGE- 10ML DISPO VAN	9.50	3.00	0.00	28.50
15/05/2023 11:13:00 - 2324/P2-1076	MICROSHIELD 4 % 100 ML	264.00	1.00	0.00	264.00
15/05/2023 11:13:00 - 2324/P2-1076	PLAIN SHEET LARGE (SURGIWEAR) D301	159.00	1.00	0.00	159.00
15/05/2023 11:13:00 - 2324/P2-1076	NITRILE EXAMINATION GLOVES	10.00	20.00	0.00	200.00
15/05/2023 11:13:00 - 2324/P2-1076	PLAIN TOWEL 120X160CM (NW300)	106.00	1.00	0.00	106.00
15/05/2023 11:13:00 - 2324/P2-1076	SYRINGE- 2ML DISPO VAN	4.50	4.00	0.00	18.00
15/05/2023 11:13:00 - 2324/P2-1076	COVIDIN SKIN STEPLER 35W	1084.00	1.00	0.00	1084.00
15/05/2023 11:13:00 - 2324/P2-1076	MEDIMOP 30X30 CM 6PLAY (5 NOS)	250.00	2.00	0.00	500.00
15/05/2023 11:13:00 - 2324/P2-1076	ONDEM 2ML	11.92	1.00	0.00	11.92
15/05/2023 11:13:00 - 2324/P2-1076	QUIFOL 1% 10 ML	89.80	2.00	0.00	179.60
15/05/2023 11:13:00 - 2324/P2-1076	ATRACURIN 2.5 ML	162.98	1.00	0.00	162.98
15/05/2023 11:13:00 - 2324/P2-1076	VENFLON PRO- 18 G	130.00	1.00	0.00	130.00
17/05/2023 12:59:00 - 2324/P2-1132	ETHILON 8-0 NW3708 R	725.00	1.00	0.00	725.00

**Total for PHARMACY - UNIT - 2**

**7948.98**

**CONSULTATION CHARGES/VISITS**

14/05/2023 12:47 - IP23/67592	INTENSIVE VISIT (I.C.U)	800.00	1.00	0.00	800.00
14/05/2023 16:44 - IP23/76261	EMERGENCY CONSULTATION FEE IP (Dr. DEPT OF ORTHOPAEDICS)	1200.00	1.00	0.00	1200.00
14/05/2023 16:46 - IP23/76281	EMERGENCY CONSULTATION FEE IP (Dr. OUTSIDE)	2000.00	1.00	0.00	2000.00
14/05/2023 16:50 - IP23/76310	EMERGENCY CONSULTATION FEE IP (Dr. DEPT OF ORTHOPAEDICS)	1200.00	1.00	0.00	1200.00
15/05/2023 - IP23/70201	CONSULTANT FIRST VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	600.00	1.00	0.00	600.00
15/05/2023 12:47 - IP23/67592	INTENSIVE VISIT (I.C.U)	800.00	1.00	0.00	800.00
15/05/2023 16:28 - IP23/76131	CONSULTANT VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	600.00	1.00	0.00	600.00
16/05/2023 16:28 - IP23/76135	CONSULTANT VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	600.00	1.00	0.00	600.00
16/05/2023 - IP23/72462	CONSULTANT SECOND VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	200.00	1.00	0.00	200.00
17/05/2023 - IP23/74631	CONSULTANT FIRST VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	200.00	1.00	0.00	200.00
17/05/2023 - IP23/74632	CONSULTANT SECOND VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	200.00	1.00	0.00	200.00
18/05/2023 - IP23/76138	CONSULTANT FIRST VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	200.00	1.00	0.00	200.00
18/05/2023 - IP23/76138	CONSULTANT SECOND VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	200.00	1.00	0.00	200.00
19/05/2023 - IP23/78191	CONSULTANT FIRST VISIT IP (Dr. DEPT OF ORTHOPAEDICS)	200.00	1.00	0.00	200.00

**Total for CONSULTATION CHARGES/VISITS**

**9000.00**

**NURSING CHARGES**

14/05/2023 12:47 - IP23/67592	NURSING CHARGES	600.00	1.00	0.00	600.00
15/05/2023 12:47 - IP23/67592	NURSING CHARGES	600.00	1.00	0.00	600.00
16/05/2023 12:47 - IP23/67592	NURSING CHARGES	200.00	1.00	0.00	200.00
17/05/2023 12:47 - IP23/67592	NURSING CHARGES	200.00	1.00	0.00	200.00
17/05/2023 17:37 - IP23/74010	INJECTION CHARGES	200.00	1.00	0.00	200.00
18/05/2023 12:47 - IP23/67592	NURSING CHARGES	200.00	1.00	0.00	200.00
19/05/2023 12:47 - IP23/67592	NURSING CHARGES	200.00	1.00	0.00	200.00

**Total for NURSING CHARGES**

**2200.00**

**LABORATORY**

14/05/2023 12:52 - IP23/67415	CBC PLATELETS & DIFF BLOOD	230.00	1.00	0.00	230.00
14/05/2023 12:52 - IP23/67415	KIDNEY FUNCTION TEST (KFT)	350.00	1.00	0.00	350.00
14/05/2023 12:52 - IP23/67415	LIVER FUNCTION TEST	400.00	1.00	0.00	400.00
14/05/2023 12:52 - IP23/67415	ELECTROLYTES (NA/K/CL) SERUM	375.00	1.00	0.00	375.00
14/05/2023 12:52 - IP23/67415	HEPATITIS B SURFACE ANTIGEN SERUM	275.00	1.00	0.00	275.00
14/05/2023 12:52 - IP23/67415	HIV ANTIBODIES SERUM	350.00	1.00	0.00	350.00
14/05/2023 14:40 - IP23/67476	HCV ABS SERUM	550.00	1.00	0.00	550.00
14/05/2023 14:41 - IP23/67478	PROTHROMBIN TIME PLASMA (INR)	300.00	1.00	0.00	300.00
15/05/2023 01:36 - IP23/67776	CBC PLATELETS & DIFF BLOOD	230.00	1.00	0.00	230.00

**Total for LABORATORY**

**3060.00**

**RADIOLOGY**

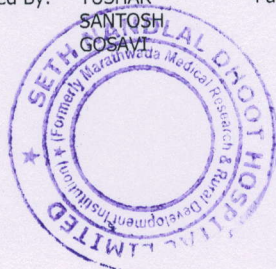
14/05/2023 12:52 - IP23/67415	PORTABLE X-RAY PER PLATE	500.00	1.00	0.00	500.00
14/05/2023 12:54 - IP23/67416	EMERGENCY CHARGES	400.00	1.00	0.00	400.00
14/05/2023 12:54 - IP23/67416	COLOUR DOPPLER ONE EXTREMITY (ARTERIAL)	1500.00	1.00	0.00	1500.00
14/05/2023 13:29 - IP23/67452	FORE ARM AP LATERAL X-RAY	600.00	1.00	0.00	600.00

Printed By: kadam

Prepared By: TUSHAR

Page No : 4 of 5

Print Date & Time: 09/06/2023 04:02 PM





Receipt/Ref no	Received/Ref Amt	Adjusted Amount	Mode	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode	Patients/Attendant's Signature
AD2324/5526(Settled)	80744.00	78436.00	RTGS,80744.00	05/06/2023 12:47	100000.00	100000.00	NEFT,100000.00	AD2324/3639(Settled)
AD2324/3639(Settled)	100000.00	100000.00	NEFT,100000.00	16/05/2023 23:31	100000.00	100000.00	NEFT,100000.00	AD2324/3639(Settled)
<b>Advance/Payment Details</b>								
Total Amount								
203436.00	Net Amount							
203436.00	Net Amount (Incl. Tax)							
203436.00	Amount Received Rs. (-)							
178436.00	Write Off Amount(-)							
25000.00	Balance							
0.00								
<b>Round Off Amount</b>								
19/05/2023 15:34 - IP23/78420	Round Off Amount	.30	1.00	0.30	19/05/2023 16:32 - IP23/76166	OT CHARGES	10000.00	10000.00
<b>OPERATION THEATER</b>								
<b>Total for OPERATION THEATER</b>								
18/05/2023 16:32 - IP23/76166	SURGEON FEES (DR. AMIT PATIL)	60000.00	1.00	0.00	18/05/2023 16:25 - IP23/76153	ANESTHETIST CHARGES	15000.00	15000.00
18/05/2023 16:25 - IP23/76153	ORTHOPAEDICS (Surgeon)	40000.00	1.00	0.00	18/05/2023 16:25 - IP23/76153	Vascular Injury In Upper Limbs - Axillary,Branchial,Radial And Ulnar	40000.00	40000.00
18/05/2023 16:25 - IP23/76153	- Repair With Vein Graft - Payable maximum upto (Dr. DEPT OF				18/05/2023 16:32 - IP23/76166			
<b>SURGERY</b>								
<b>Total for SURGERY</b>								
18/05/2023 16:32 - IP23/76166	E.C.G. CHARGES (DR. DEPT OF MEDICINE)	250.00	1.00	0.00	18/05/2023 16:32 - IP23/76166			
18/05/2023 17:38 - IP23/74020	MINOR PROCEDURE (DR. DEPT OF RADIOLOGY)	2000.00	1.00	0.00	18/05/2023 16:32 - IP23/76166			
<b>CARDIOLOGY</b>								
<b>Total for RADIOLOGY</b>								
17/05/2023 17:38 - IP23/74023	OXYGEN CHARGES PER DAY	350.00	1.00	0.00	17/05/2023 17:38 - IP23/74023			
17/05/2023 17:38 - IP23/74023	OXYGEN CHARGES PER DAY	350.00	1.00	0.00	17/05/2023 17:38 - IP23/74023			
<b>MINOR PROC</b>								
<b>Total for EQUIPMENT CHARGES</b>								
15/05/2023 17:36 - IP23/74007	PCV RESERVATION	300.00	2.00	0.00	15/05/2023 17:36 - IP23/74007			
14/05/2023 17:35 - IP23/74004	ADMISSION FILE CHARGES	200.00	1.00	0.00	14/05/2023 17:35 - IP23/74004			
14/05/2023 17:35 - IP23/74004	MLC -1	500.00	1.00	0.00	14/05/2023 17:35 - IP23/74004			
<b>EQUIPMENT CHARGES</b>								
<b>Total for BLOOD BANK</b>								
14/05/2023 16:05 - IP23/67497	B.I.M.E. CHARGES	60.00	1.00	0.00	14/05/2023 16:05 - IP23/67497			
14/05/2023 16:05 - IP23/67497	B.I.M.E. CHARGES	60.00	1.00	0.00	14/05/2023 16:05 - IP23/67497			
<b>BLOOD BANK</b>								
<b>Total for MISCELLANEOUS CHARGES</b>								
16/05/2023 17:37 - IP23/74018	BIOMEDICAL WASTE CHARGES	1000.00	1.00	0.00	16/05/2023 17:37 - IP23/74018			
15/05/2023 17:37 - IP23/74015		500.00	1.00	0.00	15/05/2023 17:37 - IP23/74015			
14/05/2023 17:36 - IP23/74014		60.00	1.00	0.00	14/05/2023 17:36 - IP23/74014			
14/05/2023 17:36 - IP23/74014		60.00	1.00	0.00	14/05/2023 17:36 - IP23/74014			
14/05/2023 16:23 - IP23/76113		60.00	1.00	0.00	14/05/2023 16:23 - IP23/76113			
14/05/2023 12:52 - IP23/67415		500.00	1.00	0.00	14/05/2023 12:52 - IP23/67415			
14/05/2023 12:52 - IP23/67415		200.00	1.00	0.00	14/05/2023 12:52 - IP23/67415			
<b>MISCELLANEOUS CHARGES</b>								
<b>Total for RADIOLOGY</b>								
17/05/2023 09:41 - IP23/72538	SHOULDER JOINT X-RAY	400.00	1.00	0.00	17/05/2023 09:41 - IP23/72538			
14/05/2023 13:39 - IP23/67458	CT UPPER LIMB ANGIO	6000.00	1.00	0.00	14/05/2023 13:39 - IP23/67458			
14/05/2023 13:39 - IP23/67458	EMG, CT SCAN CHARGES	1000.00	1.00	0.00	14/05/2023 13:39 - IP23/67458			
14/05/2023 13:29 - IP23/67452	CERVICAL SPINE MRI	4100.00	1.00	0.00	14/05/2023 13:29 - IP23/67452			
<b>RADIOLOGY</b>								
<b>Total for MISCELLANEOUS CHARGES</b>								
400.00	Total for MISCELLANEOUS CHARGES							
6000.00	Total for RADIOLOGY							
1000.00	Total for EQUIPMENT CHARGES							
4100.00	Total for BLOOD BANK							
14500.00	Total for MISCELLANEOUS CHARGES							
1880.00	Total for BLOOD BANK							
700.00	Total for EQUIPMENT CHARGES							
2000.00	Total for MINOR PROC							
250.00	Total for RADIOLOGY							
2500.00	Total for CARDIOLOGY							
115000.00	Total for SURGERY							
10000.00	Total for OPERATION THEATER							
0.30	Total for Round Off Amount							
203436.00	Total Amount							

Required receipt  
 Authorised Signatory



formarily Marathwada Medical Research & Rural Development Institution  
SETH NANDLAL DHOOT HOSPITAL LIMITED

A-1.MIDC.Chikalthana.Jalna Road .Aurangabad-431210  
Phone No.0240-2478400, 9225330014/9225330029

Cash/Credit Bill OP

UHID : 232479389 Bill No : OPCR2324/811 Bill Date Time : 26/05/2023 1:18PM  
Patient Name : Mr. JILBE KHANDERAO RAMJI Presc. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Gender/Age : Male/21 Yr 0 Mth 12 Days Lab No : Referred By : Self  
Contact No : 9921682656 Address : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
Payer : INDIVIDUAL Token No : 2

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	CONSULTATION OPD - FIRST VISIT (4.0) (Dr. DEPT OF ORTHOPAEDICS)	400.00	1.00	400.00	0.00	400.00	0.00	400.00
<b>Gross Amt</b>				<b>400</b>				<b>400.00</b>
				Round Off Amount				
				Net Amount				<b>400.00</b>
				Payer Amount				<b>400.00</b>
				Patient Amount				<b>0.00</b>
				Amt Received (Rs.)				<b>400.00</b>

Narration : c/o ramkisan dhoot sir

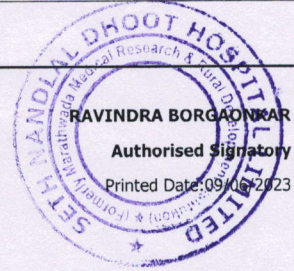
Bill amount has been adjusted against Receipt No: AD2324/5526

Email:- [contact@dhoothospitals.com](mailto:contact@dhoothospitals.com)

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SETH NANDLAL DHOOT HOSPITAL LIMITED

A-1.MIDC.Chikalthana.Jalna Road .Aurangabad-431210  
Phone No.0240-2478400, 9225330014/9225330029

Cash/Credit Bill OP

UHID : 232479389 Bill No : OPCR2324/812 Bill Date Time : 26/05/2023 2:14PM  
Patient Name : Mr. JILBE KHANDERAO RAMJI Presc. Doctor : Dr. DEPT OF ORTHOPAEDICS  
Gender/Age : Male/21 Yr 0 Mth 12 Days Lab No : Referred By : Self  
Contact No : 9921682656 Address : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA  
Payer : INDIVIDUAL Token No :

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	MINOR PROCEDURE (Dr. DEPT OF ORTHOPAEDICS)	800.00	1.00	800.00	0.00	800.00	0.00	800.00
<b>Gross Amt</b>				<b>800</b>				<b>800.00</b>
				Round Off Amount				
				Net Amount				<b>800.00</b>
				Payer Amount				<b>800.00</b>
				Patient Amount				<b>0.00</b>
				Amt Received (Rs.)				<b>800.00</b>

Narration : as per ramkisan dhoot sir

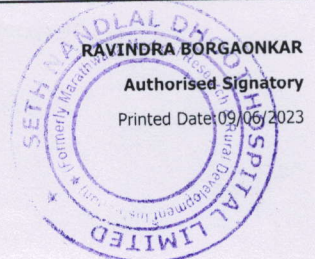
Bill amount has been adjusted against Receipt No: AD2324/5526

Email:- [contact@dhoothospitals.com](mailto:contact@dhoothospitals.com)

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# SETH NANDLAL DHOOT HOSPITAL LIMITED

formerly Marathwada Medical Research & Rural Development Institution  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210,Phone No:0240-2478400,  
9225330014/9225330029

E-Mail:contact@dhoothospital.com,Website: www.dhoothospitals.com GSTIN:-27AACCS7959P1ZD

I.P. No.	: 23/2295	<b>Original</b>	Bill No.	: IPCR2324/954
UHID	: 232479389		Bill Date	: 26/05/2023 01:59 PM
Patient Name	: Mr. KHANDERAO RAMJI JILBE		Consultant	: Dr. DEPT OF ORTHOPAEDICS
Gender/Age	: Male/21 Yr 0 Mth 12 Days		Adm. Category	: DAY CARE BED
Contact No	: 9921682656		D.O.A	: 26/05/2023 13:36
Address	: AT GANESHWADI TQ GANGAPUR AURANGABAD		D.O.D	: 26/05/2023 13:57
Payer	: INDIVIDUAL		Bed No/Ward	: DC051/DAY CARE
Sponsor	: INDIVIDUAL		Dis. Category	: DAY CARE BED
CRF	:		CASENO	:

Date	Particulars	Rate	Qty	Amount
<b>PHARMACY - UNIT - 1</b>				
26/05/2023 13:47:00 - 2324/P1-8080	SOF ROLL 10 CM	193.00	1.00	0.00
26/05/2023 13:47:00 - 2324/P1-8080	GYPSONA 10CM	199.00	4.00	0.00
26/05/2023 13:47:00 - 2324/P1-8080	BANDAGE 10 CM	30.00	1.00	0.00
26/05/2023 13:50:00 - 2324/P1-1256	SOF ROLL 10 CM	193.00	1.00	0.00
26/05/2023 13:50:00 - 2324/P1-8081	SOF ROLL 15 CM	282.00	1.00	0.00
<b>Total for PHARMACY - UNIT - 1</b>				<b>1108.00</b>
Total Amount				1108.00
Net Amount				1108.00
Net Amount (Incl. Tax)				1108.00
Amount Received Rs. (-)				1108.00
Balance				0.00

### Advance/Payment Details

Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode
AD2324/5526(Settled)	05/06/2023 12:47	80744.00	1108.00	RTGS,80744.00

Patient's /Attendant's Signature

Authorised Signatory



Printed By: kadam

Prepared By:

TUSHAR  
SANTOSH  
GOSAVI

Page No : 1 of 1

Print Date & Time: 09/06/2023 04:04 PM

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या  
Permanent Account Number  
**CKYPJ6906Q**

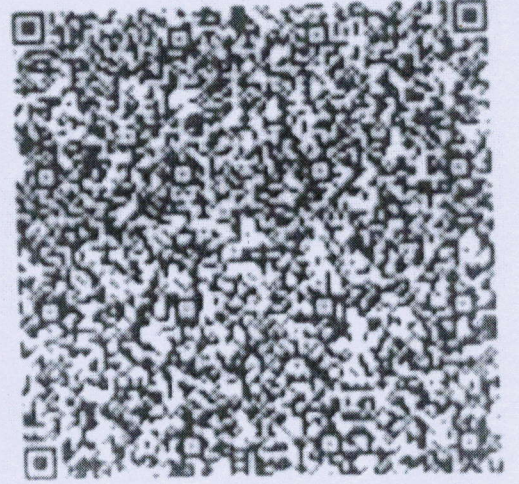
नाम / Name

**Khanderao Ramji Jilbe**

जन्म तिथि / Date of Birth

**20/06/2003**

हस्ताक्षर / Signature

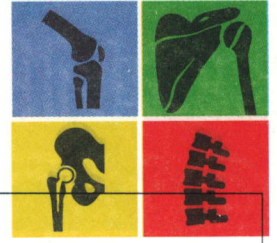


PT No- 8



# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)



## DEPARTMENT OF ORTHOPAEDICS DISCHARGE SUMMARY

Patient Name : Mr. Jilbe Khanderao Ramji

Reg.No : 232479389

Address : AT. Ganeshwadi TQ. Gangapur.

Date of Admission: 14/05/2023

Date of Discharge: 19/05/2023

Contact: 9921682656

Date of surgery: 14/05/2023

MLC No. 10559/23

- ❖ Diagnosis : Lt. Axillary artery thrombosis with Brachial Plexus Injury .
- ❖ Procedure : Exploration & Lt. axillary artery thromboembolctomy done..
- ❖ History & examination:- A/H/o Left Upper limb crush injury near Axilla while working in Siddharth Jinning company Gangapur on dt. 14/05/2023 at 10.30 AM.  
C/O unable to move left upper limb.  
No h/o DM , HTN.  
No h/o any other abnormalities.

### Local Examination:-

#### Left Hand :-

Left hand two CLW in axillary region 4x2\*1 cm.  
Left hand saturation : spo2 -0% in all fingers  
Tenderness present over medial side.  
Swelling present  
No Sensation  
Distal pulse Absent.  
Sensation absent below C5 level  
Power 0/V below C5 level left upper limb  
No active bleeding.  
No bony injury.

- ❖ Course in Hospital :- Patient admitted in ICU & general ward with above mentioned complaints.  
All routine investigation done.

### Investigations:-

Colour Doppler :- S/O No flow to Left Brachio Axillary & Radial artery.

CT angiography : small segment of distal/3rd part of subclavian artery

suggestive of thrombosis (There is absence of contrast opacification of distal ulnar artery suggestive of thrombosis(most likely chronic thrombus

MRI Left Brachial plexus :- 1. Avulsion injury (partial to complete avulsion) of C7, C8 & T1 nerve roots showing discontinuity of rootlets.

2. Discontinuity of middle & inferior trunks & anterior divisions of left brachial plexus most likely suggestive of severe traumatic avulsion.

**Dr. Uday Phute**

D.Ortho., DNB, MNAMS, DMLS

Sr. Consultant & HOD - Orthopaedics

Reg. No.: 70200

**Dr. Gajanan Deshmukh**

MBBS, D.Ortho., DNB,

Consultant Orthopaedic & Arthroscopy Surgeon

Reg. No.: 2009/09/3321

**Dr. Dipak Bhangre**

MBBS, D.Ortho., AFIH

Consultant Orthopaedic Surgeon

Reg. No.: 2009/04/2006

A-1, MIDC, Chikalthana, Jalna Road, Chhatrapati Sambhajinagar - 431 210. Tel.: (0240) 2478400/ 8500/ 8600

Emergency / Appointment Contact No.: 9225334178, 9225330088, (0240) 2478619



# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)



## DEPARTMENT OF ORTHOPAEDICS

**Xray Left Elbow** : s/o undisplaced fracture lateral condyle Humerus.

Plastic Surgeon's opinion taken and patient posted for left Axillary artery exploration & thromboembolctomy . Also patient and relatives explained regarding brachial plexus injury and future need of repair and nerve transfer surgery for brachial plexus at later stage .

❖ **Treatment given:-IV Fluids**

Inj. Supacef 1.5gm.

Inj.Pan 40 mg.

Inj.Emset

Inj. Clexane 0.4mg.

T Voveran Plus

T Peptard 20mg

Inj.Cefudep 2.25mg.

Inj. Amikacin 500mg.

Inj. Soludemedrol 1gm.

Inj Dynapar AQ 1ml

Tab Phlogam .

❖ **Operative notes:-**

Anaesthesia :- GA.

Duration :- 60 min

Position of patient :- Supine

Procedure:- Under all aseptic precautions parts clean , painted & draped.

Left Brachial artery explored at elbow.

Arteriotomy done & Thrombectomy done with fogarty catheter no 4

Arteriotomy incision closed with Ethilon 8.0.

Wound closed in layers.

Sterile dressing done & splintage given.

Postopp. Radial artery palpable & spo2 100% in all fingers .

❖ **Condition on Discharge:** Patient comfortable , No soakage. Dressing changed. Sensation Absent below C5 0/V power left upper limb , Also patient and relatives explained regarding brachial plexus injury and future need of repair and nerve transfer surgery for brachial plexus at later stage .

**Dr. Uday Phute**

D.Ortho., DNB, MNAMS, DMLS

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# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)

## DEPARTMENT OF ORTHOPAEDICS



❖ **Treatment advise on Discharge :-**

Tab. Cefudip CV625mg	1-0-1	} For 7 days
T. Voveran plus	1-0-1	
Tab Peptard	1-0-1	
T Phlogam	1-1-1	} for 5 days .

T Xeralto 10                      0-1-0                      for 10 days .

❖ **Advice on Discharge :-** AE slab in extension for 7 days . Left hand, wrist & fingers passive exercise as per instructions .Brachial Plexus repair at later stage .

❖ **Follow up-** After 7 days for dressing . (25/05/2023) .

  
Doctor Sign

Patient / Relative Sign

**Dr. Uday Phute**

D.Ortho., DNB, MNAMS, DMLS

Sr. Consultant & HOD - Orthopaedics

Reg. No.: 70200

**Dr. Gajanan Deshmukh**

MBBS, D.Ortho., DNB,

Consultant Orthopaedic & Arthroscopy Surgeon

Reg. No.: 2009/09/3321

**Dr. Dipak Bhange**

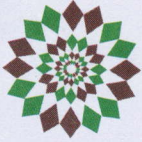
MBBS, D.Ortho., AFIH

Consultant Orthopaedic Surgeon

Reg. No.: 2009/04/2006

A-1, MIDC, Chikalthana, Jalna Road, Chhatrapati Sambhajinagar - 431 210. Tel.: (0240) 2478400/ 8500/ 8600

Emergency / Appointment Contact No.: 9225334178, 9225330088, (0240) 2478619



# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)



## DEPARTMENT OF RADIO DIAGNOSIS

Patient Name :-	Mr. KHANDERAO RAMJI JILBE	RIS No	252141
UHID	232479389	Order Date	
Age/Gender :-	21 Yrs/Male	Receiving Date :-	17/05/2023 9:41AM
Bed No/Ward :-	GEN WARD-M	Report Date :-	17/05/2023 1:39PM
Referred By :-	Dr. DEPT OF ORTHOPAEDICS	Report Status :-	Final

### MRI CERVICAL SPINE

### MRI BRACHIAL PLEXUS

MRI scan of brachial plexus was performed using T1 & T2 weighted sequences in multiple planes.

Avulsion injury (partial to complete avulsion) of C7, C8 & T1 nerve roots are noted showing discontinuity of rootlets. Discontinuity of middle & inferior trunks & anterior divisions of left brachial plexus, most likely suggestive of severe traumatic avulsion.  
T2/STIR hyperintense signal intensity on the cervical/spinal cord at C5, C6 & C7 vertebral levels possibly suggestive of cord edema/myelomalacia.


There is no hematoma or collection along the brachial plexus.  
There is no mass lesion along the brachial plexus.

#### Impression:

MRI brachial plexus reveals :

1. Avulsion injury (partial to complete avulsion) of C7, C8 & T1 nerve roots showing discontinuity of rootlets.
2. Discontinuity of middle & inferior trunks & anterior divisions of left brachial plexus most likely suggestive of severe traumatic avulsion.
3. T2/STIR hyperintense signal intensity on the cervical/spinal cord at C5, C6 & C7 vertebral levels possibly suggestive of cord edema/myelomalacia.

\*\*End Of Report\*\*

  
Dr. ADIL SHAIKH

A1, MIDC, Chikalthana, Jalna Road, Chhatrapati Sambhajinagar - 431 210. Phone No.:(0240) 2478400, 2478500, 2478600

Fax: (0240) 2485331, E-Mail: [contact@dhoothospital.com](mailto:contact@dhoothospital.com), Visit: [www.dhoothospitals.com](http://www.dhoothospitals.com)

\* This is a computer generated report no signatured required.  
\* Content of this report is only an opinion not the diagnosis.  
\* Report shall not be reproduced except in full without written approval of the laboratory

ICIN: U85110MH1991PLC060680



# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)



## DEPARTMENT OF RADIO DIAGNOSIS

Patient Name :-	Mr. KHANDERAO RAMJI JILBE	RIS No	251544
UHID	232479389	Order Date	
Age/Gender :-	21 Yrs/Male	Receiving Date :-	15/05/2023 11:23AM
Bed No/Ward :-	ICU	Report Date :-	15/05/2023 1:46PM
Referred By :-	Dr. DEPT OF ORTHOPAEDICS	Report Status :-	Final

### Arterial doppler left upper limb

Arterial system of left upper extremity was studied with high frequency linear probe.

No flow is seen within the left brachial, radial & ulnar arteries.  
Venous flow is seen in the cephalic vein.

The left subclavian artery and left axillary artery could not be evaluated.

### IMPRESSION -

Arterial doppler study of left upper extremity reveals:

No flow is seen within the left brachial, radial & ulnar arteries.  
Suggested further evaluation.

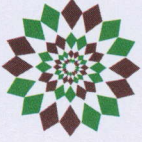
\*\*End Of Report\*\*

Dr. SURUCHI JAISWAL  
CONSULTANT RADIOLOGIST

AT, MIDC, Chikalthana, Jalna Road, Aurangabad - 431 210. Phone No.:(0240) 2478400, 2478500, 2478600

Fax: (0240) 2485331 E-Mail: contact@dhoothospital.com, Visit: www.dhoothospitals.com

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# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)



## DEPARTMENT OF RADIO DIAGNOSIS

Patient Name :-	Mr. KHANDERAO RAMJI JILBE	RIS No	251550
UHID	232479389	Order Date	
Age/Gender :-	21 Yrs/Male	Receiving Date :-	14/05/2023 1:39PM
Bed No/Ward :-	ICU	Report Date :-	15/05/2023 11:40AM
Referred By :-	Dr. DEPT OF ORTHOPAEDICS	Report Status :-	Final

### CT UPPER LIMB ANGIOGRAPHY

CT angiography of upper extremity was performed using multislice technique in the arterial phase followed by 3D reconstruction using MIP and SSD techniques.

There is absence of contrast opacification of small segment of distal/3rd part of subclavian artery suggestive of thrombosis (most likely chronic thrombus). Axillary, brachial & radial artery show normal contrast opacification - most likely supplied by scapular anastomosis. There is absence of contrast opacification of distal ulnar artery suggestive of thrombosis (most likely chronic thrombus). Superficial and deep palmar arch of hand show normal contrast opacification - supplied by radial artery.

The axillary arteries are normal.

The brachial artery is normal.

The bifurcation of the brachial artery appears normal.

There is no evidence of focal narrowing or dilatation.

No evidence of any AV malformation.

### IMPRESSION:-

CT angiography of upper extremity reveals;

There is absence of contrast opacification of small segment of distal/3rd part of subclavian artery suggestive of thrombosis (most likely chronic thrombus). Axillary, brachial & radial artery show normal contrast opacification - most likely supplied by scapular anastomosis. There is absence of contrast opacification of distal ulnar artery suggestive of thrombosis (most likely chronic thrombus). Superficial and deep palmar arch of hand show normal contrast opacification - supplied by radial artery.

\*\*End Of Report\*\*

Dr. ADIL SHAIKH

A1, MDC, Chikalhana, Jalna Road, Chhatrapati Sambhajnagar - 431 210. Phone No.:(0240) 2478400, 2478500, 2478600

Fax: (0240) 2485331, E-Mail: contact@dhoothospital.com, Visit: www.dhoothospitals.com

\* This is a computer generated report no signature required.  
\* Content of this report is only an opinion not the diagnosis.  
\* Report shall not be reproduced except in full without written approval of the laboratory.

(QIN): U85110MH1991PLC060680

**Client**  
Seth Nandlal Dhoot Hospital Ltd  
Pathkind Diagnostics Pvt. Ltd.  
Second Floor, Parking building, A-1/A-2 MIDC Chikalthana, Jalna Road

**Processed By**  
Pathkind Diagnostics Pvt. Ltd.  
Second Floor, Parking building, A-1/A-2 MIDC Chikalthana, Jalna Road  
Near Airport (IXU, Aurangabad, Maharashtra-431210)

<b>Name</b> : Mr. KHANDERAO RAMJI JILBE	<b>Billing Date</b> : 14/05/2023 15:56:21
<b>Age</b> : 21 Yrs	<b>Sample Collected on</b> : 14/05/2023 15:56:29
<b>Sex</b> : Male	<b>Sample Received on</b> : 14/05/2023 17:10:06
<b>Hosp LabNo</b> : 251556	<b>Report Released on</b> : 14/05/2023 19:56:44
<b>Accession No</b> : 31042303716	<b>Barcode No.</b> : 1604014973
<b>Referring Doctor</b> : Dr. DEPT OF ORTHOPAEDICS	<b>Ref no.</b> :
<b>Hosp. UHID</b> : 232479389	

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

**HAEMATOLGY**

**Prothrombin Time (PT)**

Method: Electromechanical Clot Detection

**Prothrombin Time** 19.1 H 11.2 - 15.3 Sec

Sample: Citrate Plasma

**MNPT** 13.5 Sec

Sample: Citrate Plasma

**INR** 1.46

Sample: Citrate Plasma

PT measures the integrity of the extrinsic pathway and the adequacy of the critical coagulation factors involved in it, namely Factor VII. This test, is therefore, used for monitoring the oral anticoagulation therapy which works by lowering multiple Vitamin K dependent coagulation factors in blood (namely Factors II, VII, IX and X) including Factor VII.

The results of PT are expressed as International Normalized Ratio (INR) to neutralize the influence of variable sensitivity of reagents (Thromboplastin) used in the assay by different laboratories.

**INCREASED PT: may be due to**

1. Factor deficiencies,
2. Drugs (e.g Coumarin type drugs for anticoagulant therapy, salicylates),
3. Severe Liver damage (E.g Poisoning, Hepatitis, Cirrhosis),
4. Hypofibrinogenemia (Acquired or Inherited),
5. Hemorrhagic disease of the newborn,
6. Poor Fat absorption (Obstructive jaundice, fistulas, sprue, steatorrhoea, chronic diarrhea, colitis)

**RECOMMENDATION: This is a very sensitive reagent and therefore it is advisable to follow up with INR value rather than PT in seconds.**

**The recommended INR:**

2-3 for Patients on Oral Anticoagulant Therapy in all conditions except mechanical valve replacement and prevention of Myocardial Infarction, where the INR may be maintained at 2.5-3.5.

**Anticoagulant therapy is advised to be discontinued if INR > 4.5 .**

**\*\* End of Report\*\***



**Client**  
**Seth Nandlal Dhoot Hospital Ltd**  
 Pathkind Diagnostics Pvt. Ltd.  
 Second Floor, Parking building, A-1/A-2 MIDC Chikalthana, Jalna Road

from the promoters of **Mankind**

**Processed By**  
**Pathkind Diagnostics Pvt. Ltd.**  
 Second Floor, Parking building, A-1/A-2 MIDC Chikalthana, Jalna Road  
 Near Airport (IXU, Aurangabad, Maharashtra-431210)

<b>Name</b> : Mr. KHANDERAO RAMJI JILBE	<b>Billing Date</b> : 14/05/2023 14:45:38
<b>Age</b> : 21 Yrs	<b>Sample Collected on</b> : 14/05/2023 15:46:18
<b>Sex</b> : Male	<b>Sample Received on</b> : 14/05/2023 16:04:30
<b>Hosp LabNo</b> : 251555	<b>Report Released on</b> : 14/05/2023 22:59:09
<b>Accession No</b> : 31042303701	<b>Barcode No.</b> : 995718078
<b>Referring Doctor</b> : Dr. DEPT OF ORTHOPAEDICS	<b>Ref no.</b> :
<b>Hosp. UHID</b> : 232479389	

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

**SEROLOGY**

**Hepatitis C Antibody (HCV), Rapid Card** Non Reactive Non Reactive

Sample: Serum

Method: Immunodot Assay

Clinical Significance :

HCV rapid test is a qualitative test used to screen for antibodies against Hepatitis C Virus.

**In case of negative results:**

Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

**In case of positive results:**

The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.

\*\* End of Report\*\*



**Dr. Tejal Pore**  
 Lab Head  
 Reg. No. 2014041334

**NATIONAL REFERENCE LAB**  
**PATHKIND DIAGNOSTICS PVT. LTD.**  
 Plot No . 55-56, Udyog Vihar, Phase 4, Gurugram  
 E-Mail: care@pathkindlabs.com  
 Website: www.pathkindlabs.com  
 Customer Care: 75000 75111

**SETH NANDLAL DHOOT HOSPITAL LTD.**  
 A-1/A-2 MIDC Chikalthana, Jalna Road,  
 Near Airport IXU, Aurangabad,  
 Maharashtra - 431210



जांच सही तो इलाज सही

from the promoters of **Mankind**

मराठवाडा मेडिकल रिसर्च अँड रूरल डेव्हलपमेंट इन्स्टिट्यूट

# सेठ नंदलाल धूत हॉस्पिटल

ए-१, एम.आय.डी.सी. जालना रोड, चिकलठाणा, औरंगाबाद - ४३१ २१०

दुरध्वनी : २४७८४००, ५००, ६०० फॅक्स : (०२४०) - २४८५३३१

## MLC INFORMATION

MLC CASE No.

10559123

दिनांक : 14/10/23

वेळ : 1.00 pm

प्रति,  
पोलिस स्टेशन प्रमुख,  
एम.आय.डी.सी. पोलिस स्टेशन,  
औरंगाबाद.

द्वारा - मुख्य वैद्यकीय अधिकारी  
सेठ नंदलाल धूत हॉस्पिटल,  
औरंगाबाद - 431 210

9138504055 सागर गावळी

8669094840 शिंदे राहुल

पेशंटचे नांव राहुल शिंदे वय २२ वर्षे

पत्ता : शिंदे राहुल औरंगाबाद

पेशंट आणण्याचे नांव सागर गावळी वय ३० वर्षे नाते शिंदे

पत्ता : औरंगाबाद औरंगाबाद

अपघात स्थळ : शिंदे राहुल औरंगाबाद अपघात दिनांक 14/10/2023 वेळ 10.30 वा ९

महोदय, शिंदे राहुल औरंगाबाद

आपणास कळविण्यात येते की, सदरील पेशंटला शुभेराज कुमर अण्णासाहेब

पेशंटला शिंदे राहुल औरंगाबाद स्थितीत उपचारासाठी वॉर्ड क्र. ३१३

येथे दाखल केले आहे. कृपया MLC पास करावी व पुढील कार्यवाही करावी, ही विनंती.

धन्यवाद!

आपला नम्र

करिता

करिता सेठ नंदलाल धूत हॉस्पिटल

Deekmulkh

पोलीस ठाणे अमलदार  
पोलीस ठाणे-एम.आय.डी.सी.  
शिंदे राहुल औरंगाबाद (शहर)

14/10/23 वेळ 12.50 PM

REG NO. 232479389



GW

MLC CASE  
DISCHARGE INTIMATION

Ref.: MLC Registration No.: 10559/23

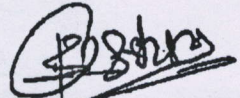
दिनांक : 19/05/23

Date of Admission No. 4/05/23

वेळ : 12:30 PM

प्रति,  
पोलिस स्टेशन प्रमुख,  
MEDC-CIDCO पोलिस स्टेशन,  
औरंगाबाद.

द्वारा : मुख्य वैद्यकीय अधिकारी  
सेठ नंदलाल धुत हॉस्पिटल  
औरंगाबाद ४३१ २१०.

  
पोलीस ठाणे औरंगाबाद  
पोलीस ठाणे-एम.आय.डी.सी  
रिजि. औरंगाबाद (शहर)

महोदय,

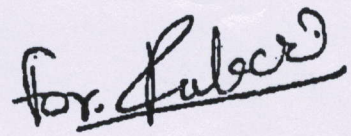
आम्ही आपणास कळवित आहोत की, श्री/श्रीमती ज्योदेराव रामजी जीतडे वय २१ राहणार वाघेशवाडी, औरंगापूर  
त्यांना दिनांक 14/5/23 वेळ 12:45 वा, आमच्या हॉस्पिटलमध्ये उपचारासाठी  
भरती करण्यात आले होते. त्यांना दिनांक 19/05/23 रोजी आम्ही उपचाराअंती  
सुट्टी करित आहोत.

तरी योग्य कार्यवाही करिता, आपणास कळवित आहोत.

धन्यवाद ।

आपला नमः Dept. of Ortho.

करिता : सेठ नंदलाल धुत हॉस्पिटल









# SETH NANDLAL DHOOT HOSPITAL LIMITED

(Formerly Marathwada Medical Research & Rural Development Institution)

## DEPARTMENT OF ORTHOPAEDICS



Date :-09/06/2023

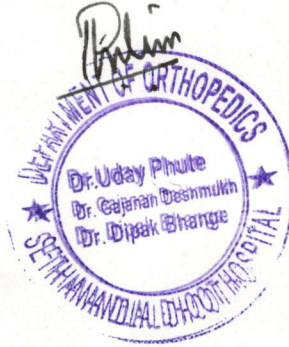
### To whomsoever it may concern

This is to certify that, **Mr, Khanderao ramji Jilbe** , 21 yrs / male patient with reg.no. 232479389 is was a case of left Axillary artery thrombosis with brachial plexus injury.

He was operated for Exploration and thromboembolectomy left axillary artery .

He will require detailed assessment of left brachial plexus injury ( 3 months post injury) after which the role of reconstructive surgery for B.P.I will be cleared.

Hence certified.



#### Dr. Uday Phute

D.Ortho., DNB, MNAMS, DMLS

Sr. Consultant & HOD - Orthopaedics

Reg. No.: 70200

#### Dr. Gajanan Deshmukh

MBBS, D.Ortho., DNB,

Consultant Orthopaedic & Arthroscopy Surgeon

Reg. No.: 2009/09/3321

#### Dr. Dipak Bhangre

MBBS, D.Ortho., AFIH

Consultant Orthopaedic Surgeon

Reg. No.: 2009/04/2006

A-1, MIDC, Chikalthana, Jalna Road, Chhatrapati Sambhajnagar - 431 210. Tel.: (0240) 2478400/ 8500/ 8600

Emergency / Appointment Contact No.: 9225334178, 9225330088, (0240) 2478619



# SIDDHARTH GINNING & PRESSING



Gangapur- Aurangabad Road, Tq, Gangapur, Dist, Aurangabad - 431 109.

**Correspondence Address :** 4, 'Devpriya', Near Patvardhan Hospital,  
Station Road Aurangabad- 431 005. Ph.:0240-2342098,  
Mobile: 9890003103 / 9422702203 (R) 02433-221325

Ref.

Date : 08/06/2023

## LEAVE CERTIFICATE

This is to certify that Khanderao Ramji Jilbe has not joined again Siddharth Ginning And Pressing Gangapur in Capacity as a Ginning Labour as he is recovering from the injury occurred due to the accident on 14 May 2023.

SIDDHARTH GINNING & PRESSING

S/Dheet  
PARTNER



# SIDDHARTH GINNING & PRESSING

Gangapur- Aurangabad Road, Tq, Gangapur, Dist, Aurangabad - 431 109.

**Correspondence Address :** 4, 'Devpriya', Near Patvardhan Hospital,  
Station Road Aurangabad- 431 005. Ph.:0240-2342098,  
Mobile: 9890003103 / 9422702203 (R) 02433-221325



Ref.

Date : 08/06/2023

## TO WHOMSOEVER IT MAY CONCERN

On 14<sup>th</sup> May 2023 our ginning shift at Siddharth ginning and pressing started as usual around 9am. Khanderao Ramji Jilbe was on duty at his designated place i.e in and around the gin house from where the kapas belt works to carry kapas to the gin machine. He was carrying out his routine work of cleaning of Kapas in and around the belt. Around 10.30am I heard Khanderao Ramji Jilbe shouting help help. I ran towards him and saw that his hand got stuck in the Roller of the belt carrying Kapas from Hotbox to Gin Machine. I immediately stopped the belt and entire production. His hand had suffered some injury and so I took him immediately to Dhoot Hospital Aurangabad for further treatment.

Name of Employee

Sagar Gaikwad

SIDDHARTH GINNING & PRESSING

*Sedhoat*  
PARTNER



# SIDDHARTH GINNING & PRESSING



Gangapur- Aurangabad Road, Tq.Gangapur, Dist.Aurangabad - 431 109.

**Correspondence Address** : 4, 'Devpriya', Near Patvardhan Hospital,  
Station Road Aurangabad- 431 005. Ph.:0240-2342098,  
Mobile: 9890003103 / 9422702203 (R) 02433-221325

Ref.

## TO WHOMSOEVER IT MAY CONCERN

Date : 8/6/23

This is to inform that Khanderao Ramji Jilbe had joined/ started working at Siddharth Ginning & Pressing on 01-Nov-2022 for cleaning and upkeep in and around the Gin House and the Belt.

After the accident on 14<sup>th</sup> May 2023 he is on medical leave as he is recovering from his injury.

SIDDHARTH GINNING & PRESSING

SODheet  
PARTNER

formerly Marathwada Medical Research & Rural Development Institution

SETH NANDLAL DHOOT HOSPITAL LIMITED  
A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210



Patient Prescription

Patient Name : JILBE KHANDERAO RAMJI  
UHID : 232479389  
Consultant Name : Dr.DEPT OF ORTHOPAEDICS  
Ward : ICU  
Patient Address : AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA,  
INDIA  
IP No : 23/1739  
Age/Gender:- 21/Male  
Prescription No. : 9980  
Prescription Date : 16/05/2023 8:59AM  
Indent Type : Routine Orders  
Bed No : IC0011  
Company : INDIVIDUAL  
Diagnosis:

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	INJ	DYNAPAR AQ 1 ML	3.00	
2	INJ	SUPACEF 1.5GM	2.00	
3	IV	NS 100ML	4.00	
	IV	NS 500 ML	4.00	
5	SUR	CHEST LEADS	5.00	
6	SUR	MOLINEA PLUS 60 X 90 CM	1.00	
7	SUR	NEEDLE DISPOSABLE 26X1/2	3.00	
8	SUR	NEEDLE DISPOSABLE 18X1, 1/2	3.00	
9	SUR	SYRINGE- 5ML DISPO VAN	4.00	
10	SUR	SYRINGE- 10ML DISPO VAN	6.00	
11	SUR	NITRILE EXAMINATION GLOVES	20.00	
12	SUR	DIGNITY DIAPER ADULT- XL	2.00	
13	INJ	ONDEM 4ML	2.00	
14	INJ	PANTAKIND 40MG INJ	1.00	
15	INJ	MIKASTAR - 500MG INJ.	1.00	

Doctor Signature

Dr. Dr.DEPT OF ORTHOPAEDICS ( )

ORTHOPEDIC

Reg. No.: ,SETH NANDLAL DHOOT HOSPITAL LIMITED

Printed By: ajay

Printed Date Time: 16/05/2023 09:02 AM

1 of 1

**Patient Prescription**

<b>Patient Name</b>	: JILBE KHANDERAO RAMJI	<b>Prescription No.</b>	: 9497
<b>UHID</b>	: 232479389	<b>Prescription Date</b>	: 14/05/2023 1:46PM
<b>Consultant Name</b>	: Dr.DEPT OF ORTHOPAEDICS	<b>Indent Type</b>	: <b>Routine Orders</b>
<b>Ward</b>	: ICU	<b>Bed No</b>	: IC0011
<b>Patient Address</b>	: AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA	<b>Company</b>	: INDIVIDUAL
<b>IP No</b>	: 23/1739	<b>Age/Gender:-</b>	21/Male
		<b>Diagnosis:</b>	

S#	SubGroupName	Item Name	Prescription Detail	Remarks
1	INJ	DYNAPAR AQ 1 ML	3.00	
2	INJ	SUPACEF 1.5GM	3.00	
3	IV	NS 100ML	4.00	
4	IV	NS 500 ML	2.00	
5	SUR	CHEST LEADS	5.00	
6	SUR	DISCOFIX	1.00	
7	SUR	FLAMIGRIP	1.00	
8	SUR	NEEDLE DISPOSABLE 18X1, 1/2	2.00	
9	SUR	STERI FLO IV SET	1.00	
10	SUR	VENFLON PRO NO. 20	1.00	
11	SUR	ECO HYGIENE	1.00	
12	SUR	SYRINGE- 5ML DISPO VAN	5.00	
13	SUR	SYRINGE- 10ML DISPO VAN	6.00	
14	SUR	NITRILE EXAMINATION GLOVES	20.00	
15	SUR	DIGNITY DIAPER ADULT- XL	1.00	
16	INJ	ONDEM 4ML	3.00	
17	INJ	MIKASTAR - 500MG INJ.	2.00	
18	INJ	SUPRIDOL 1ML ING	3.00	

Doctor Signature

Dr. Dr.DEPT OF ORTHOPAEDICS ( )

ORTHOPEDIC

Reg. No.: ,SETH NANDLAL DHOOT HOSPITAL LIMITED



**SETH NANDLAL DHOOT HOSPITAL LIMITED**  
formerly Marathwada Medical Research & Rural Development Institution

A-1,MIDC,Chikalthana,Jalna Road ,Aurangabad-431210  
E-mail :contact@dhoothospital.com Website: www.dhoothospitals.com Phone: 0240-2478400,  
9225330014/9225330029

Receipt No	AD2324/3639	Receipt Dat	16/05/2023 11:31PM
UHID	232479389	IP No	23/1739
Patient Name	Mr. KHANDERAO RAMJI JILBE	Admission Date	14/05/2023
Gender/Age	Male/ 21 Yr 0 Mth 2 Days	Payer	SELF PAY
Contact No	9921682656		
Address	AT GANESHWADI TQ GANGAPUR , AURANGABAD, MAHARASHTRA, INDIA		

Particulars	Amount
IPD Advance Collection	100000.00
<b>Total Amount (Rs.):</b>	<b>100000.00</b>

Remarks :  
Received an amount of (Rs.) One Lakh only.

Amount Refunded :

Authorised Signatory

Prepared By: RAVINDRABORGAONKAR

**KHANDERAO RAMJI JILBE**  
**UHID - 232479389**

Sr. No.	Bill No.	Bill Amt.	Deposit	Balance
1	IPCR2324/800	2,03,436	1,00,000	1,03,436
2	OPCR2324/811	400	0	400
3	IPCR2324/954	1108	0	1,108
4	OPCR2324/812	800	0	800
		<b>2,05,744</b>	<b>1,00,000</b>	<b>1,05,744</b>

**Discount 25,000**  
**Net Amt. 80,744**