

#### डेडीकेटेड फ्रेंट कोरीडोर कॉर्पोरेशन ऑफ इण्डिया लि. भारत सरकार (रेल मंत्रालय) का उपक्रम

Dedicated Freight Corridor Corporation of India Ltd. A Govt. of India (Ministry of Railways) Enterprise

No. PRYJ(W)/EN/P.File/D.Bishwakarma/587

Date: 01.2025

GM/HR Corporate Office DFCCIL, New Delhi

Sub: Medical claim for Indoor Treatment in favour of Male Baby Born of Smt. Durga Bishwakarma, Jr. Exe./Mech/PRYJ/W EMP ID - 103682.

Ref: (i) Application of Smt. Durga Bishwakarma, Jr. Exe./Mech/ PRYJ/W EMP ID - 103682 dated 18.10.2024 for reimbursement of Medical expenses incurred on Male Baby Born Indoor Treatment.

(ii) C.O letter no. HQ/HR/Medical/2024 dated 30.08.2024

\*\*\*\*

Smt. Durga Bishwakarma, Jr. Exe./Mech/PRYJ/W EMP ID-103682 vide her application dated 17.12.2024 received on 14.01.2025 has submitted her bills for reimbursement of medical expenses incurred on her male baby born Indoor Treatment for total claimed of amounting Rs. 110017/- along with medical summary, prescription of Doctor, Original vouchers and reports for diagnostics. Medicine etc., discharge summary and hospital bills.

As desired by C.O vide their order no. 1025/2024 dated 28.11.2024, details of medical claim, already taken by Smt. Durga Bishwakarma in favour of her Male Beby Born in the prescribed proforma is attached herewith for kind information.

Application in favour of Smt. Durga Bishwakarma along with original bills are forwarded herewith for reimbursement please.

This has approval of CGM/PRYJ/W.

DA: As above (Application in format along with summary Page no. 1 to 25)

Charles 14th

2. Ccph.
17.02.2025
(Deepak Gupta)
APM/HR/PRYJ/W
For Chief General Manager/PRYJ/W

M. N. 2 28.2.25

Corumnate Office 7141470; Processor Office Processor Office 5<sup>8</sup> Floor Pragati Maidan, Metro Station Building Complex New Dulhi-11001 Feb 011-23 (54700 %), of in 215-

Room No 101A Raii Bhavan Raisina Road New Delhi-110001 website 1/4554 (1995)
2 Floor, DECCIL Operation Control Centre, Subedarganj (Opposite IOCL Carrent IJ A forculad 2110-7
Corporate Identity No 1060/32012006601155068

Adopt 217125

ANNEXURE-IL

Sub: Reimbursement of medical expenses on Indoor Treatment under DFCCIL Medical Rules. Name of the employee 1 DURMA BISHWAKARMA Em, loyer Code 103682 Designation & Place of posting OCC / PRYJ Junion Executive (Mechanical) Scale of Pay & Basic Pay 25000-68000 , 26530 Name of the patient New Bonn baby boy Employee's Relationship with the patient. Son Name & Address of the Hospital The Mission Hospital, Dungapur, 219(P) Immon Kalyan Sanani, Sector-20, Bidhan Nagar, Dungapun - 313212 Registration No. of the hospital with 8 Central/State Govt./Local Bodies: 34837956 Date of Admission in the hospital 0 23/11/2024 Date of Discharge from the hospital 10 01/12/2024 Diagnosis of the ailment and treatment 11 Enterocolitis due to HD (post operative case). given in brief. Details of the amount claimed are given 12 10,017 below: Details of the amount claimed (attach details as per format below in a separate sheet, if the space is not 13 adequate) Bill Gross amount Details 14 Amount claimed\* No./date of bill A Medicines 8111 NO -TPCA325 228704 В Consultation charges RS-110017 RS-110017 C Investigation charges Date-01/12/2024 D Room Rent GROSS TOTAL: f10,01.1 \* All bills/cash-memos (in original)/supporting prescriptions (clearly indicating the diagnosis)/reports duly verified must be enclosed. DECLARATION/UNDERTAKING:

- 1. The claim for reimbursement is being made for self/family members, who are covered under the definition of 'Family' under the DFCCIL Medical Rules as on the date of treatment.
- 2. The amount claimed is only for in respect of treatment of specified *Special Disease* only. No other medicines/expenses are claimed for reimbursement.
- 3. The claimed expenditure has actually been incurred by me.
- 4. In case of multiple diseases covered in the same prescription, the amount claimed is restricted to the treatment of specified *Special Disease* only.
- 5. Reimbursement is claimed for only one system of treatment for the specified *Special Disease* only.
- 6. Misuse, fraudulent use, false declaration, or false claims for reimbursement will render me liable to refund the amount with penal interest besides initiation of disciplinary action as per extant rules.

Signature of the employee:

124

Date

17/12/2024

Recommendation of the Controlling Officer

B.2.25

Name. Lalit Kuma Dubey
Designation: TYM/NECh/CITN

IR	Manual of DFCCIL

Annexure -I

# MEDICAL BENEFITS DECLARATION

I certify that my family members stated below are dependent upon me as per DFCCIL Medical Rules and any change in the status in this respect shall be immediately intimated to HR, Corp. Office.

SN	Name	DOB	Relationship with employee	Remarks
1	New Boan baby boy	06 03 2024	Son	
2	0 0			
: 3			· ·	
4				
5				
6				
7	g.			

\*2. I, being on deputation to DFCCIL, opt to avail the medical benefits of the company and shall not avail the benefits from my parent department.

Name:	DUNG	a Bish	walkarma
Signatu	ire _	Durga	
Designa	tion	Juniou E	Executive (mech)
Date			and the second s

Controlling Officer

HR/Corp. Office.



#### Bill of Supply For Final Bill THE MISSION HOSPITAL 219(P) Immon Kalyan Sarani, Bidhannagar, Durgapur (W.B.)







#### **BILL GROUP WISE SUMMARY**

I.P. No.

: 324-94619

UHID

: 686119

**Patient Name** 

: BABY OF() DURGA BISHWAKARMA

Gender/Age

: Male/8 Mnth 25 Days

Contact No

: 9091232568,9832110457

Address

: V.K.COLLIERY, PO: KHANDRA, PIN-713363PASCHIM

BARDHAMAN, WEST BENGAL

Payer

: CASH

Sponsor

: CASH

Billing Category

Bed No/Ward

Bill No.

**Bill Date** 

D.O.A

D.O.D

Consultant

: 502/5TH PAEDITRIC GENERAL : BED CHARGES -GENERAL

Dr. SANKHA SUVRA GANGULY

**Tariff Category** 

: HOSPITAL\_2023

: IPCA325/228704

: 01/12/2024 09:12 AM

23/11/2024 12:33 AM

€ 01/12/2024 09:12 AM

S#	Particulars	Gross Amt		Pat Amt	Payer Amt
1	ROOM RENT	55000.00		55000.00	0.00
2	LABORATORY INVESTIGATION	9130.00		9130.00	0.00
3	RADIOLOGY INVESTIGATION	1100.00		1100.00	0.00
4	DOCTOR CHARGES	11500.00		11500.00	0.00
5	PHARMACY (MEDICINE)	8809.91		8809.91	0.00
G	PHARMACY (CONSUMABLES)	15887.14		15887.14	0.00
7	BED SIDE PROCEDURES	2200.00		2200.00	0.00
8	MEDICAL EQUIPMENT CHARGE	3300.00		3300.00	0.00
9	MISC. CHARGES	1000.00		1000.00	0.00
10	POINT OF CARE - INVESTIGATION	2090.00		2090.00	0.00
		110017.00		110017.00	0.08
			TOTAL BILL		110017.00
	8		ROUND OFF AMOUNT		-105
			NET BILL AMOUNT		110017-00
			PATIENT PAID AMOUNT		110017.00

0.00

5965 Printed By :

Bill Generate By: BABUL PAUL

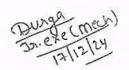
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PATIENT BALANCE (Rs.)

Page No : 1 of 1







#### **Bill of Supply For Final Bill** THE MISSION HOSPITAL

219(P) Immon Kalyan Sarani, Bidhannagar, Durgapur (W.B.)

SAC NO: 999311-Human Health Service, GSTIN NO: 19AABCD7838F1ZH

#### **BILL GROUP WISE DETAIL**

I.P. No. : 324-94619 Bill No.

: IPCA325/228704

UHID

: 686119

**Bill Date** 

: 01/12/2024 09:12 AM

Patient Name : BABY OF() DURGA BISHWAKARMA

Consultant

: Dr. SANKHA SUVRA GANGULY

Gender/Age

: Male/8 Mnth 25 Days

Adm. Category

: BED CHARGES - PAED ICU

Contact No

: 9091232568,9832110457

D.O.A

: 23/11/2024 00:33 AM

Address

: 01/12/2024 09:12

: V.K.COLLIERY, PO: KHANDRA, PIN-713363PASCHIM BARDHAMAN

D.O.D Bed No/Ward

: 502/5TH PAEDITRIC GENERAL

Payer

: CASH

Bill. Category

: BED CHARGES -GENERAL

Sponsor : CASH  Payer GST No :			Bill. Category : BED CHARGES -GE Tariff Category : HOSPITAL_2023			HARGES -GENERAL TAL_2023	
S.No	Date	Particulars	Service Code	Rate	Qty	Amount	
	ROOM RENT						
1	23/11/2024	BED CHARGES - PAED ICU		10000.00	1	10000.00	
2	23/11/2024	BED CHARGES - PAED ICU		10000.00	1	10000.00	
3	24/11/2024	BED CHARGES - PAED ICU		10000.00	1	10000.00	
4	25/11/2024	BED CHARGES - PAED ICU		10000.00	1	10000.00	
5	26/11/2024	BED CHARGES -GENERAL		3000.00	1	3000.00	
6	27/11/2024	BED CHARGES -GENERAL		3000.00	1	3000.00	
7	28/11/2024	BED CHARGES -GENERAL		3000.00	1	3000.00	
8	29/11/2024	BED CHARGES -GENERAL		3000.00	1	3000.00	
9	30/11/2024	BED CHARGES -GENERAL		3000.00	1	3000.00	
			Total for I	ROOM RENT		55000.00	V
	LABORATOR	Y INVESTIGATION				140.00	
l	23/11/2024	CBC (HB.TC.DC.RBC.PCV.MCV.MCHC.RDW.PLATELET)	LABO1250	440.00	1	440.00 770.00	4.0
2	23/11/2024	CRP	LABO1726	770.00	1		4,
3	23/11/2024	UREA AND CREATININE	LABO1132	990.00	1	990.00	
4	23/11/2024	LIVER PROFILE /LFT. (t.bil, sgot, sgpt, alkp,t.prot, alb, a/g ratio)	LABO1086	1760.00	1	1760.00	
5	23/11/2024	SERUM SODIUM	LABO1119	770.00	1	770,00	
6	23/11/2024	POTASSIUM, SERUM	LABO1109	660.00	1	660.00	
7	23/11/2024	CALCIUM	LABO1032	660.00	1	60.00	
3	25/11/2024	CBC (HB.TC.DC.RBC.PCV.MCV,MCHC.RDW.PLATELET)	LABO1250	440.00	1	440.00	
- }	25/11/2024	SERUM SODIUM	LABO1119	770.00	1	270.00	
10	25/11/2024	POTASSIUM, SERUM	LABO1109	660.00	1	660.00	
i !	29/11/2024	CRP	LABO1726	770.00	1	770.00	
12	29/11/2024	CBC (HB.TC.DC.RBC.PCV.MCV.MCHC.RDW.PLATELET)	LABO1250	440.00	1	1-10-00	- 5
12			or LABORATORY INVI	ESTIGATION		9130,00	V
	RADIOLOGY	INVESTIGATION					
1	23/11/2024	X-RAY: ABDOMEN	RAD11229	550.00	1	550.00	
2	25/11/2024	X-RAY: ABDOMEN (ERECT)	RAU11230	550.00	1	550.00	
		Total	for RADIOLOGY INV	ESTIGATION	جيشو	1100.00	
	DOCTOR CHA	ARGES					
1	23/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	1000.00	1	Sourit Pal	





S.No	Date	Particulars	Service Code	Rate	Qty	Amount
2	23/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	1000,00	1	1000.00
3	24/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	1PCN1001	1000.00	1	1000.00
4	24/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	1000.00	1	1000.00
5	25/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	1000.00	1	1000.00
6	25/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	1000.00	1	1000.00
7	26/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	500.00	1	500.00
8	26/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	JPCN1002	500.00	1	500.00
9	27/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	500.00	1	500.00
10	27/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	500.00	1	500.00
11	28/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	TPCN1001	500.00	1	500.00
12	28/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	500.00	1	500.00
13	29/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	500.00	1	500.00
14	29/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	500.00	1	500.00
15	30/11/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	500.00	1	500.00
16	30/11/2024	FOLLOW UP CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1002	500.00	1	500.00
17	01/12/2024	CONSULTATION (Dr. SANKHA SUVRA GANGULY)	IPCN1001	500.00	1-	500.00
-	,,		Total for DOCTO	R CHARGES		11500.00 1
_	PHARMACY	(MEDICINE)				
1	23/11/2024	DNS 500ML PLASTIC (NIRLIFE)		42.80	2	85.60
2	23/11/2024	EMESET 2ML INJ (2 MG/1 ML)		13.35	3	40.05
3	23/11/2024	SODIUM CHLORIDE 0.9% 100ML (NIRLIFE)		22.03	3	66.09
		MONOTAX 1GM/VIAL INJ		69.86	2	139.72
4	23/11/2024	RLOC 2ML INJ (25MG/ML)		7.26	2	14.52
5	23/11/2024	MEROZA 500MG INJ_		809.77	2	1619.54
6	23/11/2024	PARACETAMOL (BBRAUN)100ML IV INJ		654.50	2	1309.00
7	23/11/2024			7.26	3	21.78
8	23/11/2024	RLOC ZML INJ (25MG/ML)		34,21	2	68.42
9	23/11/2024	AMIKAMAC 100MG/2ML INJ VIAL		23.52	2	47.04
10	23/11/2024	METRONIDAZOLE 100ML IV (NIRLIFE)_		104.50	1	104.50
11	23/11/2024	NUFORCE DUSTING POWDER 75GM		42.80	2	85.60
1.5	24/11/2024	DNS 500ML PLASTIC (NIRLIFE)			1	13.39
13	24/11/2024	LASIX 40MG/ 4ML INJ (10 MG/1 ML)_		13.39		809.77
14	24/11/2024	MEROZA 500MG INJ_		809.77	1	
15	24/11/2024	SODIUM CHLORIDE 0.9% 100ML (NIRLIFE)		22.03	2	44.06
16	24/11/2024	VC-VLOK 4MG/2ML INJ		15.44	1	15.44
17	24/11/2024	RLOC 2ML INJ (25MG/ML)		7.26	1	7.26
18	24/11/2024	AMIKAMAC 100MG/2ML INJ VIAL		34.21	1	34.21
19	25/11/2024	DNS 500ML PLASTIC (NIRLIFE)		42.80	1	42.80
20	25/11/2024	EMESET 2ML IN) (2 MG/1 ML)		13.35	3	40.05
21	25/11/2024	MEROZA 500MG INJ_		809.77	1	809.77
22	25/11/2024	SODIUM CHLORIDE 0.9% 100ML (NIRLIFE)		22,03	2	44.06
23	25/11/2024	RLOC 2ML INJ (25MG/ML)		7.26	2	14.52
21	36/11/2024	DNS 500ML PLASTIC (NIRLIFE)		42.80	1	-42.80
25	26/11/2024	MONOTAX 1GM/VIAL INJ		69.86	1	-69,86
26	26/11/2024	EMESET 2ML INJ (2 MG/1 ML)		13.35	2	26.70
	26/11/2024	MEROZA 500MG INJ_		809.77	1	809.77
27		METRONIDAZOLE 100ML IV (NIRLIFE)		23.52	1	23.52
28 29	26/11/2024	PARACETAMOL (BRAUN)100ML IV IN)		654.50	1	654.50
	26/11/2024	I WATER IN THE PROPERTY OF THE PARTY OF THE				

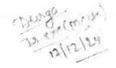






.No	Date	Particulars So	ervice Code Rate	2 (	Įtγ	Amount
1	26/11/2024	AMIKAMAC 100MG/2ML INJ VIAL	34.2	1	1	34.21
2	26/11/2024	MAMY POKO PANTS-M6(01PKT-06PCS)	99.0	0	2	198.00
3	27/11/2024	EMESET 2ML INJ (2 MG/1 ML)	13.3	5	4	53.40
4	27/11/2024	MEROZA 500MG INJ_	809.7	7	2	1619.54
15	27/11/2024	METRONIDAZOLE 100ML IV (NIRLIFE)_	23.5	2	1	23.52
36	27/11/2024	PARACETAMOL (BBRAUN)100ML IV IN)	654.5	0	1	654.50
37	27/11/2024	RLOC 2ML IN3 (25MG/ML)	7.2	26	2	14.52
38	27/11/2024	AMIKAMAC 100MG/2ML INJ VIAL	34.2	21	1	34.21
39	28/11/2024	AMIKAMAC 100MG/2ML INJ VIAL	34.7		1	34.21
40	29/11/2024	MEROZA 500MG INJ_	809.7	77	1	809.77
41	29/11/2024	AMIKAMAC 100MG/2ML IN) VIAL	34.7		1	34,21
		AMIKAMAC 100MG/2ML INJ VIAL	34.5		1	34.21
42	30/11/2024	SODIUM CHLORIDE 0.9% 100ML (NIRLIFE)	22.1		3	-66.09
43	01/12/2024		654.		1	-654.50
44	01/12/2024	PARACETAMOL (BBRAUN)100ML IV IN)	23.		1	-23,52
45	01/12/2024	METRONIDAZOLE 100ML IV (NIRLIFE)_	809.		1	-809.77
46	01/12/2024	MEROZA 500MG INJ_	7.		1	-7.26
47	01/12/2024	RLOC 2ML INJ (25MG/ML)			4	-53.40
48	01/12/2024	EMESET 2ML INJ (2 MG/1 ML)		35		-13.39
49	01/12/2024	LASIX 40MG/ 4ML INJ (10 MG/1 ML)_	13.		1	8809.91
_			for PHARMACY (MEDICIN	E)		 8809.91
	PHARMACY	(CONSUMABLES)	442			447.00
1	23/11/2024	2 WAY FOLLY CATHETER NO 8 ROMSON	442.		1	442.00
2	23/11/2024	3 WAY CONNECTOR WITH 10 CM EXT ROM5ON	360.		1	360.00
3	23/11/2024	COSMETIC POUCH ORDINARY	106.		1	106.00
4	23/11/2024	ECG ELECTRODE PAED/NEONATAL (ICONET)	42.		5	210.00
5	23/11/2024	EXAMINATION GLOVES (NON STERILE) LATEX	18.		6	108.00
6	23/11/2024	GAMJEE PAD 10INCH X 5INCH	40.	00	5	200.00
7	23/11/2024	GAMJEE PAD GINCH X 5INCH	30.		5	150.00
8	23/11/2024	GAUZE SWAB (2 S)	10.	00	5	50.00
9	23/11/2024	LANCET NEEDLE 30G	4.	00	3	12.00
10	23/11/2024	NEOFLON 24G BD.	379.	.00	2	758.00
11	23/11/2024	OUNCE GLASS	50	.00	1	50.00
12	23/11/2024	PM - O - LINE 200 CM MF ROMSON	425	.00	4	1700.00
13	23/11/2024	PAPER GLOVES ASPIRE	40	.00	5	200.00
14	23/11/2024	RYLES TUBE BG - ROMSON	77	.00	1	77,00
15	23/11/2024	SYRINGES 1 ML - DISPOVAN	10	.00	2	20.00
16	23/11/2024	SYRINGES 10 ML - DISPOVAN	13	.00	5	65.00
17	23/11/2024	SYRINGES 2/2.5 ML - DISPOVAN	5	.40	5	27.00
18	23/11/2024	SYRINGES 50 ML - DISPOVAN	61	.00	2	122.00
19	23/11/2024	UNDER PAD 90X60 - AQUAMED	135	.00	4	540.00
20	23/11/2024	UROBAG (ROMSON)	360	.00	1	360.00
21	23/11/2024	UROMETER - ROMSON	572	.00	1	572.00
22	23/11/2024	SYRINGES 5 ML - DISPOVAN	10	0.00	5	50.00
23	23/11/2024	TEGADERM 6CM X 7CM VELFIX	181	.00	1	181,00
24	23/11/2024	DIGITAL THERMOMETER MT100-DR MOREPEN	170	00.0	1	170.00
75	23/11/2024	ACCU-CHEK INSTANT 100 CT STRIP (ROCHE)	19	.98	3	59,94
26	23/11/2024	PM-O-LINE 200 CM MF ROMSON	425	6.00	3	1275,00
27	23/11/2024	SYRINGES 20 ML -8D	54	1.00	3	162.00
28		2 WAY FOLLY CATHETER NO 10 ROMSON	447	2.00	l	442.00
25		SYRINGES 2/2.5 ML - DISPOVAN		5.40	S	27.00
30		UNDER PAD SOXED - AQUAMED	13:	5.00	4	5-10.00
3		SYRINGES 20 ML -BD  GAMJEE PAD 101NCH X SINCH  GAMJEE PAD GINCH X SINCH	a Dal S	4.00	4	216.00
	•	The state of the s	X YAL			
33	24/11/2024	GAMDEE PAD TOINCH X SINCH	4	0.00	4	160.00



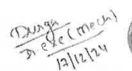






S.No	Date		lame : 848Y Of ervice Code	Rate	Qty	2,000papers
3) 5"	24/11/2024	GAUZE SWAB (2 S)		10.00	5	36.00
34	24/11/2024	PAPER GLOVES ASPIRE		43.00		150.00
41,	24/11/2024	SYRINGES 1 ML - DISPOVAN		10.00	1	32.50
37	24/11/2024	SYRINGES 2/2.5 ML - DISPOVAN		5 45	7	22.80
38	24/11/2024	UNDER PAD 90X60 - AQUAMED		135.00	5	47% 01
30	24/11/2024	SYRINGES 20 ML -BD		\$4.00	3	38 11
20	25/11/2024	RYLES TUBE 8G - ROMSON		81.00	8	9:00
41	25/11/2024	3 WAY CONNECTOR WITH 10 CM EXT ROMSON		360.00		360 07
42	25/11/2024	ALCO SWAB - ROMSON		2.75	š	* S
43	25/11/2024	ECG ELECTRODE PAED/NEONATAL (ICONET)		42.00	3	h
44	25/11/2024	GAMDEE PAD 10INCH X SINCH		40.00	- 2	. 54
45	25/11/2024	GAMJEE PAD 6INCH X 5INCH		30.00	4	:25 30
46	25/11/2024	NEOFLON 24G BD.		379.00		100
47	25/11/2024	SYRINGES 10 ML - DISPOVAN		13.00	3	3-07
48	25/11/2024	SYRINGES 2/2.5 ML - DISPOVAN		5,40	3	3.27
49	25/11/2024	SYRINGES 50 ML - DISPOVAN		61.00	3	183 50
50	25/11/2024	UNDER PAD 90X60 - AQUAMED		135.00	4	\$40.00
51	25/11/2024	SYRINGES 5 ML - DISPOVAN		10.00	3	
52	25/11/2024	TEGADERM 7CM X 9CM VELFIX (1633)		189.00	1	30.33
53	26/11/2024	GAMJEE PAD 10JNCH X 5JNCH		40.00	3	159 50
54	26/11/2024	GAMJEE PAD 6INCH X 5INCH		30.00	3	120.00
55	26/11/2024	SYRINGES 2/2.5 ML - DISPOVAN		5,40	2	30 00
55	26/11/2024	UNDER PAD 90X60 - AQUAMED		135.00	1	10.80
57	26/11/2024	SYRINGES 20 ML -BD		54.00	2	135.20
58	26/11/2024	COTTON 400 GM GROSS		310.00		108.00
59	26/11/2024	SYRINGES 20 ML -BD		54.00	1	312.00
60	27/11/2024	GAMJEE PAD 10INCH X 5INCH		40.00	5	270,00
61	27/11/2024	GAMJEE PAD 61NCH X 51NCH			1	40.00
62	27/11/2024	SYRINGES 2/2.5 ML - DISPOVAN		30.00	4	120,00
6.3	27/11/2024	UNDER PAD 90X60 - AQUAMED		5.40	4	21.62
54	27/11/2024	SYRINGES 5 ML - DISPOVAN		135.00	5	\$73.02
58	27/11/2024	SYRINGES 20 ML -BD	3	10.00	E book	2000
St	28/11/2024	GAMJEE PAD 6INCH X 5INCH		54.00	ŝ	270.00
17	26/11/2024	SYRINGES 2/2.5 ML - DISPOVAN		30.00	4	120.00
ıØ	28/11/2024	UNDER PAD 90X60 - AQUAMED		5,90	2	11 3
	28/11/2024	SYRINGES 20 ML -BD		135.00	5	22.55
8	29/11/2024	UNDER PAD 90X60 - AQUAMED		54.00	2	108/75
	29/11/2024	SYRINGES 20 ML -BD		135.00	4	547 V.
2	29/11/2024	ALCO SWAB - ROMSON		54.00	3	152.00
à.	29/11/2024	NEOFLON 24G BD.		2.75		2.79
4	25/11/2024	NEOFLON 26G		379.00	7	3.10 38
IL.	26/11/2024	TEGADERM 6CM X 7CM VELFIX		379.00	1	1. 4. 1.
¥.	30/31/2024	GAMDEE PAD 101NCM X SINCH		181.00	3	181 34
ρı	30/11/2024	SYRINGES 20 ML -BD		40.00	1	87.33
ė.	2011112025	UNDER PAD 90X60 - AQUAMED		24 (S.	A)	178.70
90	10. 757	P.M. D. LINE SOD CHI ME ROMSON		115.00	£:	405.20
de:	01/11/25/4	STRINGES 18 ML - DISPOVAN		425 00	4	1,39 50
	MARTINE	STRINGES IN A DISPOSAR		1300	2	-56454
21	V 17.12 12034			torc	t.	12.40
ù i	61 11 7014	CAMPEL PAD UNCLEA SINCE		t) (	1/2	-15/703
4	(1/17/26.4	CAMALL PARCONCER SHALE	Se Pull	10.50	160	120 - 1
5.	11/12/11/4	CAMBLE PAR CHALLES STACES	k tal	1010	(4)	120 00
	v + ≤4. 4 € a.*l	CAMBE FALSOINEM CYN		10.0	14-	100 13
		Total for PI	TARMACY (CON:			15887.14









Date	Particulars	Service Code	Rate	Qty	Amount
23/11/2024	RYLES TUBE INSERTION	PROC1045	550.00	1	550,00
23/11/2024	FOLEY'S CATHERTER INSERTION	PROC1021	550.00	1	550.00
	RYLES TUBE INSERTION	PROC1045	550,00	1	550.00
	FOLEY'S CATHERTER INSERTION	PROC1021	550.00	ī	\$50,00
	T	otal for BED SIDE PR	OCEDURES		2200.00
MEDICAL EQ	UIPMENT CHARGE				
26/11/2024	SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY	PAED1023	550.00	1	550.00
27/11/2024	SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY	PAED1023	550.00	1	\$50.00
25/11/2024	SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY	PAED1023	550.00	1	550.00
29/11/2024	SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY	PAED1023	550.00	1.	550.00
30/11/2024	SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY	PAED1023	550.00	1	550.00
01/12/2024	SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY	PAED1023	550.00	1	550.00
	Total for	MEDICAL EQUIPME	NT CHARGE		3300.00
MISC. CHAR	GES				
23/11/2024	MRD CHARGES	OTHR1008	1000.00	1	1000.00
		Total for MISC	. CHARGES		1000.00
POINT OF C	ARE - INVESTIGATION				
23/11/2024	VBG	POCI1005	1210.00	1	1210.00
23/11/2024	CBS	POCI1002	220.00	1	220.00
24/11/2024	CBS	POCI1002	220.00	1	220.00
25/11/2024	CBS	POCI1002	220.00	1	220.00
26/11/2024	CBS	POCI1002	220.00	1	220.00
Total for POINT OF CARE - INVESTIGATION			2090.00		
			TOTAL BILL		110017,00
		DOUND OF	EE AMOUNT		0S
					110017.00
					110017.00
		PATIENT PA	ID AMOUNT		110017.00
	23/11/2024 23/11/2024 24/11/2024 24/11/2024 24/11/2024 26/11/2024 25/11/2024 29/11/2024 30/11/2024 01/12/2024 MISC. CHAR 23/11/2024 POINT OF C 23/11/2024 24/11/2024 24/11/2024 25/11/2024	23/11/2024 RYLES TUBE INSERTION 23/11/2024 FOLEY'S CATHERTER INSERTION 24/11/2024 RYLES TUBE INSERTION 24/11/2024 FOLEY'S CATHERTER INSERTION  **TO MEDICAL EQUIPMENT CHARGE** 26/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY 27/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY 25/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY 25/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY 30/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY 30/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY  **TO	23/11/2024 RYLES TUBE INSERTION PROC1045 23/11/2024 FOLEY'S CATHERTER INSERTION PROC1021 24/11/2024 RYLES TUBE INSERTION PROC1021 24/11/2024 RYLES TUBE INSERTION PROC1021  Total for BED SIDE PR  MEDICAL EQUIPMENT CHARGE  26/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 27/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 25/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 26/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 30/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 30/11/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12/2024 SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY PAED1023 01/12	23/11/2024         RYLES TUBE INSERTION         PROC1045         \$50.00           23/11/2024         FOLEY'S CATHERTER INSERTION         PROC1021         \$50.00           24/11/2024         RYLES TUBE INSERTION         PROC1045         \$50.00           24/11/2024         FOLEY'S CATHERTER INSERTION         PROC1021         \$50.00           Total for BED SIDE PUDE UDURES           MEDICAL EQUIPMENT CHARGE           26/11/2024         SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY         PAED1023         \$50.00           27/11/2024         SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY         PAED1023         \$50.00           29/11/2024         SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY         PAED1023         \$50.00           30/11/2024         SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY         PAED1023         \$50.00           01/12/2024         SYRINGE PUMP CHARGE IN ROOM PER PUMP PER DAY         PAED1023         \$50.00           MISC. CHARGES           23/11/2024         MRD CHARGES         OTHR1008         1000.00           POINT OF CARE - INVESTIGATION           23/11/2024         VBG         POC11005         1210.00           23/11/2024         CBS         POC11002         220.00           24/11	23/11/2024   RYLES TUBE INSERTION   PROCLO45   550.00   1

Advance/Payment	Details
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	, id	varice) i dymene becalls	
Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Mode
AD324/39180(Settled)	01/12/2024 09:11	40017.00	Card Payment,28000.00 ; Card Payment,12017.00
AD324/37664(Settled)	23/11/2024 00:34	40000.00	Card Payment,40000.00
AD324/37917(Settled)	24/11/2024 17:24	30000.00	Card Payment,30000.00

Total: 110017.00





#### THE MISSION HOSPITAL

( A Unit of Durgapur Medical Centre Pvt. Ltd.)



Phone: 8687500500

SAC NO: 99931-Human Health Service, GSTIN NO: 19AABCD7838F1ZH

#### DEPOSIT RECEIPT

IP No

324-94619

Receipt Date

: 01/12/2024 9:11AM

UHID

: 686119

Receipt no

: AD324/39180

Patient Name

BABY OF() DURGA BISHWAKARMA

Admission Date

23/11/2024

Gender/Age

Male / 8 Mnth 25 Days

Payer

CASH

Contact No

9091232568

Bed No

: 502

Address

: V.K.COLLIERY, PO: KHANDRA, PIN-713363 , PASCHIM BARDHAMAN, WEST BENGAL, INDIA. - 713363

Particulars / Description		Amount
IPD Advance Collection		40017.00
	Total Amount Collected (Rs.):	40017.00

Received With Thanks From : BABY OF() DURGA BISHWAKARMA

By Card Payment: Rs. 28000.00/- ICICI BANK LIMITED 0006By Card Payment: Rs. 12017.00/- AXIS BANK 8955

Received an amount of: (Rs.) Forty Thousand Seventeen only.

Billing Executive

Justa (Mech)



# 219(P) Immon Kalyan Sarani, Bidhannagar, Durgapur (W.B.)

SAC NO: 99931-Human Health Service GSTIN NO: 19AABCD7838F1ZH



# NO DUE

: BABY OF() DURGA BISHWAKARMA BIII No

: 686119

Patient Name

OHID.

: 5TH PAEDITRIC GENERAL / 502

: CASH

Ward/Bed No Company Name Thanks for your selecting us as your prefered health care provider...

.02 Bill Date

IP No

: 01/12/2024 09 12AM

324-94619

: IPCA325/228704

Billing Executive

Thursday (Mech)

Prited DateTime: 01/12/2024 09:12 AM

Date | 17-03-2023

DEPARTMENT OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF WEST BENGAL

LIGENCE UNDER THE WEST BENGAL CLINICAL ESTABLISHMENTS (R, R&T) ACT 2017

(see rule 3)

License is nereby granted to broobstall Ghost.

Dr Debastin Gnosh

straig(p) Immon Katyan Sarani, Durgapur, Plin 71212

under ind Wast Bergal Cirical Establishment Act 2017 to keep bit carry or Establishment (Act 2017 to keep bit carry or Establishment (act and act act and act and act and act act and act and

Last Date of Application for Renewal: 16-02-2026 Validity: 16-03-2026

Perlad of Irregular Running . Nil

OPD Services: [Polyclinia, Dental Clinic], Pathology laboratory sorvice; Larga-Laboratory, Diagnostic Intaging service; (X-Ray Iab (Digital), ananography lab, Urassonography lab, Colour Doppler Imaging lab, CT Scan iab, Magnetic Resonance Imaging (MRI) lab, Echo-cardiography lab, Crassonography lab, Electro-cardiography lab, Electro-cardiography lab, Electro-cardiography lab, Electro-cardiography lab, Electro-cardiography lab, Electro-cardiography lab, Robert Lab, Anglographyl, Hospital; [TU-25.: CCU-102. NCU-16, RCU-26, HDU-14, PICU-04, Genera-2831, DU-29]

Headings

Establishment Is

THE MISSION HOSPITAL (A UNIT OF DURGAPUR MEDICAL CENTRE PVT. LTD.)

🚆 219 P, Imon Kalyan Sarani, Durgapur, Pln- 713212 popularly styled as At an Address

Subject to terms as printed in back-page,

Place: Pessian Bardiaman ; West Bengal Deta: 17-03-2023

Date of grant of first license:

Chief Medical Offices of Healthy Offices of Flealth Peachim Bardhamphilefell Fleath Bas thiaman To verily genuineness Shifting 9223166168

H-See (mech)







#### DISCHARGE SUMMARY

errasa conj

Encounter No 324 94619

Name

BABY OF O DURGA BISHWAKARMA

502

Age:Gender

8 Mins 26 Days/Male

Bed No D O A

23/11/2024 12 33 611

Doctor

Dr. SANKHA SUVRA GANGULY

DOD

01/12/2024

Discharge Status

Doctor

PLDIATRIC SURGERY

Address

Specilisation

55

V.K.COLLIERY, PO: KHANDRA, PIN-713363, PASCHIM BARDHAMAN, WEST BENGAL, INDIA, 713363

Date Of

Consultation

#### Dr. SANKHA SUVRA GANGULY

#### DIAGNOSIS

-ENTEROCOLITIS DUE TO HD (POST OPERATIVE CASE).

#### COMPLAINTS AND FINDINGS :

This 98 months old male was admitted with complaints of billious vomiting, features of dehydration,

#### COURSE IN HOSPITAL:

Patient was greated conservatively with antibiotics, analgesics

#### CONDITION AT DISCHARGE

Patient is being discharge in a stable condition, Afebrile, Urine passed.

#### ADVICE ON DISCHARGE

C FT Normal diet.

-Syrup LEVOFLOXACIN (125 mg/ 5 ml) 3.5 ml once daily for 7 days

-ECONORM SACHET half sachot twice daily for 7 days,

-Syrup A TO Z 5 ml once daily for 15 days.

-Syrup RANTAC 3.5 ml twice daily for 15 days.

«To roview in SOPD (Dr. Sankha Suvra Ganguly) after 1 month. Book prior appointment by calling 8687500500

Explained By

Sabitakory

Understood By

DU STANGER STREET

Duzga (precen)

Call: 9800881600 for free Ambulance within City Limits of Durgapur

: 324-94619 UHID: 696119
:BABY OF() DURGA BISHWAKARWA
2X:8 M 16 D/M
'STO :ER-6 \ EMERGENCY WARD
'Stogory: 23/11/2024-00:33 / CASH
:Dr. Dr.SANKHA SUVRA GANGULY
ATRIC SURGERY







зте

Ptis on PlA

# **RADIOMETER ABL800 FLEX**

BL835 EMERGENCY T ATIENT REPORT	Syringe - S			11 AM ple #	11/23/2	55
dentifications Patient ID Patient First Name Patient Last Name	686119 DURGA					
Sample type	Arterial 37.0 °C					
Blood Gas Values						_
† pH	7.456		1	7.350	- 7:450	ן כ
↓ pCO <sub>2</sub>	29.0	mmHg	1		- 45.0	4
↓ pO₂	58.6	mmHg	í		- 100	1
Oximetry Values			•			
ctHb	12.9	g/dL	ĺ	12.5	- 17.5	1
sO <sub>2</sub>	97.7	%	í		- 100.0	
Electrolyte Values			•			, 1
cK⁺	4.0	mmol/L	1	3.5	- 4.5	)
↓ cNa+	131	mmol/L	1	135	- 145	]
cCa²⁺	1.12	mmol/L	ì		- 1.29	1
cCl <sup>-</sup>	98	mmol/L	Ī		- 108	]
Metabolite Values			•		,,,,	1
î cLac	2.9	mmol/L	1	1:0	- 2,0	1
Temperature Correc	ted Values		•		2,0	.1
pH( <i>T</i> )	7.456					
$pCO_2(T)$	29.0	mmHg				
$pO_2(T)$	58.6	mmHg				
∖cid Base Status		_	C	nnga		
cBase(Ecf) <sub>C</sub>	-3.1	mmol/L		-0	1990	cc
$cHCO_{s}^{-}(P,st)_{\mathcal{C}}$	22,5	mmol/L	-	18-6x	Tinh	14
cBase(B)c	-2.2	mmol/L		13	115/5 6 (W)	2
cBase(Ecf)c	-3.1	mmol/L				
$cHCO_{r}(P)_{C}$	20.2	mmol/L				

Value(s) above reference range Value(s) below reference range

Calculated value(s)

A Unit of Durgapur Medical Centre Pvt. Ltc





IP25/1526088 Bill No Patient Name BABY OF () DURGA BISHWAKARMA Sample Date 29/11/2024 4:34PM IPD Source Receiving Date 5:02PM UHID/Visit 686119/324-94619 29/11/2024 No Report Date 29/11/2024 5:51PM Age/Gender 8 Mths 23 Days/Male Bed No/Ward 502 / 5TH PAEDITRIC GENERAL Report Status Final Referred By Dr. SANKHA SUVRA GANGULY Lab No 362430842

Sample Name ManualDept No
Investigation Name Result Units

CEDALAC

Bio. Ref.Interval

#### SEROLOGY

\*CRP

C-REACTIVE PROTEIN (Fixed point immuno rate)

<5.0

mg/L

0 - 10

Note

C-reactive protein (CRP) is an acute-phase protein, which increase significantly after most forms of tissue injuries, bacterial and viral infections, inflammation and malignancy. During tissue necrosis and microbial infections, the CRP concentration can rise up to 300 mg/L in 12-24 hours. The lower limit of detection for the assay is 5 mg/L.

----\*\*End Of Report\*\*-----

Duzga (mean)
Interection

- (TX ---

Dr. PALASH DAS
DPH,MD(MICROBIOLOGY)
CONSULTANT (MICROBIOLOGY & INFECTION CONTROL)

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhan Hagar Durgapur - 713212 Email: hospital@themissionhospital.in | www.themissionhospital.gov





Patient Name BABY OF () DURGA Bill No IP25/1488954 BISHWAKARMA 23/11/2024 Sample Date Z:41AM Source IPD UHID/Visit 686119/324-94619 Receiving Date 23/11/2024 2:55AM No Report Date 23/11/2024 3:21AM Age/Gender 8 Mths 17 Days/Male Bed No/Ward PICUISO-1 / PICU ISOLATION Report Status Final Referred By Dr. SANKHA SUVRA GANGULY 362429999 Lab No Sample Name ManualDent No Investigation Name Result Units Bio. Ref.Interval

#### SEROLOGY

\*CRP

C-REACTIVE PROTEIN
(Fixed point immuno rate)

7.6

mig/L

0 = 10

Note

(

C-reactive protein (CRP) is an acute-phase protein, which increase significantly after most forms of tissue injuries, bacterial and viral infections, inflammation and malignancy. During tissue necrosis and microbial infections, the CRP concentration can rise up to 300 mg/L in 12-24 hours. The lower limit of detection for the assay is 5 mg/L.

-----\*\*End Of Report\*\*---

Dunga (mech)

Dr. PALASH DAS
DPH,MD(MICROBIOLOGY)
CONSULTANT (MICROBIOLOGY & INFECTION CONTROL)

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhan Nagar Durgapur - 713212

Email: hospital@themissionhospital.in | www.themissionhospital.





	I CA D VA CA			
Patient Name	EABY OF () CURGA	BISHWAKARMA	Bill No	TR25/155:422
Source	CFD		Sample Date	25/11/2024 1:21.57
	686119 324-84619		Receiving Date	29/11/2/24 1:1121
No			Report Date	25/11/2124 :: 99
Age/Gender	8 Mths 19 Days (N	lale		
Bed No/Ward	PICUISO-3 / PICU	ISOLATION	Report Status	Tinal
Referred By	Dr. SANKHA SUVRA	GANGULY	Lab No	132498322
Sample Name	\$2.000		Manual Dent No	
Investigation	n Name	Result	Units	Bio. Ref.Interval
		BIOCHEM	ISTRY	
POTASSIUM, S	SERUM			
POTASSIUM		4.3	mmol/L	3.5 - 5.1
(Potentiometri	.c - ISE direct			1000 mm mm m

(VITROS 5600)) \*SERUM SODIUM

139

SODIUM (Potentiometric - ISE direct

(VITROS 5600))

----\*\*End Of Report\*\*-

mmol/L

Dr. MEENAKSHI KAUSHIK MBBS, MD,62611 JUNIOR CONSULTANT

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhar Durgapur - 713212 Email: hospital@themissionhospital.in | www.themissionhospitakeen





Patient Name	PAGA OF O PURCA B	LITHWARARMA	Bill No Sample Date	1000 d 1883 1 2001 d 24 355 45
Seurce	7.01°		Receiving Date	2:71(7) 31 115 1
UHID Visit	( 1 - 1 - 940) a		Report Date	23/15-20-29 23 YET
No			Keborc page	
Age/Gender	S Milhs 17 Days Mal	6	Report Status	Final
Bed No/Ward	PICUISO-1 / PICU I	SOLATION		132497300
Referred By	Dr. SANKHA SUVRA G	ANGULY	Lab No	
POTASSIUM, S		4_9	mmol/L	1.5 - 5.7
PCTASSIUM (Potentiometri (VITROS 5600))	c - ISE direct	4.9		
*SERUM SODIU	<u>M</u>	~	2 /~	237 - 148
SODIUM		139	mmol/L	
(Potentiometri	c - ISE direct	8		
*UREA AND CH	REATININE			Con.
SLOOD UREA		28	mg/dl	12 - 43
(Colorimetric	- Urease, UV (VITROS		10	
5600))		*	/ 11	0.7 - 1.3
CREATININE	Ttic	0.3	mg/dl	V
(Two-point rat (VITROS 5600))	e - Enzymatic			N
		**End Of	Report * *	

27.6 / 15/15/10A

Dr. MEENAKSHI KAUSHIK MBBS, MD,62611 JUNIOR CONSULTANT

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhan Ragar, Durgapur - 713212 Email: hospital@themissionhospital.in | www.themissionhospital.com





Fatient Name	BABY OF () DURGA E	BISHWAKARMA		Bill No		IP25/148895	
Source	IPD			Sample Da	ate	23/11/2024	
UHID/Visit	686119/324-94619			Receiving	g Date	23/11/2024	2:55AK
No				Report Da	ate	23/11/2024	9:34AK
Age/Gender	8 Mths 17 Days/Mal	Le					
Bed No/Ward	PICUISO-1 / PICU 1	ISOLATION		Report St	tatus	Final	
Referred By	Dr. SANKHA SUVRA (	GANGULY		Lab No		132497300	
Sample Name BILIRUBIN CONJ (CALCULATED)	Seriim UGATED (BC)	0.3		Manual Der mg/dl	Adu	lt: 0 - 0.3 nate: 0 - 0.	
AST/SGOT (Multi-point R	ate (VITROS 5600))	43		U/L	Female	e: 14 - 36 C 17 - 59 U/	
ALT/ SGPT (Multi-point r (VITROS 5600))	ate - UV with P5P	28		U/L		Female: <35 Male: <50	
GGT		12	12. a	U/L		15 - 73	
(Multi-point-G	G-glutamyl-p- (VITROS 5600)						
ALKALINE PHOSE (Multi-point r Buffer (VITROS	ate - PMPP, AMP	269		U/L		54 - 369	
TOTAL PROTEIN (Colorimetric-VITROS 5600))	Biuret, end point (	7.9		g/dl		6.3 - 8.	
ALBUMIN	- Bromcresol Green	5.1		g/dl		3.5 = 5.	
GLOBULIN		2.8		g/dl		2.3 - 3	5
	BUMIN/GLOBULIN RATIO) alue)	1.82		Ratio			

Durga (mceh)

Dr. MEENAKSHI KAUSHIK MBBS, MD,62611 JUNIOR CONSULTANT

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Fatient Name Time Mile Desira District

Source III 150 TA 3 TABLE 2

UBID/Visit

Thicks II Pais Male

Age/Gender

Bed No/Ward | HONISO-1 / PICU ISOLATION

Referred By Dr. SANKHA SUVRA GANGULY

Sample Name

Investigation Name

Bill No

Sample Date

Receiving Date

Report Date

Report Status

Lab No

ManualDent No

Bio, Ref.Interval Units Result.

#### BIOCHEMISTRY

#### \*CALCIUM

CALCIUM

(Colorimetric - Arsenazo III

(VITROS 5600))

n moercalcemia please check ESR, serum proteins, serum protein electrophoresis. Also check phosphorus, chloride, ALP, PTH 👯 🗀

11.1

The type calcemia, please check serum albumin, serum magnesium, PTH, vitamin D.

#### \*LIVER PROFILE /LFT. (t.bil, sqot, sqpt,

alkp,t.prot, alb, a/g ratio)

BILIRUBIN TOTAL (Colorimetric - Diphylline, Diazonium (VITROS 5600))

0.5

mg/dl

ra/zi

0-5 DAYS . FRE MAILSE FULLTERM: 1

6 DAYS - 115 TRS1

EILIRUBIN UNCONJUGATED (BU)

0.2

mg/a=

(dual wavelength spectrophotometric (VITROS 5600))

Dr. MEENAKSHI KAUSHIK MBBS, MD,62611 JUNIOR CONSULTANT

1 35 ml

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Phone: 0343 6615555 | Appointment No : 8687500500 | Telemedicine 9800881314 Call 9800881600 for free Ambulance within City Limits of Durgapur A Unit of Durgapur Medical Centre Pvt. Ltd. CIN: U85110WB1987PTC042580

If the result is unexpected, please contact the Laboratory ironnediately. Contact of the





Patient Name	BABY OF() DURGA	BISHWAKARMA	A	Bill No	IP25/1526088
Source	IPD			Sample Date	29/11/2024 4:34PM
UHID/Visit No	686119/324-94619			Receiving Date	
Age/Gender	8 Mths 23 Days/Ma	J.e		Report Date	30/11/2024 12:48PM
Bed No/Ward	502 / 5TH PAEDITR	RIC GENERAL		Report Status	Final
Referred By Sample Name Other cells	Dr. SANKHA SUVRA	GANGULY		Lab No ManualDent No	92483469 H-11-11981-24
RBC INDICES					
MEAN CORPUSCUL	AR VOLUME (MCV)	77.5		fl	81.00 - 99.00
мсн		26.2	<u> </u>	pg	27.0 - 32.0
MCHC		33.8		g/dl	31.5 - 34.5
RDW		15.2	Ŗ	8	11.0 - 15.0
		TEnd (	DE Re	port**	

July Dr.

12/12/12/ Dr.

MB

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# DEPARTMENT OF LABORATORY SERVICES DURGAPUR GRIPLIANT MINIOS

Investigation	Name	Result	Units	Bio. Ref.Interval
Sample Name	W R F1772		ManualDent No	H-11-11981-24
Referred By	Dr. SANKHA SUVRA	GANGULY	Lab No	92483469
Bed No/Ward	502 / STH PAEDIT	RIC GENERAL	Report Status	Final
Age/Gender	8 Mths 23 Days/M	lale		
No			Report Date	30/11/2024 12:48PM
UHID/Visit	686119/324-94619	)	Receiving Date	29/11/2024 5:02PM
Source	13D		Sample Date	29/11/2024 4:34PM
Patient Name	BABY OF() DURGA	BISHWAKARMA	Bill No	IP25/1526088

#### HAEMATOLOGY

#### \*CBC (HB.TC.DC.RBC.PCV.MCV.MCHC.RDW.PLATELET)

CBC (Cyan-meth Hb/Light scatter/F) (Cyan-meth Hb)	lowcytometry	7)		
HEMOGLOBIN	12.4		g/dl	12.0 - 15.0
TOTAL LEUKOCYTE COUNT (TLC)	15500		cells/cu mm	6000.00 - 16000.00
REC COUNT (RED BLOOD CELL)	4.72		Million/ μL	4.50 - 5.50
PCV (HAEMATOCRIT)	36.6	2.	olo	40.0 - 50.0
PLATELET COUNT	4.44	27	lakh/cum m	2 - 4
DEFFERENTIAL COUNT				
NEUTROPHILS	21	~f	Q.	40.0 - 80.0
LYMPHOCYTES	70		3	20.0 - 40.0
MONOCYTES	02		Offi	2.0 - 10.0
EOSINOPHILS	07	12	3.	1.0 - 6.0
BASOPHILS	00		5,	0.0 - 2.0
BAND CELLS	00		Life	

Durge (Crech)

Strides ....

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Patient Name	EVILL GEO DESERV	HISHWAKARI	M.	Bill No Sample Date	762 1131 A 2011 1 21 4
Source	ELD			-	
UHID/Visit	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	E		Receiving Date	214:12 1 1:5
No				Report Date	g5-1".v554 "4x
Age/Gender	E Hous 19 Tays M	la le			
Bed No/Ward	mourso-a / Ficu	ISOLATION		Report Status	Fina.
	SANKHA SUVRA	GANGULY		Lab No	92485755
	<i>\</i> : □ = 517.2			Manual Dent No	Dai 44.434 54.55
RBC INDICES					120 322 333 1
MEAN CORPUSCU	JLAR VOLUME (MCV)	79.4	55	<u> </u>	31,00 - 35."
MCH		25.6	7	Pg	27.1 - 34.
MCHC		32.3		g/dl	31.5 - 3
RDW		15.8	Ţ.	₹	214.2 3 5.8 c
		***Pnd	Of R	eportss	

Dungle (Hech)

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Investigatio		Result	Units	DEC. 1021-11	
Sample Name	W R EDTA			Bio. Ref.Int	erval
	Dr. SANKHA SUVR	A GMMGOTT	Manual Dent No	H-11-10859-	2027
			Lab No	92482065	
Red No/Ward	PICUISO-3 / PIC	U ISOLATION	Report Status	Final	
Age/Gender	8 Mths 19 Days/	Male		<b>7</b> 3	
No			Report Date	25/11/2024	2000
UHID/Visit	686119/324-94619	9	Receiving Date		
Source	IPD			25/11/2024	2:023/0
Patient Name	BABY OF () DURGA	BISHWAKARMA	Bill No Sample Date	IP25/1501422 25/11/2024	1:8'.PX

#### HAEMATOLOGY

# \*CBC (HB.TC.DC.RBC.PCV.MCV.MCHC.RDW.PLATELET)

CBC (Cyan-meth Hb/Light scatter (Cyan-meth Hb)	/Flowcytomet	ry)		
HEMOGLOBIN	10.8		g/dl	12/0 - 15.0
TOTAL LEUKOCYTE COUNT (TLC)	9300		cells/cu mm	6000.33 - 16300.30
RBC COUNT (RED BLOOD CELL)	4.23	(%)	Million/ pL	4.50 - 5.51
PCV (HAEMATOCRIT)	33.6	Œ	5	40.0 - 50.0
PLATELET COUNT	3.18		lakh/cum m	2 - 8
DEFFERENTIAL COUNT				
NEUTROPHILS	22	T.	Se S	40.0 - 80.0
LYMPHOCYTES	69	28	%	20.0 - 40.0
MONOCYTES	02		o lo	2.0 - 10.0
EOSINOPHILS	07	6	oio	2.2 = 6.6
BASOPHILS	00		ojo	0.0 = 2.0
BAND CELLS	0.0		<u> </u>	

Durga (mech)

James.

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	BABY OF() DURGA	BISHWAKARM	A	Bill No Sample Date	IP25/14889U 23/11/2024	2:41AM
Source	IPD				23/11/2024	2:5581
UHID/Visit	686119/324-94619			Receiving	23/11/2024	
No				Report Date	23/11/2025	= 1 = U/T
Age/Gender	8 Mths 17 Days/M	ale			4	
Bed No/Ward	PICUISO-1 / PICU	ISOLATION		Report Status	Final	
	Dr. SANKHA SUVRA			Lab No	92481254 H=11=16629-	97
Sample Name RBC INDICES				ManualDent No		
MEAN CORPUSCU	LAR VOLUME (MCV)	77.9		fl	81.00 - 99	.00
MCH		24.8	<u> </u>	pg	27.0 - 32	. 0
		31.8		g/dl	31.5 - 34	.5
MCHC RDW		17.6	8	ę,	11.0 - 15	,4,
		**End	Of R	eport**		

Durga (mech) Sunas

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Investigation	n Name				
Sample Name		Result	Units	BIO. NET. 200	
	or. SANKHA SUVR	a Ganova	Manual Dent No	Bio. Ref.Int	erval
Ded MO\ Mard	=CIN7D	a CANGIILY	Lab No	H-11-10029-	-74
and No/Ward	PICUISO-1, / PIC	U ISOLATION	Report Beader	92481254	
	8 Mths 17 Days/		Report Status	Final	
No			Keborr pace		
UHID/Visit	686119/324-9461	9	Report Date	23/11/2024	1:1320
000200	120		Receiving Date	23/11/2024	2.00121
			Sample Date		
n-tiont Name	BABY OF() DURGA	BISHWAKARMA	Bill No	23/11/2024	2:41AM
				IP25/148895	4

# HAEMATOLOGY

# \*CBC\_(HB.TC.DC.RBC.PCV.MCV.MCHC.RDW.PLATELET)

*CBC (HB.TC.DC.RBC.FCV.HGV.		\		
CBC (Cyan-meth Hb/Light scatter/	Flowcytomet	ry)		
(Cyan-meth Hb)		h	g/dl	12.0 - 15.0
HEMOGLOBIN	10.9	· **	cells/cu	° 6000.00 - 16000.00
TOTAL LEUKOCYTE COUNT (TLC)	10800		mm Cerray co	
	4.38	ī,	Million/	4.50 - 5.50
RBC COUNT (RED BLOOD CELL)	4.30	<i>J</i> <sub>0</sub> 1	μL	
	34.1	Ta	96	40.0 - 50.0
PCV (HAEMATOCRIT)	3.67		lakh/cum	2 - 4
PLATELET COUNT	3.07		m	
×				
DEFFERENTIAL COUNT	56		ols	40.0 - 80.0
NEUTROPHILS		***	0,00	20.0 - 40.0
LYMPHOCYTES	41	X.		2.0 - 10.0
MONOCYTES	02		clo	
EOSINOPHILS	01		ું	1.0 - 6.0
BASOPHILS	00		o <sub>t</sub> o	0.0 - 2.0
Other cells				

The Recommendation of the Comment of

CONSULTANT | REGD. NO:65964 (WBMC)

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Phone: 0343 6615555 | Appointment No : 8687500500 | Telemedicine 9800881314 Call: 9800881600 for free Ambulance within City Limits of Durgapur

Medical claim, alrendy taken by Smt. Durga Vishwakarma, Jr. B.ce./Mech/PRYJ/W EMP 10-103682 in fivor of her Male Baby Born

NBMIC	Cl.dms	Dept	Location		Medical Claim		Total amount	January
				The state of the s	Children		Pagerd (Pe)	Kennuk
				Outdoor 4 special Disease	Indoor	Date		
New Male baby born of Smt.					-/1.2	30.03.24	1220	Provided by Unit
Ourga			N. S.				-11/02	
Vishwakarma	103682	Jr.Exe/ Mech,	Sujahur/ PRYJ/W		277151/-	30.03.24	-4151772	Received vide CO letter dt.02.09.24
					597320/-	18.10.24	560296/-	Received vide CO