



ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ ପ୍ରାଧିକରଣ

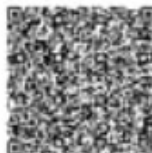
ଭାରତ ସରକାର  
Unique Identification Authority of India  
Government of India

ନମାନ୍ତରଣ ସଂଖ୍ୟା/Enrolment No.: 1040/18740/08552

To  
ଅରବିନ୍ଦ ମଲିକ୍  
Arabinda Mallick  
S/O: Prafulla Kumar Mallick  
GA -178  
NEAR KENDRIYA VIDYALAYA NO -4  
BHUBANESWAR  
NILADREE VIHAR  
Sailashree Vihar  
Khorda Sailashree Vihar  
Odisha - 751021  
8763220064

Download Date: 17/03/2017  
Generation Date: 07/11/2015

Signature Not Verified  
Digitally signed by  
ARABINDA MALICK  
Date: 2017.03.17 10:53:18  
IST



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

2324 5257 5610

ମୋ ଆଧାର, ମୋ ପରିଚୟ



ଭାରତ ସରକାର

Government of India



ଅରବିନ୍ଦ ମଲିକ୍  
Arabinda Mallick  
ଜନ୍ମ ତାରିଖ / DOB: 24/07/1990  
ପୁରୁଷ / MALE



2324 5257 5610

ମୋ ଆଧାର, ମୋ ପରିଚୟ



Government of India



AADHAAR

ସୂଚନା

- ଆଧାର ପରିଚୟ ପ୍ରମାଣ ଅଟେ, ନାଗରିକତା ନୁହେଁ
- ପରିଚୟ ପ୍ରତିଷ୍ଠା ପାଇଁ, ଅନଲାଇନ୍ ରେ ପ୍ରମାଣିକରଣ କରନ୍ତୁ
- ଏହା ଇଲେକଟ୍ରୋନିକ୍ ପ୍ରକ୍ରିୟା ଦ୍ୱାରା ଉତ୍ପନ୍ନ କରାଯାଇଥିବା ଫିଟି ଅଟେ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- ଆଧାର ସାରାଦେଶରେ ବୈଧ ।
- ଭବିଷ୍ୟତରେ ଏହି ଆଧାର, ଉପକ୍ରମ ସରକାରୀ ଓ ବେସରକାରୀ ସେବା ପ୍ରାପ୍ତ କରିବାରେ ସାହାଯ୍ୟକ ହେବେ ।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ ପ୍ରାଧିକରଣ

Unique Identification Authority of India

ଠିକଣା:  
ପ୍ରଫୁଲ୍ଲ କୁମାର ମଲିକ୍ / ମାଲିକା କୁମାରୀ ପ୍ରଫୁଲ୍ଲ  
କୁମାର ମଲିକ୍, ଗା -178, ନେଅର  
କେନ୍ଦ୍ରିୟ ବିଦ୍ୟାଳୟ ନଂ -4, ନୀଳଦ୍ରୀ  
ବିହାର, ଭୁବନେଶ୍ୱର, ଖୋର୍ଦ୍ଧା ବିହାର,  
ଭୋର୍ଡା,  
ଓଡିଶା - 751021

Address:  
S/O: Prafulla Kumar Mallick, GA  
-178, NEAR KENDRIYA  
VIDYALAYA NO -4, NILADREE  
VIHAR, BHUBANESWAR,  
Sailashree Vihar, Khorda,  
Odisha - 751021

2324 5257 5610



1947



help@uidai.gov.in



www.uidai.gov.in



# Swasthya

*Multi Speciality Clinic*

Time : 07 AM to 09 PM

Name ..... Age ..... Sex ..... Weight .....

Date .....

## OUR FACILITIES

- \* Dental
- \* Patholab
- \* Physiotherapy
- \* Medicine Store

&

DOCTOR CONSULTATION  
for all Disease

- \* Skin
- \* Eye
- \* Paediatric
- \* Gyening
- \* Blood Pressure
- \* Orthopaedic
- \* Gastro
- \* Neurology
- \* ENT
- \* Cardiac
- \* Diabetes
- \* Internal Medicine

Address : GA 131, Niladri Vihar, Chandrasekharapur, Bhubaneswar - 751021  
Email : swasthya.care28@gmail.com, Mob. : 9337846423, 9124886423



# Swasthya

Multispeciality Clinic

Timing:- Morning 7 AM to Evening 9 PM  
Authorised Blood Collection Center &  
Pharmacy

**GA- 131, Niladri Vihar, Bhubaneswar**

Mob:- 9337846423, 9124886423

E-mail:- [swasthya.care28@gmail.com](mailto:swasthya.care28@gmail.com)





THIS BILL SHALL NOT BE A PROOF  
OF LAWFUL OCCUPATION OF PREMISES  
IN CASE I-BOND IS MENTIONED  
HERE UNDER

BILL MONTH: OCT-2023  
DN DT:04-10-2023 081609  
BL DT: 16-10-23 TIME:17:23  
BILL NO:2085568064  
VER: 02.0.31P

PRV IN REM:  
BILLED FOR: 1.0 MONTHS  
DIV: BCDD-2 ,BHUBANESWAR  
SUBDIV: Periphery S/D  
SECTION: TPCOOL-CS PUR 2 SEC  
MRU: B0021056

CONS. ACNT.NO: 80029835990  
AC. NO: 102503060139  
INST NO: 3003225996  
MTR SL NO: T101776  
MTR INST. DT: 26-06-2013  
MTR OWNER: TPCOOL  
METER MF: 1

NAME:PRAFULLA KU. MALLIC K.  
ADDRS:PLOT-GA/178NILADRI VIHAR.  
S. P. 11021

CATEGORY: DOM Phase: 01  
HIST. MD: CD: 3.0  
MD RECORD: 3.0  
BILLED MD: 3  
MR NOTE: OK  
LST OK RD: 24419  
LST OK RD DT: 15-09-2023  
AVG. UNITS: 508

RDG	DATE	STS
PRES:24853	16-10-2023	0
PREV:24419	15-09-2023	0
UNITS ADVANCED:		434
BILL BASIS:		ACTUAL

MFC/CUST CHRG: 60.00  
EC:50.0X3.00= 150.00  
EC:150.0X4.80= 720.00  
EC:200.0X5.80= 1160.00  
EC:34.0X6.20= 210.80  
ED CHRG: 89.63  
METER RENT: 0.00  
DPS CHRG: 0.00  
PRES. BILL AMT: 2390.43

ARREAR: 46.65  
ADJ/REBATE:(-) 143.67

INTRM ADJ: 0.00  
SD AVAIL: 2520.00

TOTAL AMOUNT: 2293.41  
REBATE: 43.40  
TOTAL BL BY DUE DT: 2250.00  
ROUNDED UPTO: (-)0.01  
REBATE DATE: 23-10-2023  
PAY AFT DUE DT: 2293.00  
ROUNDED UPTO: (-)0.41

#### LAST PAYMENT DETAILS

BNO-RNO:  
AMT:2531.0 DT:21-09-2023

MR NAME: SHISIRKUMARKHUNTIA  
PAY CASHLESS AND AVAIL  
ADDITIONAL REBATE OF 4%

GET E-BILL ON WHATSAPP  
BY GIVING MISSED CALL  
ON NO. 9937875999

Bill will be available online  
for payment within 10 Hours of



Certificate Number 72034

## West Bengal Medical Council

8, LYONS RANGE, THIRD FLOOR, KOLKATA-700 001

### Certificate of Registration



CH-2013070016

New Address w.e.f 16 - 04 - 2014  
IB - 198, Sector - III, Salt Lake,  
Kolkata - 700 106.  
Email: wbmc @ vsnl.net

Kolkata, the 29 December, 2014

Name	Address or appointment.	Date of Registration	Qualification and dates thereof
MALLICK, ARABINDA	C/O. H. P. RATH, ANAND BREADS, RAJABAGICHA, CUTTACK : 753 009. ODISHA.	29-12-2014	M B B S (WEST BENGAL UNIVERSITY OF HEALTH SCIENCES), 2014

*It is hereby certified that this is a true Copy of the entries of the above specified Name in Columns 3, 5, 2 and 6 of the Register of Registered Practitioners.*

(D. K. Ghosh)  
Registrar

West Bengal Medical Council



### IMPORTANT NOTICE

Every Registered Medical Practitioner should be careful to send to the Registrar immediate Notice of any change in his / her address, and also to answer all enquiries that may be sent to him/her by the Registrar in regard thereto, in order that his/her correct address may be duly inserted in the Register of Registered Practitioners; otherwise, by Section 16, Sub-section (2) of the Bengal Medical Act, 1914, such Practitioner is liable to have his/her name erased from the Register of Registered Practitioners.

13365