

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.

2025/26
District Animal Husbandry Officer
SPSR Nellore
BS
ZMNG

To
The Gazetted Office Manager of this office .
Copy to Sri.P.Narasaiah, C/o Ravuru Manemma, Balayapalli Village & Mandal, Tirupati District, Pin code:524404
Copy to Stock File.



46
77-020

CA 7106930981W
31.12.2025

**PROCEEDING OF THE SUPERINTENDENT, GOVT., GENERAL HOSPITAL
NELLORE.**
PRESENT: Dr.K.MADHAVI ., MD.

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

Dated: 31 -12-2025

C
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.


31/12/25
Superintendent,
Govt General Hospital,
Nellore.

BN
31/12/25

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). : PAM OTULA NARASAIAH
Rtd Live Stock A&F R.L Unit RY & Pdew
Sydapuram Mandala SPSK Nello. DT
— Retired —
2. Office in which employed. : —
3. Salary : Rs 374 29/-
4. Place of duty. : — Retired —
C. H. Subba Rao (Retired)
S/o Venkateswara Rao
D No - 2-99
Chikkuru (V) 9 M
Tinne Pathri - 52441
Ph 0550487198
5. Full residential address. : — Self —
Tinne Pathri
6. Name of the patient and his relationship to the Govt. Servant. : —
7. Place at which the patient Fell ill. : —
8. Nature of illness and its duration. : Heart Disease
9. Details of amount claimed. : Bills enclosed
10. Total amount claimed. : Rs. 153 07. 47
11. List of enclosures. : B

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT.

I hereby declare that the Statement in this application is to 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 Health

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 NARASAIH** employed in Rtd Live Stock
Assistant, sydapuram, 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.

<u>Name of the Medicines</u>	<u>Price</u>
1. Investigations, Consultation,	
Registration & Medicines Charges	<u>Rs.15,307.47</u>

(Rupees Fifteen thousandthree hundred seven and forty seven paise e 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
Nellore - 517 402

Sign. And Designation of the
Med. Officer – in – charge of the Hospital.
Dr. C.S. SRINIVASA RAJU, M.D.D.M.
Cardiologist, Reg. No. 19299

CHECK SLIP FOR SENDING MEDICAL RE-IMBURSEMENT PROPOSALS

1. Name and Official address of the Applicant.

P. Narasimha
do Sri Ch. Subbarao Rd.
Sivamata Saboor
D NO - 2 - 99
Kannakur NIMS
Tirupati - 524 612
FROM 04.03.25 TO 05.08.25

2. Date of Treatment.

Krishna Gurukulam Medical Science
L.T.O. Dangamitta SRSC Nellore 517

3. Whether Private or Government.

✓
YES / NO

4. Whether the proposals is received in the Head Office with in a period of 6 months From the date of discharge.

✓
YES / NO

5. Whether Appendix-II attested by the Head of the Office is enclosed.

✓
YES / NO

6. In case of Treatment at Recognised Hospitals/NIMS/ SVIMS, whether Emergency Certificate is enclosed.

✓
YES / NO

7. 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

8. Whether the bills for the amount mentioned in the Essentiality certificate attested by the Doctor who treated A.M.A. are enclosed.

✓
YES / NO

9. Whether the discharge summary of the Patient is enclosed.

✓
YES / NO

10. Whether the pension payment orders ie enclosed.

✓
YES / NO

11. 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

12. In case of dependants above the age of 19 un-employment and dependency certificate counter-signed by the Head of Office is enclosed.

// COUNTER SIGNED //

Joint Director
Animal Husbandry
Nellore,
Sri Potti Sriramulu Nellore District.

SIGNATURE OF THE HEAD OF THE OFFICER.

26/9/25 S. 26/9



KIMS
TO WHOM SO EVER IT MAY CONCERN HOSPITALS™
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
		Mobile No :	8985062297	Token No	
Organization :					
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 :	140/90	RR :	Temp :
Pain Scale :					
Date & Time :					
Diagnosis :	CHD: U/T mod LV function				
Clinical notes & Advice :	Slip: CHD -field CAD : (11/5/2011) AFEFVR, HTN /T2DM				
FCP	HbU Gm	R ₄ 1, 1-T - PRIME IN 10 1, 2-T - CONCOR 5 1, 3-T - TELM A 10 mg			
TC - 114	Butter milk				
TG - 89					
HDL - 39					
VLDL - 57					
LDL - 18					

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.

UMR317696

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

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 : kimshospitalsnellore@yahoo.com

OUT PATIENT ASSESSMENT RECORD

Patient Name	: Mr. NARASAIH, PAMUJULA	Age/Gender	: 74Y(s)/Male	UMR No	: UMR317696
Father Name	: POLAIAH	Occupation	: Not Specified	Reg. Date	: 06-Aug-2024
Mother Name	:	Martial 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)

PR : 93 BP : 135/80 RR : Temp : Ht : Wt : BMI :
 Pain Scale : 160 69

Date & Time :

Alergies if any :

Diagnosis :

FW Case

Clinical notes & Advice :

FLP
 TC - 108
 T₄ - 75
 HDL - 45
 LDL - 18
 VDL - 15

D₄

1. T - PRIME CV. 100 mg

2. T - CONCOR 5

3. T - RIVAFLO 10

4. T - DILTIAZEM 100 mg

5. T - DILTIAZEM SR 50 mg

For Appointment Contact:

For Emergency Contact : 9666777333

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

www.kimshospitalsnellore.com

Please Sign after all entries



BILLING STATEMENT

Pt.Name : Mr. Pamujula Narasaiah

Age/Sex : 74years/ male

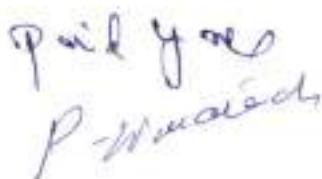
Consultant Name : DR. C.S. Srinivasa Raju

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

Dr. C.S. SRINIVASA RAJU, M.D., D.M.
Cardiologist, Reg. No. 10290


 Ramya
 P. Narasimha



KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.

Darganitta, Nellore-524 003, Andhra Pradesh, India

GST No : 37AACCK2540G1Z5

Pharmacy Receipt

Doctor Name : Dr.C.S.SRINIVASA RAJU		Dispenser : SWATHI D																
SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche due	Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST %	SGST %	Bill Amt		
1	TEL25	TELMA-AM 40MG TAB	30049072	GLENW H	05240766	Apr-27			60	18.30	1,098.21	0.00	1,098.21	6.00	65.89	6.00	65.89	1,230.00
2	RIV15	RIVAFLO 10MG TAB	30049099	SUN P	B0240269A	Aug-26			20	25.80	516.07	0.00	516.07	6.00	30.97	6.00	30.97	578.00
3	RIV15	RIVAFLO 10MG TAB	30049099	SUN P	B0240161A	May-26			30	23.48	704.46	0.00	704.46	6.00	42.27	6.00	42.27	789.00
4	CONT02	CONCOR 5MG TAB	30049079	MERCK H	M07AM2459	Jun-26			50	11.44	571.88	0.00	571.88	6.00	34.31	6.00	34.31	640.50
5	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO A	525109101	Dec-26			50	16.07	803.57	0.00	803.57	6.00	48.22	6.00	48.22	900.00

Received sum of Four Thousand One Hundred Thirty-Seven Rupees Fifty Paise Only towards

DR. C. S. SRINIVASAN RAJU, M.D., D.M.
Dr. C. S. Srinivasan Raju, M.D., D.M.
Cardiologist, Reg. No. 19290

Rainbow
P. Warren

DAID



A circular blue ink stamp with the words "PHARMA INSTITUTE LIBRARY" around the perimeter and "PHARMACEUTICALS" in the center.

Create Date : 04-Mar-2025 12:48:28 PM
Print Date : 04-Mar-2025 12:48:29 PM

Create By : 30201356
Printed By : 1623

Note : 1. Freeze items are not taken back.



KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.,

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

GST No : 37AACCK2540G1Z5

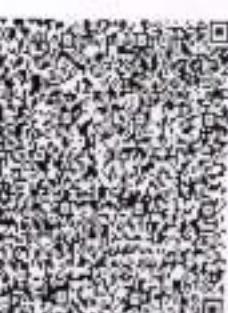
Pharmacy Receipt

TAX INVOICE

Doctor Name : Dr.C.S.SRINIVASA RAJU

Dispenser : SWATI 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
1	TELT25	TELMA-AM 40MG TAB	30049072	GLEN PHARMA	H	05240805	May-27	35	18.30	640.63	0.00	640.63	6.00	38.44	717.50
2	RIVT15	RIVAFLO 10MG TAB	30049099	SUN PHARMA	P	BO2050043	Jan-27	35	25.80	903.13	0.00	903.13	6.00	54.19	1,011.50
3	CONT02	CONCOR 5MG TAB	30049079	MERCK	H	M07AM2459	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	525109101	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,
Cardiologist, Reg. No. 19200

Paid by me

PAID

P. N. Reddy

Pharmacist

Create By : 30201356
Printed By : 1623Note : 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.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

O R D E R:-

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 admission 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:

The MD, M/s Krishna Institute of 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.,



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

GST No : 37AACCK2540G12S
Pharmacy Receipt

TAX INVOICE

Doctor Name : Dr.C.S.SRINIVASA RAJU
Dispenser : SWATHI D

SNo	Item Cd	Item Desc	HSN Code	Manf Name	Sche due	Batch No	Exp Dt	Bin No	Qty	Rate	Amount	Disc Amt	Taxable Amt	CGST %	SGST %	BILL Amt
1	TELT25	TELMA AM 40MG TAB	30049072	GLENN H	05240805		May-27	30	18.30	549.11	0.00	549.11	6.00	32.95	6.00	615.00
2	RIV15	RIVAFLO 10MG TAB	30049099	SUN P	BO250043A		Jan-27	30	25.80	774.11	0.00	774.11	6.00	46.45	6.00	867.00
3	CONTO2	CONCOR 5MG TAB	30049079	MERCK H	MD7AM2408		Aug-26	30	11.44	343.13	0.00	343.13	6.00	20.59	6.00	384.30
4	PRIC14	PRIME-CV 10MG CAP	30029012	ALEXO A	525109101		Dec-26	30	16.07	482.14	0.00	482.14	6.00	28.93	6.00	540.00
Received sum of Two Thousand Four Hundred Six Rupees Thirty Paise Only towards Abon									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.O.M.
Cardiologist, Reg. No. 19290

P. S. Y. M.
P. - N. M. S. M.

PAID

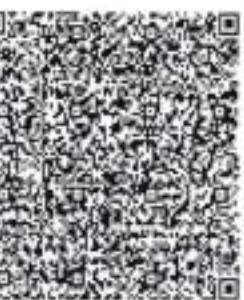
Pharmacist

Create By : 30201410
Printed By : 1689

Note :

1. Freeze items are not taken back.
2. Medicare returns timings (9 A.M. to 1 P.M.) & (4 P.M. to 7 P.M.).
3. Medicine returns are accepting in Returns counter, 11th Floor Only.
4. Medicine returns are not accepted without bill.
5. Medicines are taken back within 30 days after purchase.

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 1530/- (47) Rupees Fifteen Rupees
Only belonging to you which was paid you by my bank for my transport
that is due to him due to him Medicos sciences Ltd Danga with
Nellore as withdrawn earlier made all Remittance demands.


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

P. Narasimha
Refined Livestock Asstt
R.L.Umt R.Y.G. Polav
Syda Pukara Manddalu.
S P S R Nellore S.T.

Office of the Principal Accountant General (A & E),
A.P. HYDERABAD
PV. 36

Ref No. : SECTION/UR/141 File No. : 625-BP-620/2007-07 Date : 1/10/2010
To : Ravit. No : 625/2010-07

AD PHE NELLORE
THE ASSISTANT DIRECTOR
ANIMAL HUSBANDRY DEPT
NELLORE

Dr.

Sub : Pension Verification Report in respect of
Ref No. U/141
Date : 04/10/2010 To : MARASALAI dated
29/09/2010

With reference to your letter dated 29/09/2010 re pension / gratuity payment of Shri/ma.

MARASALAI R. I am to State as follows:

- Pension Rules Apply.
- Qualifying Service Verified : 10/01/1981 - 19/09/2010 - REFERENCE NUMBER
- Pensionary Benefits Admitted : 10/01/1981 - 19/09/2010

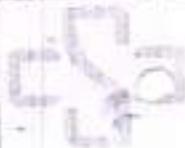
Service Period / Amount	Rs. 21225/-	Payable From	01/07/2010
Farmy Period			
Enhanced Amount		Payable From	Up To : 30/06/2015
Normal Amount	Rs. 21225/-	Payable From	
PP Beneficiary : Self/Ex-spouse	Rs. 21225/-		
Death/birth/Retirement Gratuity	Rs. 234992/-	Up To : 30/06/2015	
iv) Payment of DCR : Rs. 21225/- Payable/PFC			
Amount of Pension Computed : Rs. 21225/- Cumulated Value of Pension : Rs. 213361/-			
5. Any anticipatory pension/DCR/gratuity paid already will be adjusted against the Final Revised Pension/Gratuity.			
6. The Pensioner should be informed that should the amount of pension or gratuity reported now and afterwards found to be in excess of that in which he/she is entitled under the Rules, he/she will be called upon to refund such excess.			
7. Necessary arrangements will be made for issue of Pension/DCR/Gratuity in order subject to fulfillment of conditions in para 5.			
8. The sum due may be posted up to the date of retirement/birth and closed after recording a certificate of verification of service under attestation.			
9. Any events occurring before actual date of retirement/release/cessation of pensionary benefits now reported may be intimated to this office.			

ENCL : Service Books
Copy to :
Substitution :

10. Dr. Accounts Officer / Asst. Accountant General

✓ MARASALAI R.
DHO 3-172
JAWAHARLAL NEHRU COLLEGE
GUIDE RD & MGR
NELLORE 517501

INVOICE BILL



SABAREESH PHARMACY GENERIC & SURGICALS



2415ED, GROUND FLOOR, NEAR BOLLINENI HOSPITAL, DURGA MHTA NELLORE - 524003

Mobile No: 9143019019 E-Mail: sabareeshpharmacy01@gmail.com

GSTIN : 37A1ZP1335U17D

Patient Name	Admit Number	Date	Invoice No:	AMOUNT	DIS	M.R.P	EXP.	QTY	PACK	SCH	SN. PRODUCT NAME
Dr. Name :		A019291		SM:		02-07-2025		Time: 11:30			



KRISHNA INSTITUTE OF MEDICAL SCIENCES LTD.

DARGAMITTA, NELLORE - 524003. (A.P.) INDIA

Ph: 0861-2312777 2317805 2315835 36 37 38

GST No.: 37AACCK25AGC138

Bill Of Supply

P Name : Mr.NARASAIH, PAMUJALA

Bill No. BIL2526041428

Bat Dt : 31-Jul-2029

Age/Sex : 74Y(s)/Male

UMR NO : UMR317696

Consultant: Dr C S SRINIVAS



P.Address : GUJURAT

S.No	Service Name	Ref By	: WALKIN			
	LIPID PROFILE	Service Cd	SAC Cd	Qty	Rate	Amount (Rs)
Cash Amt:	: 792.00	B100077	999316	1	990.00	990.00
		Bill Amt				990.00
		Concession				198.00
		Pat. Payable Amt				792.00
		Receipt Amt				792.00
		Due Amt.				0.00
S. No.		Paymode	Payment No	Payment Bank	Expiry Dt	Receipt Amount
		CASH				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 Printed : 30100532 / 31-Jul-2025 06:40:02 AM
UMR317696

Printed : 30/10/2018 BIL2526041428

ISBN 978-90-488-2929-0

E-Mail : kimshospitalsnellarp@yahoo.com

*** Cheques are subject to realisation

(Authorised Signatory)

Paid by me
P. W. Wood

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.NARASAIH. PAMUJULA
UMR No : UMR317696
Voc No : OPC2526038854
Recp.No : 7,081,287.00
P. Addr : GUDURI,

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



Phone : 8985062297

Description Of Supply : Consultation Charges

Location : OP BLOCK (LEVEL- 1)

Consultant : DR.C.S.SRINIVASA RAJU

Department Name : CARDIOLOGY

Ref By : WALKIN

SAC Cd :

Token No

Visit Type : Normal

Cons Amounts :

750.00

Pay.mode : SELF

Concession :

150.00

Recpt Amt :

600.00

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 NARASAIH, 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

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

Print By : 30201182

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

UMR317696

OPC2526038854

E-Mail : kimshospitalsnellore@yahoo.com



(Authorised Signatory)

*** Cheques are subject to realization

Raid ym
P Narasaih



KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.,

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

GST No : 37AACCK2540G1ZS
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	: UMR317596
Patient Name	: NARASAIH, PAMUDULA
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											
1	RIVT15	RIVAFLO 10MG TAB	30049099 SUN P	80250110A Feb-27	1	25.80	25.80	0.00	25.80	6.00	1.55	6.00	1.55	28.90
2	CONT02	CONCOR 5MG 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	PRCI14	PRIME-CV 10MG CAP	30029012 ALEXO	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			
									Cash Amount		59.72			
									Receipt Amount		59.72			

Received sum of Fifty-Nine Rupees Seventy-Two Paisa Only towards Above Bill

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

Paid by
Pradevan

Pradevan

Pharmacist

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

- 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 accepting in Returns counter, 1Ind Floor Only.
4. Medicine returns are not accepted without bill.
E. Medicines are taken back with in 24 hours after Discharge.

KRISHNA INSTITUTE OF MEDICAL SCIENCES Ltd.,

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

Patient Name : HANUMADEVI, PAVULULA


TAX INVOICE

RCM Invoice

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 Amt											
		%	SGST Amt											
		%	Bill Amt											
1	RVT15	RIVAFLO 10MG TAB	30049099 SUN P	B0250110A Feb-27	30	25.80	774.11	0.00	774.11	6.00	46.45	6.00	46.45	667.00
2	TELT25	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 M07AM240B 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	A S25109101 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
									Cash Amount					2,226.60
									Receipt Amount					2,226.60

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

Dr. C.S.Srinivasa Raju, M.D.M.
 Dr. C.P. Pratigya, R.D.M.
 Reg. No. 19280

Rai Yal
 P. Nee and

PAID



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

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 accepting in Returns counter, 11nd Floor Only.
 4. Medicine returns are not accepted without bill.
 5. Medicines are taken back within 30 days since Discharging.