

PROCEEDINGS OF THE DISTRICT ANIMAL HUSBANDRY OFFICER NELLORE.
PRESENT::Dr.K.Ramesh Naik, B.V.Sc., & AH,

Proc.D.Dis.1378/C/2025

Dated: 21.01.2026

Sub: Animal Husbandry Department Medical Reimbursement claim of Sri.P.Narasaiah, Rtd Livestock Assistant, RLU, RYG Palem, Sydapuram(M),SPS Nellore -Scrutiny of Medical Bills-Sanction Rs.15,000/-- Orders Issued.

- Ref: 1. G.o.Rt.No.449 HM&FW(1.1)Dept, Dated:19.07.2024.
2. Representation of Sri.P.Narasaiah(Rtd) Livestock Assistant, RLU, RYG Palem,Sydapuram(M), SPS Nellore, Dated: 18.08.2025.
3. This office Lr.Roc.No.1378/C/2025, Dated: 26.06.2025.
4.. Rc.No.7807/A6/GGH/MR/2025, Dated:31.12.2025 of the Superintendent Government General Hospital, Nellore.

ORDER

Sri.P.Narasaiah, Rtd Livestock Assistant, RLU, RYG Palem, Sydapuram(M),SPS Nellore has obtained treatment for his self for " **CAD-Unstable Angina, Good LV Function, S/P-CAG on 11.05.2011- Mild CAD**" for the period from **04.03.2025 to 05.08.2025** at KIMS Hospital, Nellore, for Rs.15,307/- and furnished the M.R. claim for Reimbursement to the Superintendent Government General Hospital, Nellore, with a request to scrutinize the bills and issue of admissibility.


Accordingly the Superintendent Government General Hospital, Nellore has issued admissibility for Rs. 15,000/- (Rupees Fifteen Thousand only) towards Medical Reimbursement, vide reference 4th cited.

In view of the provisions laid down in the Gos. 1st, and 4thcited, self sanction is hereby accorded for payment of Rs.15,000/- (Rupees Fifteen Thousand only) towards Medical Reimbursement of Sri.P.Narasaiah, Rtd Livestock Assistant, RLU, RYG Palem, Sydapuram(M),SPS Nellore.

The Gazetted Office Manager, Office of the District Animal Husbandry Officer, Nellore, SPS Nellore District is requested to take necessary action to draw and disburse the amount to Sri.P.Narasaiah, Rtd Livestock Assistant, RLU, RYG Palem, Sydapuram(M),SPS Nellore, duly debiting expenditure under the Head of Account for medical reimbursement in r/o all pensioners i.e Sub-Detailed head of Account "043" - Medical Reimbursement under pensionary Charges.

The individual is informed that, if any excess payment is made due to erroneous sanctions, the same shall be recovered in lump-sum without any notice as and when such irregularity is detected.

Encl: - Original Medical Bills along with
Original Proc.


District Animal Husbandry Officer
SPSR Nellore

To
The Gazetted Office Manager of this office.

Copy to Sri.P.Narasaiah, C/o RavuruManemma, Balayapalli Village & Mandal, Tirupati District, Pin code:524404
Copy to Stock File.



**PROCEEDING OF THE SUPERINTENDENT, GOVT., GENERAL HOSPITAL
NELLORE.**

PRESENT: Dr.K.MADHAVI ., MD.

Ref.No. 7807/A6/GGH/MR/2025

Dated: 31-12-2025.

Sub:- Medical Reimbursement – Scrutiny of Medical bills for sanction of Medical Reimbursement claim of Sri. P. Narasaiah, Rtd., Livestock Assistant, RLU, RYG Palem, Sydapuram Mandal, SPSR Nellore – Orders – Issued – Regarding.

Ref:- 1. G.O.Ms.No.449 of HM &FW (K.1) Dept Dated:23.05.2005.
2. Lr. Roc. No. 1378/C/2025, Dated: 26.06.2025 of the District Animal Husbandry officer, Nellore.

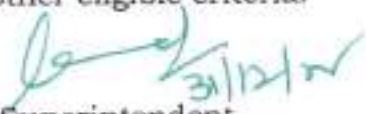
ORDER:

In the reference 2nd cited, District Animal Husbandry officer, Nellore has sent medical reimbursement expenditure bills for Rs.15,307/- (Rupees Fifteen thousand three Hundred and Seven only) which was incurred by Sri. P. Narasaiah, Rtd., Livestock Assistant, RLU, RYG Palem, Sydapuram Mandal, SPSR Nellore for treatment CAD- Unstable Angina, Good LV function, S/P- CAG at KIMS Hospital, Nellore for a period from 04.03.2025 to 05.08.2025 duly requesting for scrutiny.

Accordingly, the said medical reimbursement bills for Rs.15,307/- (Rupees Fifteen thousand three Hundred and Seven only) received in this office have been scrutinized by medical specialists and recommended for sanction of Rs.15,000/-

In view of the above, after careful examination of the matter, the U/S has approved eligible amount after Scrutiny **Rs. 15,000/- (Rupees Fifteen Thousand only)** It is informed that the above recommended amount is only reimbursement of Medical Expenditure but not for any other eligible criteria.

Encl: Original Bills.


Superintendent,
Govt General Hospital,
Nellore.


BN
19/12/25

To
The District Animal Husbandry officer, Nellore.

FORM 'C'
(Vide Rule 15 (3))

APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES.

1. Name and designation of the Government Servant. (in Block letters). : PAMUTULA NARASAI AH
Rtd Live Stock Asst R. Unit RY G Pakur
Sydapuram Mandalu SPK Nellore DT
2. Office in which employed. : — Retired —
3. Salary : Rs 37429/-
4. Place of duty. : Retired —
5. Full residential address : C. H Subba Rao (Retired)
S/O Venkata. Subbairao
D NO - 2-99
Chilla Kuv (V) 9 M
Tinnepathi - 52442
M
ph. 9550487198
6. Name of the patient and his relationship to the Govt. Servant. : — Self —
7. Place at which the patient fell ill. : Pedy Pakur
8. Nature of illness and its duration. : Heat disease
9. Details of amount claimed. : Bills enclosed
10. Total amount claimed. : Rs. 15307.47
11. List of enclosures. : 3

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT.

I hereby declare that the Statement in this application is the best of my knowledge and belief and that the person for whom medical expenses were incurred is a pensioner of the A.P. State Government.

// COUNTER SIGNED //

Joint Director
Animal Husbandry

ESSENTIAL CERTIFICATE
CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment).
Certificate granted to Mr. **PAMUJULA NARASIAH** employed in **Rtd Live Stock Assistant, svdapuram, Nellore**

Dr. C.S. Srinivasa Raju hereby certify :-

a). That I charged and received Rs. ----- for ----- consultations on ----- (dates to be given) at my consulting room /at the residence of the patient.

(name of the Med. Officer) on my advice.

b) That I charged and received Rs.----- for administering ----- intra-venous/intra-muscular/subcutaneous injections on ----- (dates to be given) at my consulting room/the residence of the patient.

c) That the injections administered were not/were for immunizing or prophylactic purposes.

d) That the patient has been under treatment at Krishna Institute of Medical Sciences Limited /my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the Krishna Institute of Medical Sciences Limited (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of the Medicines

Price

1. Investigations, Consultation,

Registration & Medicines Charges

Rs.15,307.47

(Rupees Fifteen thousand three hundred seven and forty seven paise only)

e.) That the patient is /was suffering from **CAD Unstable Angia Good ly function S/P Cag on 11/05/2011 Mild Cad)**

and is / was under my treatment from **04/03/2025 to 05/08/2025**

f). that the patient is/was not given pre-natal or post-natal treatment as **Out-patient**

g).that the X-ray, Laboratory test etc., for which an expend of Rs. _____ was incurred was necessary and were under taken on my advice at **Krishna Institute of Medical Sciences Limited** (name of hospital or Lab)

h).that I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ (Name of the Chief Admin. Officer of the State) as required under the rules was obtained.

i). That the patient did not require/required hospitalization.

Counter signed

Medical Superintendent,
**Krishna Institute Of
Medical Sciences Limited**
Svnapuram Nellore 524 005

Sign. And Designation of the
Med. Officer - in - charge of the Hospital.
Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19288

CHECK SLIP FOR SENDING MEDICAL RE-IMBURSEMENT PROPOSALS

1. Name and Official address of the Applicant
P. Narasaiab
do to ch. Subbarao (Rhe)
510 Venkata Subbarao
D NO - 2 - 99
x Ailakur x (V S M)
Tirupati - 520012
2. Date of Treatment
FROM 04-03-25 TO 05-08-25
3. Name and address of the Hospital
Krishna Gnani Medical Science
L.T. D. Dargamitta S/SE Nellore D.T.
4. Whether Private or Government.
5. Whether the proposals is received in the Head Office with in a period of 6 months From the date of discharge.
☒ YES / NO
6. Whether Appendix-II attested by the Head of the Office is enclosed.
☒ YES / NO
7. In case of Treatment at Recognised Hospitals/NIMS/ SVIMS, whether Emergency Certificate is enclosed.
☐ YES / NO
8. Whether Essentiality Certificate mentioning the amount of expenditure for the treatment signed by the doctors who treated and attested by the Authorised Medical agency is enclosed.
☒ YES / NO
9. Whether the bills for the amount mentioned in the Essentiality certificate attested by the Doctor who treated A.M.A. are enclosed.
☒ YES / NO
10. Whether the discharge summary of the Patient is enclosed.
☐ YES / NO
11. In case of retired teachers, whether the copy of the pension payment orders is enclosed.
☒ YES / NO
12. In case of dependants above the age of 19 un-employment and dependency certificate counter-signed by the Head of Office is enclosed.
☒ YES / NO

// COUNTER SIGNED //

26/9/25
Joint Director
Animal Husbandry
Nellore,
Sri Potti Srinamulu Nellore District.

SIGNATURE OF THE HEAD OF THE OFFICER.

BS
26/9/25 *26/9*



TO WHOM SO EVER IT MAY CONCERN

GENUINE CERTIFICATE

This is to certify that Mr. Pamujula Narasaiah , Retired Live stock Assistant, has undergone treatment in our hospital from 04/03/2025 to 05/08/2025 as out -patient and the bill Expenditure is Rs.15,307.47/- (Rupees Fifteen thousand three hundred seven and forty seven paise only) and the claim is Preferred Genuine.

Date: 05/08/2025

(Dr.C.S.Srinivasa Raju.,)

MD.,DM.,FACC.,FESC.,FSCAI.,

Chief Consultant Cardiologist

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

Krishna Institute of Medical Sciences Limited

Dargamitta, Nellore - 524 003.

☎ 2312777, 2317805, 2315835, 36, 37, 38


✉ kimshospitalsnellore@yahoo.com 🌐 www.kimshospitals.com



MEDICAL CERTIFICATE

This is to certify that Mr.Pamujula Narasaiah, male aged 74 years is suffering from Chest pain , Mild CAD on 11/5/2021, Good LV Function. He needs life long medical treatment with periodical medical checkup in Cardiology Department as Out - patient. He is advised to avoid stress and strain.

Date:05/08/2025


(Dr.C.S.Srinivasa Raju)

MD.,DM;FACC;FSCAI;FESC

Chief Consultant Cardiologist

Dr. C.S. SRINIVASA RAJU, M.D.,D.M
Cardiologist, Reg. No. 19290



MEDICAL OFFICER
P.H.C. BALAYAPALLI
Tirupati Dt. (A.P.)

Krishna Institute of Medical Sciences Limited

Dargamitta, Nellore - 524 003.

☎ 2312777, 2317805, 2315835, 36, 37, 38

✉ kimshospitalsnellore@yahoo.com 🌐 www.kimshospitals.com




DARGAMITTA, NELLORE - 524003. (A.P) INDIA
Ph: 0861-2312777, 2317805, 2315835, 36, 37, 38
E-Mail : kimshospitalsnellore@yahoo.com

OUT PATIENT ASSESSMENT RECORD

Patient Name : Mr. NARASIAH. PAMUJULA	Age/Gender : 74Y(s)/Male	UMR No : UMR317696
Father Name : POLAIAH	Occupation : Not Specified	Reg. Date : 06-Aug-2024
Mother Name :	Marital Status : Not Specified	Religion : Hindu
Address : GUDURU, Sri Potti Sriramulu Nellore	Patient Type : General	Nationality : Indian
Organization :	Mobile No : 8985062297	Token No :

Consultation.No : OPC2526038854	Consultation.Date : 05-Aug-2025 09:45:02AM
Consultant.Name : Dr. C.S.SRINIVASA RAJU MD, DM, FACC, FSCAI, FESC.	Dept : CARDIOLOGY Location : OP BLOCK (LEVEL- 1)

PR : 111	BP : 110/90	RR :	Temp :	Ht : 160	Wt : 71	BMI :
Pain Scale :						

Date & Time :
Diagnosis :

Clinical notes & Advice :

CHD: O.T
Good LV function
Sip: CH - mild CAD. (11/5/2011)
AF EFVR, 14TN 172PM

FLP	FIV CH	Rf
TC - 114		1-T - PRIME IN 10
TY - 89		0 0 7
HDL - 39	BETTER WHO	2-T - CONCOR 5
LDL - 57		1 0 0
VLDL - 18		3-T - TELMA AM 1005
		1 0 0

For Appointment Contact :

For Emergency Contact : 9666777335

Note : Reports may be collected after showing the SMS/ bill copy.

Note : If there are any side effects with the medicine, stop the medicine and report immediately to the hospital.

< PAY > Validity : 1 Consultation(s) Before 19-AUG-25

UMR317696

OPC2526038854

Please Sign after all entries





KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.

DARGAMITTA, NELLORE - 524003, (A.P) INDIA
 Ph: 0861-2312777, 2317805, 2315835, 36, 37, 38
 E-Mail : kims hospitals nellore@yahoo.com



OUT PATIENT ASSESSMENT RECORD

Patient Name : Mr. NARASIAH, PAMUJULA	Age/Gender : 74Y(s)/Male	UMR No : UMR317696
Father Name : POLAIAH	Occupation : Not Specified	Reg. Date : 06-Aug-2024
Mother Name :	Marital Status : Not Specified	Religion : Hindu
Address : GUDURU, Sri Potti Sriramulu Nellore	Patient Type : General	Nationality : Indian
	Mobile No : 8985062297	Token No

Organization :

Consultation.No : OPC2425091202

Consultation.Date : 03-Feb-2025 08:39:17AM

Consultant.Name : Dr. C.S.SRINIVASA RAJU
 MD, DM; FACC; FSCAI; FESC.

Dept : CARDIOLOGY
 Location : OP BLOCK (LEVEL- 1)

PK : 93 BP : 175/80 RR : 18 Temp : 36.5 Ht : 160 Wt : 69 BMI : 26.5

Pain Scale :

Date & Time :

Allergies if any :

Diagnosis :

FW Case

Clinical notes & Advice :

FLP

TC - 108
 RL - 75
 HDL - 45
 LDL - 48
 VLDL - 15

Rx

1. T - PRIME CV. 10
 2. T - CONCOR 5
 3. T - RIVA FLO. 10
 4. T - TELMA AM. 40
~~5. T - DILTIN 30~~

For Appointment Contact:

For Emergency Contact : 9666777335

Note : Reports may be collected after showing the SMS/ bill copy.

Note : If there are any side effects with the medicine, stop the medicine and report immediately to the hospital.

< PAY > Validity : 1 Consultation(s) Before 17-FEB-25

UMR317696

KIMS HOSPITALS NELLORE

Please Sign after all entries

**BILLING STATEMENT**

Pt.Name : Mr. Pamujula Narasaiah

Age/Sex : 74years/ male

Consultant Name : DR. C.S. Srinivasa Raju

Period of Treatment : 04/03/2025 to 05/08/2025

UMR No: 317696

S.No	Date	Bill No.	Particulars	Amount
1	4- Mar- 25	2425066761	Medicine Charges	4,137.50
2	2- May- 25	2526006301	Medicine Charges	2,537.35
3	6- Jun- 25	2526012919	Medicine Charges	2,406.30
4	2- Jul- 25	A019294	Medicine Charges	2,548.00
5	31- Jul- 25	2526041428	Investigation Charges	792.00
6	5- Aug- 25	2526038854	Consultation Charges	600.00
7	5- Aug- 25	2526024613	Medicine Charges	59.72
8	5- Aug- 25	2526024619	Medicine Charges	2,226.60
			Total	15,307.47

Paid yes
P. Narasaiah

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.,



Darganitta, Nellore-524 003, Andhra Pradesh, India
Tel: 0861-2315835/6/7/8, Fax: 0861-2302164

GST No : 37AACCK2540G125

Pharmacy Receipt

TAX INVOICE

Doctor Name : Dr.C.S.SRINIVASA RAJU

Dispenser

: SWATHI D

Bill No

: OSP2425066761

Bill Date

: 04-Mar-2025

Date & Time of Supply

: 04-Mar-2025 12:48:28 PM

D.L.No.

: 20:AP/09/01/2022-29837, :

UMR No

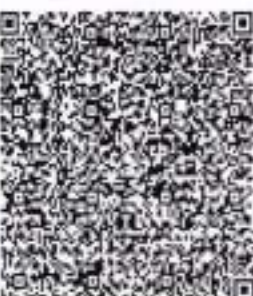
: UMR317696

Patient Name

: NARASAIJAH, PAMUJULA

RCM Invoice

: NO



SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST %	SGST %	Bill Amt
1	TEL725	TELMA-AM 40MG TAB	30049072	GLENM	H	05240766	Apr-27	60	18.30	1,098.21	0.00	1,098.21	6.00	65.89	1,230.00
2	RIV715	RIVAFLD 10MG TAB	30049099	SUN P	B0240269A	Aug-26		20	25.80	516.07	0.00	516.07	6.00	30.97	578.00
3	RIV715	RIVAFLD 10MG TAB	30049099	SUN P	B0240161A	May-26		30	23.48	704.46	0.00	704.46	6.00	42.27	789.00
4	CON702	CONCOR 5MG TAB	30049079	MERCK	H	M07AM2459	Jun-26	50	11.44	571.88	0.00	571.88	6.00	34.31	640.50
5	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO		525109101	Dec-26	50	16.07	803.57	0.00	803.57	6.00	48.22	900.00
A															
Received sum of Four Thousand One Hundred Thirty-Seven Rupees Fifty Paise Only toward										3,694.19	0.00	3,694.19	221.65	221.65	4,137.50
										Cash Amount		4,137.50			
										Receipt Amount		4,137.50			

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

Paid by
P N Rao

PAID



Create By : 30201356

Printed By : 1623

Note

1. Freeze items are not taken back.
2. Medicine returns timings (9 A.M. to 1 P.M.) & (4 P.M., to 7 P.M.).
3. Medicine returns are accepting in Returns counter, 11nd Floor Only.
4. Medicine returns are not accepted without bill.

Medicine not taken back with in 30 days after discharge.

Create Date : 04-Mar-2025 12:48:28 PM

Print Date : 04-Mar-2025 12:48:29 PM

KRISHNA INSTITUTE OF MEDICAL SCIENCES LTD.,



Bargamitta, Nellore-524 003, Andhra Pradesh, India
Tel:0861-2315835/6/7/8, Fax:0861-2302164

GST No : 37AACCK2540G125

Pharmacy Receipt

TAX INVOICE

Doctor Name : Dr.C.S.SRINIVASA RAJU

Dispenser

: SWATHI D

Bill No

: OS92526006301

Bill Date

: 02-May-2025

Date & Time of Supply

: 02-May-2025 01:44:44 PM

D.L.No.

: 20:AP/09/01/2022-29837

UMR No

: UMR317696

Patient Name

: NAKASAIAM, PAMUJULA

RCM Invoice

: NO



SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST %	SGST %	Bill Amt
1	TEL25	TELMA-AM 40MG TAB	30049072	GLENM	H	05240805	May-27	35	18.30	640.63	0.00	640.63	6.00	38.44	717.50
2	RIV15	RIVAFLU 10MG TAB	30049099	SUN P	A	BO2050043	Jan-27	35	25.80	903.13	0.00	903.13	6.00	54.19	1,011.50
3	CON02	CONCOR 5MG TAB	30049079	MERCK	H	MO7AM2459	Jun-26	35	11.44	400.31	0.00	400.31	6.00	24.02	448.35
4	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO	A	S25109101	Dec-26	20	16.07	321.43	0.00	321.43	6.00	19.29	360.00
Received sum of Two Thousand Five Hundred Thirty-Seven Rupees Thirty-Five Paise Only										2,265.50	0.00	2,265.50	135.93	135.93	2,537.35

Cash Amount 2,537.35
Receipt Amount 2,537.35

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

Paid by me
P Natarajan

PAID

Pharmacist

Create By : 30201356

Printed By : 1623

Note

1. Freeze Items are not taken back
2. Medicine returns timings (9 A.M. to 1 P.M.) & (4 P.M. to 7 P.M.).
3. Medicine returns are accepting in Returns counter, 11nd Floor Only.
4. Medicine returns are not accepted without bill.
5. Medicine not taken back with in 3 days after Discharge.

Create Date : 02-May-2025 01:44:44 PM

Print Date : 02-May-2025 01:44:45 PM

**PROCEEDINGS OF THE DIRECTOR OF MEDICAL EDUCATION: A.P.
VIJAYAWADA**

**Present: - Dr. D.S.V.L. Narasimham, M.S.,
Director of Medical Education**

Procdgs. No.2336678/P3/2024

Dt. 01/04/2024

Sub D.M.E. - A.P.I.M.A. Rules 1972 - Renewal of Recognition of M/s
:- Krishna Institute of Medical Sciences Limited, Nellore as referral
hospital for the purpose of treatment to State Government
Employees, Retired Pensioners and their dependents, M.L.As., Ex.
M.L.As. and other categories of persons as per rules -Renewal of
Recognition Orders Issued - Regarding.

Ref: 1. G.O. Ms. No. 162 HM&FW (K.1) Dept. Dated. 23-05-2005.

2. G.O. Ms. No. 477 HM&FW (K.1) Dept. Dated. 30-08-2005.

3. G.O. Rt. No. 345 HM&FW (I.1) Dept. Dated. 21-08-2018

4. . Inspection Report Lr.Rc.No. Spl/E1/GGH/2024, Dated 05.03.2024
from the Superintendent, Government General Hospital, Nellore

ORDER:-

In exercise of the powers delegated in the references 1st to 3rd cited and keeping in view of the inspection report submitted by the Superintendent, the Director of Medical Education, Andhra Pradesh, Vijayawada, is pleased to accord recognition to M/s Krishna Institute of Medical Sciences Limited, Nellore as referral hospital for the specialties of General Medicine, General Surgery, OBG, Orthopedics, Anaesthesiology, Cardiology, CT Surgery, ENT, Emergency Medicine, Plastic Surgery, Pulmonology, Pediatrics, Pathology, Radiology, Surgical Gastroenterology, Nephrology, Neurosurgery and Urology treatment to the categories mentioned in the subject on reimbursement basis under the following conditions (out & in patients).

1. The Hospitals should give free treatment to white card holders or below poverty line to a minimum 5% of bed strength (for inpatient services).
2. The Hospital should give free medical treatment to students of S.C. / S.T. / B.C. residential schools, S.T. Ashrama Schools, S.T. Hostels, G.V.V.K. Schools and Maabadi Schools.
3. The Hospital should provide better medical and health services including free diagnostic services, conducting health camps, once in a month in two villages which are mentioned in the M.O.U.
4. The Hospital should submit monthly return of free treatment in the prescribed format mentioned in the reference 1st cited.
5. The Hospital concerned should charge for all medical / surgical / diagnostic services given by them under this scheme, as per the package rates prescribed by Government of India, Ministry of Health and family Welfare for C.G.H.S., Hyderabad and as adopted by the State Government in G.O. Ms. No. 74, HM&FW (K.1) Department, Dated. 15-03-2005 or as may be

prescribed by the State Government or the Director of Medical Education from time to time. The Director of Medical Education / Scrutinizing authority shall verify and ensure that the charges levied by the Private Hospitals are as per the above rates, before certifying the net admissible amount. If the rates of Private Hospitals are less than the C.G.H.S. package rates / Government rates as per annexure to the said G.O. the lowest rates of Private Hospitals shall be accepted for scrutiny and payment.

6. The Hospital should pay Rs. 30,000/- (Rs Thirty Thousand only) towards inspection fee in every year.
7. All other guidelines mentioned in the references should be followed scrupulously.
8. The permission accorded to the hospital is liable for cancellation and such other action as deemed fit, including de-recognition of the hospital and initiate criminal action as per law against the hospital, whenever the State Government forms the opinion based on inspection or enquiry into the allegations that the said Private Hospital is not providing treatment to the State Government Employees / Retired Employees and their dependents etc., as stipulated above and violates the conditions mentioned therein, and indulge any irregularities in respect of excess / bogus claims, cheating the patient or Government or resorting to any unlawful activities etc., after giving fifteen (15) days' notice to the hospital and pass appropriate orders, after considering the representation, if any, offered by the said Hospital.
9. The Hospital management is here after directed to submit the renewal of recognition proposal within 90 days before expiry of validity period for continuation of the renewal of recognition.
10. These orders are valid from **27-01-2024 to 26-01-2027**
11. All scrutinizing officers should follow these guidelines in admitting the bills.

Digitally Signed by Dsvl

Narasimham

Director
Director of Medical Education

Date: 01-04-2024 10:21:48

Reason: Approved

To:

The MD, M/s Krishna Institute of Medical Sciences Limited, Dargamitta,
Nellore- 524 003

Copy to All the Heads of Departments in the State

Copy to the CEO, Dr. YSR Aarogya Sri Health Care Trust, D.No.241, MGM
Capital Building, NRI Junction, Chinnakakani, Mangalagiri, Guntur

Copy to the Pay and Accounts Officer, Mangalagiri,

Copy to All the District Treasury Officers in the State.

KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.,



Dargamatta, Nellore-524 003, Andhra Pradesh, India
Tel:0861-2315835/6/7/8, Fax:0861-2302164

GST No : 37AACCK2540G1Z5

Pharmacy Receipt

TAX INVOICE

Doctor Name : Dr.C.S.SRINIVASA RAJU

Dispenser : SWATHI D

Bill No

: OSP2526012919

Bill Date

: 06-Jun-2025

Date & Time of Supply

: 06-Jun-2025 11:39:40 AM

D.L.No.

: 20-AP/09/01/2022-29837.1

UMR No

: UMR317696

Patient Name

: NARASAJAH, PAMUJULA

RCM Invoice

: NO



SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST	SGST	Bill Amt
1	TEL125	TELMA-AM 40MG TAB	30049072	GLENM	H	05240805	May-27	30	18.30	549.11	0.00	549.11	6.00	32.95	615.00
2	RIV115	RIVAFLO 10MG TAB	30049099	SUN P	H	BO250043A	Jan-27	30	25.80	774.11	0.00	774.11	6.00	46.45	867.00
3	CON102	CONCOR 5MG TAB	30049079	MERCK	H	M07AM2408	Aug-26	30	11.44	343.13	0.00	343.13	6.00	20.59	384.30
4	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO	H	S25109101	Dec-26	30	16.07	482.14	0.00	482.14	6.00	28.93	540.00
Received sum of Two Thousand Four Hundred Six Rupees Thirty Paise Only towards Above										2,148.49	0.00	2,148.49	128.91	128.91	2,406.30
										Cash Amount		2,406.30			
										Receipt Amount		2,406.30			

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

Paid by me
P. Narasiah

PAID

Pharmacist

Create By : 30201410

Printed By : 1689

Note

1. Freeze Items are not taken back.

2. Medicine returns timings (9 A.M. to 1 P.M.) & (4 P.M. to 7 P.M.).

3. Medicine returns are accepted in Returns counter, 11th Floor Only.

4. Medicine returns are not accepted without bill.

5. Medicine zero balance back with in 30 days after Discharge.

Create Date : 06-Jun-2025 11:39:40 AM

Print Date : 06-Jun-2025 11:39:42 AM

NON DRAW CERTIFICATE

This is Certified that the amount Rs 15307-47 Rupees Fifteen thousand three hundred seventy th seven and four paise was paid by me for my private money for my treatment of heat stroke which has some relation medical since I had to go with a well as self drawn car's medical Reimbursement document.


Gazetted Office Manager
Office of Joint Director (A.H.)
Nellore - 524 001.

To
Navasat
Retired live stock Asst
R. Unit & Y. G. Polam
Sydha Bureau Mandala
SPSR Nulu D.T.

SABAREESH PHARMACY GENERIC & SURGICALS

24/517, GROUND FLOOR, NEAR BOLLINI N HOSPITAL, DURGAMITTA, NELLORE - 524003

Mobility No: 9143019019 E-Mail: sabareeshpharmacy@rediffmail.com

GSTIN: JTAACZP103570170

Patient Name: SURESH K. N. RAO

Adm. NUMBER:
000000000000000000

Invoice No: A019201 SM:

Date: 02-07-2025 Time: 11:30

Dr. Name:

SN.	PRODUCT NAME	SCH	PACK	HSN	BATCH	EXP.	QTY	M.R.P	DIS	AMOUNT
1.	LUPINETG 50MG		10S	30022027	EMV250476B	1/27	40	110.00	20	440.00
2.	CONCOR 5MG TABS		10's	30041020	M07AM2501	2/27	30	141.00	20	423.00
3.	DIABILD-M 50/500MG		15S	30042096	CT739	9/26	4	120.00	20	480.00
4.	PRIML CV 10MG		10's	30041020	S25109101A	12/26	20	180.00	20	360.00
5.	TELMA-AM TABS		10's	30041020	05240824	5/27	30	307.50	20	615.00
6.	RIVAFLO 10 10T		10	30044060	HO250106A	2/27	3	259.00	20	867.00

ఫ్రీ హోం డెలివరీ
FREE HOME DELIVERY
 మీ ప్రీస్క్రిప్షన్ న మా వాట్సాప్ కు పంపించి లేదా
 కాలి చేయండి. మా వాట్సాప్ నెంబర్
@9143019019

Dr. C.S. SRINIVASA RAJU, M.D., D.M.,
 Cardiologist, Reg. No. 19290

GST-2274 18981000126 515091713335703931 *** GET WELL SOON ***

Terms & Conditions

Goods once sold will not be taken back or exchanged.

Bills not paid due date will attract 24% interest.

All disputes subject to Jurisdiction only.

Prescribed Sales Tax deduction will be given.

NOTE

SABAREESH PHARMACY
R **5294103500**
PAID
 For SRI SABAREESH PHARMACY GENERIC & SURGICALS

Grand Total: 3185.00
 Discount Amt: 627.00
 Roundoff Amt: 0.00
Net Amount: 2548.00

Rs. Two Thousand Five Hundred

Authorized Signatory



DARGAMITTA, NELLORE - 524003, (A.P) INDIA
Ph: 0861-2312777, 2317805, 2315835, 36, 37, 38
GST No. : 37AACCK2540G1ZS

Bill Of Supply
OP Bill - Cum - Receipt

P Name : Mr. NARASIAH. PAMUJULA

Bill No : BIL2526041428

Age/Sex : 74Y(s)/Male

UMR NO : UMR317696

Consultant: Dr. C. S. SRINIVASA RAJU

Phone : 8985062297

P. Address : GUDURU

Bill Dt : 31-Jul-2025



S. No Service Name
1 LIPID PROFILE

Cash Amt : 792.00

Service Cd
BIO0077

Ref By : WALKIN

SAC Cd
999316

Qty
1

Rate
990.00

Amount (Rs)
990.00

Bill Amt

Concession

Pat. Payable Amt

Receipt Amt

Due Amt.

990.00

198.00

792.00

792.00

0.00

S. No. Paymode Payment No
1 CASH

Payment Bank

Expiry Dt

Receipt Amount

792.00

***Note: Cancellation/Refund will not be done after 30 days from the date of bill for any reason**

Created : 30100532 / 31-Jul-2025 6:40:01 AM

UMR317696



BIL2526041428



E-Mail : kimshospitalsnellore@yahoo.com

*** Cheques are subject to realisation

(Authorised Signatory)

PAID BY me
P. NARASIAH



KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.

DARGAMITTA, NELLORE - 524003. (A.P) INDIA
Ph: 0861-2312777, 2317805, 2315835, 36, 37, 38

GST No : 37AACCK2540G1ZS

**Bill Of Supply
Consultation Bill**

P. Name : Mr. NARASAIHAH. PAMUJULA
UMR No : UMR317696
Voc No : OPC2526038854
Recp. No : 7,081,287.00
P. Addr : GUDURU
Phone : 8985062297

Age/Sex : 74Y(s)/Male
Voc Dt : 05-Aug-2025



Description Of Supply : Consultation Charges

Consultant : DR. C.S. SRINIVASA RAJU

Ref By : WALKIN

Visit Type : Normal

Pay. mode : SELF

Location : OP BLOCK (LEVEL- 1)

Department Name : CARDIOLOGY

SAC Cd :

Cons Amounts : 750.00

Concession : 150.00

Recpt Amt : 600.00

Token No

S. No.	Paymode	Payment No	Payment Bank	Expiry Dt	Receipt Amount
1	CASH				600.00

Validity : < PAY > Validity : 1 Consultation(s) Before 19-AUG-25

Received with thanks from NARASAIHAH. PAMUJULA. A Sum of Rs. 600.00/

In Words : In Words Six Hundred Rupees Only

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

Create By : 30201182

Print By : 30201182

Create Dt : 05-Aug-2025 9:45:02AM

Print Dt : 05-Aug-2025 09:45:09 AM

UMR317696

OPC2526038854

E-Mail : kimsahospitalsnellore@yahoo.com



(Authorised Signatory)

*** Cheques are subject to realisation

*Paid yml
P Naras*



KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.,

Dargamitta, Nellore-524 003, Andhra Pradesh, India
Tel:0861-2315835/6/7/8, Fax:0861-2302164

GST No : 37AACCK2540G125
Pharmacy Receipt

TAX INVOICE

Bill No : OSP2526024613
Bill Date : 05-Aug-2025
Date & Time of Supply : 05-Aug-2025 08:54:44 AM
D.L.No. : 20-AP/09/01/2022-29837
UMR No : UMR317696
Patient Name : NARASAIHA, PANJULA
RCM Invoice : NO



Doctor Name : Dr.C.S.SRINIVASA RAJU		Dispenser : SWATHI D															
SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST		SGST		Bill Amt
													%	Amt	%	Amt	
1	RIVT15	RIVAFLO 10MG TAB	30049099	SUN P	B0250110A	Feb-27		1	25.80	25.80	0.00	25.80	6.00	1.55	6.00	1.55	28.90
2	CONTO2	CONCOR SMG TAB	30049079	MERCK H	M07AM2408	Aug-26		1	11.45	11.45	0.00	11.45	6.00	0.69	6.00	0.69	12.82
3	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO A	S25109101	Dec-26		1	16.07	16.07	0.00	16.07	6.00	0.97	6.00	0.97	18.00
										53.32	0.00	53.32	3.20		3.20		59.72
Received sum of Fifty-Nine Rupees Seventy-Two Paise Only towards Above Bill																	
Cash Amount																	

Cash Amount 59.72
Receipt Amount 59.72

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 19290

Paid by
P Narasaiha

PAID

Pharmacist

Create By : 30201589

Printed By : 1589

Note

1. Freeze Items are not taken back.
2. Medicine returns timings (9 A.M. to 1 P.M.) & (4 P.M. to 7 P.M.).
3. Medicine returns are accepted in Returns counter, 11nd Floor Only.
4. Medicine returns are not accepted without bill.
5. Medicine are taken back with in 70 days after Discharge.

Create Date : 05-Aug-2025 08:54:44 AM
Print Date : 05-Aug-2025 08:54:45 AM

KRISHNA INSTITUTE OF MEDICAL SCIENCES LTD.,

Bill No : OSP2526024619
 Bill Date : 05-Aug-2025



TAX INVOICE

Patient Name : JAGASANTHI, PAVULUVA
 RCM Invoice : NO



Doctor Name : Dr.C.S.SRINIVASA RAJU

Dispenser : SWATHI D

SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Bill Amt
1	RIVT15	RIVAFLU 10MG TAB	30049099	SUN P	BO250110A	Feb-27		30	25.80	774.11	0.00	774.11	6.00	46.45	6.00	46.45	867.00
2	TELIT25	TELMA-AM 40MG TAB	30049072	GLENM	H 05240824	May-27		30	18.30	549.11	0.00	549.11	6.00	32.95	6.00	32.95	615.00
3	CONT02	CONCOR 5MG TAB	30049079	MERCK	H M07AM2408	Aug-26		30	11.45	343.39	0.00	343.39	6.00	20.60	6.00	20.60	384.60
4	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO	SZ5109101	Dec-26		20	16.07	321.43	0.00	321.43	6.00	19.29	6.00	19.29	360.00
									1,988.04	0.00	1,988.04	119.28	119.28	2,226.60			

Received sum of Two Thousand Two Hundred Twenty-Six Rupees Sixty Paise Only toward

Cash Amount : 2,226.60
 Receipt Amount : 2,226.60

Dr. C. S. SRINIVASA RAJU, M.D., D.M.
 Consultant, R.V. No. 19280

paid by
 P. M. M. M. M.

PAID

Pharmacist

Create By : 30201589

Printed By : 1589

Note

1. Freeze Items are not taken back.
2. Medicine returns timings (9 A.M. to 1 P.M.) & (4 P.M. to 7 P.M.).
3. Medicine returns are accepted in Returns counter, IIInd Floor Only.
4. Medicine returns are not accepted without bill.

5. Medicine returns with in 30 days after Discharge.

Create Date : 05-Aug-2025 10:18:19 AM
 Print Date : 05-Aug-2025 10:18:21 AM