

Sub: Reimbursement of medical expenses on Indoor Treatment under DFCCIL**Medical Rules**

1	Name of the employee	MOUSUMI SINGH		
2	Employee Code	100246		
3	Designation & Place of posting	Asst. Manager /Civil		
4	Scale of Pay & Basic Pay	Pay Scale: 60,000-1,80,000/- & Basic Pay: 60,000/-		
5	Name of the patient	MOUSUMI SINGH		
6	Employee's Relationship with the patient.	SELF		
7	Name & Address of the Hospital	Cloudnine Hospital KIDS CLINIC INDIA LIMITED Plot no- C-9, Sector-51, NOIDA, GAUTAM BUDDHA NAGAR, UP-201301		
8	Registration No. of the hospital with Central/State Govt./Local Bodies :	RMEE2445442		
9	Date of Admission in the hospital	06.12.2024		
10	Date of Discharge from the hospital	07.12.2024		
11	Diagnosis of the ailment and treatment given in brief.	Pregnancy		
12	Details of the amount claimed are given below:			
13	Details of the amount claimed (attach details as per format below in a separate sheet, if the space is not adequate)			
14	Details	Bill No./date	The gross amount of the bill	Amount claimed*
A	Medicines			
		C013662402474559 Dt- 14-11-24	801/-	427.99/-
		OPH/S51/24-25/CS/37069 Dt- 23-11-24	66.80/-	66.80/-
		OPH/S51/2425/CS/39343 Dt-07-12-24	1077.79/-	1077.79/-
B	Consultation charges			
	Self	OPD/S51/24-25/CS/59910, dt-06-11-24	1000/-	1000/-
	Self	OPD/S51/24-25/CS/64457, dt-23-11-24	1000/-	1000/-
	Self	OPD/S51/24-25/CS/67670, dt-05-12-24	1000/-	1000/-
	Self	OPD/S51/24-25/CS/67725, dt-05-12-24	650/-	650/-
	Self	OPD/S51/24-25/CS/71057, dt- 18-12-24	1000/-	1000/-
	B/O Mousumi Singh	OPD/S51/24-25/CS/68910, dt-09-12-24	1000/-	1000/-
	B/O Mousumi Singh	OPD/S51/24-25/CS/71112, dt-18-12-24	1000/-	1000/-
	B/O Mousumi Singh	OPD/S51/24-25/CS/72171 22-12-24	1000/-	1000/-

C	Investigation charges			
	Self	IPD/S51/24-25/CS/3238, dt-07-12-24	127233/-	127233/-
	B/O Mousumi Singh	IPD/S51/24-25/CS/3239/ 07-12-24	24650/-	24650/-
D	Room Rent		-	-
	GROSS TOTAL:	Rupees One Lakh Sixty One thousand one hundred Sixty only . M. Singh	161478.59/-	161105.58/-
				161105.58/-

* 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 :

M. Singh

Date :

03-01-25

Recommendation of the Controlling Officer

Nitin Mahotra

Name: Nitin Mahotra

Designation: Manager/civil

HR/CO -



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C-9, NEW OKHLA INDUSTRIAL DEVELOPMENT
AUTHORITY, GAUTAM BUDH NAGAR, UP 201301
Phone : 99729 99729
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IN-PATIENT BILL

Patient Name	: B/O Mousumi Singh	GSTN#	: 09AACCK7678R1ZF
MPI#	: 1000000102236159	Admitted On	: 06-12-2024 11:30 AM
Bill No	: IPD/S51/24-25/CS/3239	Discharged On	: 07-12-2024 12:12 PM
Bill Date	: 07-12-2024 05:08 PM	Category	: Luxury(401 C1)
Age/Gender	: 0 year 0 mon 1 day/Female	Hospital Days	: 2
Doctor	: Dr. Saurabh Kataria	Payment Mode	: CASH
Department	: FOURTH FLOOR/PEDIATRICS	IP#	: 35659
Admit Purpose	: New Born		

Final Bill

SI	Particulars	Amount
1	Registration Charge	150.00
2	Baby care package - Luxury - 22-23	24000.00
3	Medical Equipments	500.00
Total		24650.00

	Amount
Bill Amount	: 24650.00
Adv adj to Bill	: 20000.00
Amount Received	: 4650.00
Balance Payable	: 0.00

Comments :

Advance & Adjustment Details

Advance Collected	:	20000.00
Net Advance	:	20000.00
Adv adj to Bill	:	20000.00

Registration Charge

SI	Service	SAC	Date	Rate	Qty	CGST	SGST Discount	Total(in Rs)
1	Registration Charge	999311	06-12-2024	150.00	1.00	0.00	0.00	150.00

IP Package

SI	Service	SAC	Date	Rate	Qty	CGST	SGST Discount	Total(in Rs)
1	Baby care package - Luxury - 22-23		07-12-2024	24000.00	1.00	0.00	0.00	24000.00

*Mousumi Singh
AM/CO/MK
03-01-25*





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IN-PATIENT BILL

Other Charges

SI	Service	SAC	Date	Rate	Qty	CGST	SGST	Discount	Total(in Group GST% Rs)
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Medical Equipments

SI	Service	SAC	Date	Rate	Qty	CGST	SGST	Discount	Total(in Rs)
1	CCHD Screening Charges	999311	06-12-2024	500.00	1.00	0.00	0.00	0.00	500.00

PHARMACY MATERIALS

SI	Service	SAC	Date	MRP	Qty	Total(in Rs)
1	INFANT FEEDING TUBE 6 (ROMSONS)	90183990	06-12-2024	64.00	1.00	64.00
2	KENADION[SAMARTH] 1 MG INJ (1 vial)	30045090	06-12-2024	18.75	1.00	18.75
3	SUCTION CATHETER 10 (ROMSONS)	90189099	06-12-2024	89.00	2.00	178.00
4	SURGEON GOWN (MEDISAFE)	62103090	06-12-2024	475.00	1.00	475.00
5	X TUBERVAC[SERUM] 1 MILLION UNITS INJ (1 mL)	30022015	06-12-2024	116.76	1.00	116.76 <i>+ vacinal</i>
6	GLOVES STERILE 7.5 (SURGICARE)	90189099	06-12-2024	80.00	2.00	160.00
7	KLIK CLAMP [GH-5084] (ROMSONS)	90189099	06-12-2024	39.00	1.00	39.00
8	SYRINGE 1CC (BD)	90189099	06-12-2024	24.00	2.00	48.00
9	X FRIENDS UNDER PAD SINGLE(NOBLE HYGEINE)	96190040	06-12-2024	220.00	1.00	220.00 <i>-</i>
10	YANKAUER SUCTION SET [PYS-01] (PRYMAX)	90183990	06-12-2024	751.00	1.00	751.00
11	X BEVAC[BIOLOGICAL] 10 MCG INJECTION (0.5 mL)	30022012	06-12-2024	41.38	1.00	41.38 <i>+ vacinal</i>

2111.89

Net Pharmacy Material(Package Inclusion):

2111.89

IP Advance Receipt

Date	Receipt No.	Cash	Card	Cheque/DD	Net Amount
06/12/2024	IPD/S51/24-25/RC/7556	20000.00	0.00	0.00	20000.00

Receipt Details

Minh
03-01-25



C9/MRD/090/V03



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IN PATIENT BILL

Date	Receipt No.	Cash	Card	Cheque/DD	Net Amount
07/12/2024	IPD/S51/24-25/RC/7622	0.00	4650.00	0.00	4650.00
					4650.00

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03-01-25





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IN-PATIENT BILL

MPI #	: 1000000102236159	Date	: 07/12/2024
Patient Name	: B/O Mousumi Singh	Receipt #	: IPD/S51/24-25/RC/7622
Age/Gender	: 0Y 0M 1D/Female	{Barcode}	

Receipt #

Admitted On	: 06/12/2024 11:30 AM	Bed Category	: Luxury
Discharged On	: 07/12/2024 12:12 PM		
Bill #	: IPD/S51/24-25/CS/3239		

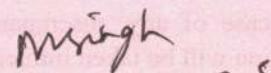
Receipt Amount(Rs)

Total : 4650

Received with thanks from /on-behalf of **B/O Mousumi Singh** an amount of **Rupees Four Thousand Six Hundred And Fifty only**

Receipt Details

Card : 4650(6435-088615-visa)


03-01-25





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IN-PATIENT BILL

Patient Name	: Mousumi Singh	GSTN#	: 09AACCK7678R1ZF
MPI#	: 1000000102047141	Admitted On	: 06-12-2024 02:20 AM
Bill No	: IPD/S51/24-25/CS/3238	Discharged On	: 07-12-2024 12:12 PM
Bill Date	: 07-12-2024 05:06 PM	Category	: Luxury(401)
Age/Gender	: 35 years 7 mons 4 days/Female	Hospital Days	: 2
Doctor	: Dr. Ekta Singh	Payment Mode	: CASH
Department	: FOURTH FLOOR/OBSTETRICS AND GYNECOLOGY	IP#	: 35643
Admit Purpose	: Normal Delivery		

Tax Invoice

SI	Particulars	Amount
1	Normal Delivery - Luxury - 2024-2025	135000.00
2	Lab	2530.00
3	Other Charges	4750.00
4	Pharmacy Materials	14103.00
5	GST	850.00
Total		157233.00

	Amount
Bill Amount	: 157233.00
Discount	: 30000.00
Net Amount	: 127233.00
Adv adj to Bill	: 108000.00
Amount Received	: 19233.00
Balance Payable	: 0.00

Comments :
Discount Reason : 30k Discount on Final bill asper Meenakshi

Advance & Adjustment Details

Advance Collected	:	100000.00
Booking Advance	:	8000.00
Net Advance	:	108000.00
Adv adj to Bill	:	108000.00

Bed Charges

SI	Service	SAC	Date	Rate	Qty	CGST	SGST	Discount	Total(in Rs)	GST% Rs)
1	Room Rent(401(Normal)) (Package Inclusion)	999311	06-12-2024	0.00	1.00	212.50	212.50	0.00	425.00	5.00



*Mukesh
AM/CDI-1
03-01-28*



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		IN-PATIENT BILL								
2	Room Rent(401(Normal)) (Package Inclusion)	999311	06-12-2024	0.00	1.00	212.50	212.50	0.00	425.00	5.00
										850.00

IP Package

SI	Service	SAC	Date	Rate	Qty	CGST	SGST	Discount	Total(in Rs)
1	Normal Delivery - Luxury - 2024-2025		07-12-2024	135000.00	1.00	0.00	0.00	29999.95	105000.05

Lab

SI	Service	SAC	Date	Rate	Qty	CGST	SGST	Discount	Total(in Rs)
1	Complete Blood Count Panel	999316	06-12-2024	590.00	1.00	0.00	0.00	0.00	590.00
2	Prothrombin Time (PT)		06-12-2024	710.00	1.00	0.00	0.00	0.00	710.00
3	Activated Partial Thromboplastin Time Panel	999316	06-12-2024	690.00	1.00	0.00	0.00	0.00	690.00
4	Blood Group Panel	999316	06-12-2024	540.00	1.00	0.00	0.00	0.00	540.00

105000.05

2530.00

Other Charges

SI	Service	SAC	Date	Rate	Qty	CGST	SGST	Discount	Total(in Group Rs)	GST%
1	Safety Consumable charges	999311	06-12-2024	4000.00	1.00	0.00	0.00	0.00	4000.00	0.00
2	DISPOSABLE LINEN CHARGES	999311	06-12-2024	750.00	1.00	0.00	0.00	0.00	750.00	0.00

4750.00

PHARMACY MATERIALS

SI	Service	SAC	Date	MRP	Qty	Total(in Rs)
1	SYRINGE 2CC (DISPOVAN)	901883100	06-12-2024	5.90	2.00	11.80
2	VICRYL 2-0 NW2777 (ETHICON)	90189099	06-12-2024	605.00	1.00	605.00
3	SYRINGE 5CC (DISPOVAN)	901883100	06-12-2024	10.00	7.00	70.00
4	EMANZEN-D[EMCURE] TAB (10 tab)(10 ML)	30049099	06-12-2024	23.16	10.00	231.60





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IN-PATIENT BILL

5	MEM[NEON] 0.2 MG INJ (1 mL)	30044090	06-12-2024	16.70	1.00	16.70
6	FLEXI MASK ADULT [OXYGEN MASK-SH-2020] (ROMSONS)	90189099	06-12-2024	331.00	1.00	331.00
7	SURGEON GOWN (MEDISAFE)	62103090	06-12-2024	475.00	1.00	475.00
8	SYNTOCINON[VIATRIS] 5 I.U INJECTION (1 vial)	30043911	06-12-2024	19.96	8.00	159.68
9	METROGYL[J] 400 MG TAB (15 tab)(20 ML)	30049099	06-12-2024	1.70	6.00	10.20
10	MISOPROST[CIPLA] 25 MCG TAB (4 tab)(4 ML)	30049099	06-12-2024	8.83	4.00	35.32
11	PAN 40[ALKEM] 40 MG TAB (15 tab)(15 ML)	30049099	06-12-2024	11.33	6.00	67.98
12	EXAMINATION GLOVES M (KALTEX)	90189099	06-12-2024	15.00	35.00	524.99
13	LOX 2%[NEON] 2 % INJECTION (30 mL)	30039034	06-12-2024	34.93	1.00	34.93
14	EMESET[CIPLA] 4 MG INJ (2 mL)	30049039	06-12-2024	13.35	1.00	13.35
15	ENEMA 100ML (SUN S G PHARMA)	30049099	06-12-2024	68.00	1.00	68.00
16	BACTO BATH WIPES (RAMAN & WEIL)	48189000	06-12-2024	468.00	2.00	936.00
17	GLOVES STERILE 6.5 (SURGICARE)	90189099	06-12-2024	97.00	10.00	970.00
18	ABDOMINAL MOPS 12X12X12PLY STERLISED (SANTHIYA PRODUCT)	30059090	06-12-2024	85.00	4.00	340.00
19	OT APRON (MEDISAFE)	90189099	06-12-2024	119.00	4.00	476.00
20	VIZYLAC[TORRENT] 120 MILLION UNITS CAP (15 cap) (15 Gram)	30049084	06-12-2024	5.58	3.00	16.74
21	LOOZ[INTAS] 10 GRAM/15 ML SOLUTION (210 mL)	30021019	06-12-2024	309.96	1.00	309.96
22	AUTOFUSION SET [IV SET] WITH AIR VENT [14261] (POLYMED)	90183990	06-12-2024	393.00	1.00	393.00
23	BACTILEM[EMCURE] 1.5 GRAM INJECTION (1 vial)	30049039	06-12-2024	379.40	1.00	379.40
24	XORITAS[AEQUITAS] 500 MG TAB (4 tab)(4 ML)	30042019	06-12-2024	57.60	4.00	230.40
25	GAUZE SWAB 7.5X7.5X12PLY [4'S] (MEDICARE HYGIENE)	30059090	06-12-2024	75.00	2.00	150.00
26	PRASOZOLE[AEQUITAS] 40 MG INJECTION (1 vial)	30049039	06-12-2024	56.50	1.00	56.50
27	GAUZE SWAB 10X10X12PLY [4'S] (MEDICARE HYGIENE)	90189099	06-12-2024	97.00	8.00	776.00





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IN-PATIENT BILL

28	X FRIENDS UNDER PAD SINGLE(NOBLE HYGEINE)	96190040	06-12-2024	220.00	9.00	1980.00
29	UNIVERSAL CLIPPER BLADE [SC002] (MEDOVATION)	90189099	06-12-2024	950.00	1.00	950.00
30	DISPOZ DELUXE PANTY-XL (DISPOFAB)	30041090	06-12-2024	550.00	1.00	550.00
31	2ML SYRINGE WIHT NEEDLE (LIFELONG)	90183100	06-12-2024	24.00	5.00	120.00
32	CUTAPREP-PV[P] 10 %W/V SOLUTION (100 mL)	30049087	06-12-2024	107.00	4.00	428.00
33	VENFLON PRO SAFETY IV CANNULA 18G [393227] (BD)	90189099	06-12-2024	485.00	1.00	485.00
34	X FRIENDS MATERNITY PAD 5'S (NOBLE HYGEINE)	96190040	06-12-2024	250.00	2.00	500.00
35	THEMICAINE[THEMIS] 2 % GEL (30 G)	30049029	06-12-2024	37.96	3.00	113.88
36	RINGER LACTATE (AQUA PULSE)[DENIS] INJ (500 mL)	30049029	06-12-2024	72.70	4.00	290.80
37	TEGADERM 1683IN (3M)	90189099	06-12-2024	262.00	1.00	262.00
38	EXAMINATION GLOVES M (KALTEX)	90189099	07-12-2024	15.00	1.00	15.00
39	BACTORUB PINK[RAMAN] WASH (500 mL)	34011190	07-12-2024	826.00	1.00	826.00
<hr/>						14210.23

PHARMACY MATERIALS RETURNS

SI	Service	SAC	Date	MRP	Qty	Total(in Rs)
1	SOLUTION CUTAPREP- PV[P] 10 %W/V	30049087	07-12-2024	107.00	1.00	107.00
						107.00
						Net Pharmacy Material: 14103.23
						Pharmacy Package: 0.00
						Patient Payable: 14103.23

IP Booking Receipt

Date	Receipt No.	Cash	Card	Cheque/DD	Net Amount
06/11/2024	OPD/S51/24-25/BK/RC/1822	8000.00	0.00	0.00	8000.00
					8000.00

IP Advance Receipt

Date	Receipt No.	Cash	Card	Cheque/DD	Net Amount
06/12/2024	IPD/S51/24-25/RC/7541	100000.00	0.00	0.00	100000.00





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IN-PATIENT BILL

100000.00

Receipt Details

Date	Receipt No.	Cash	Card	Cheque/DD	Net Amount
07/12/2024	IPD/S51/24-25/RC/7621	0.00	19233.00	0.00	19233.00
					19233.00

Singh
 AM(civil)
 03-01-25





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IN-PATIENT BILL

MPI #	: 1000000102047141	Date	: 07/12/2024
Patient Name	: Mousumi Singh	Receipt #	: IPD/S51/24-25/RC/7621
Age/Gender	: 35Y 7M 4D/Female	{Barcode}	

Receipt

Admitted On	: 06/12/2024 02:20 AM	Bed Category	: Luxury
Discharged On	: 07/12/2024 12:12 PM		
Bill #	: IPD/S51/24-25/CS/3238		

Receipt Amount(Rs)

Total : 19233

Received with thanks from /on-behalf of **Mousumi Singh** an amount of **Rupees Nineteen Thousand Two Hundred And Thirty Three only**

Receipt Details

Card : 19233(6435-088615-visa)

*M Singh
R M (cirl)
03-01-25*





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UP-201 301, Phone : 9972999729
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130000102236159

: 09-12-2024 18:50
: OPD/551/24-25/CS/68910
: Consultation
: 09AACCK7678R1ZF

Patient Name:	BIO: Mousumi Singh Age/Gender: 0 year 0 mon 3 days/female	Service:	SAC	Quantity
Consulting Doctor	Dr. Saurabh Kataria <u>99585-33306</u>	Consultation Charges - Dr. Saurabh Kataria	999311	1
Doctor Dept.	PEDIATRIC NEONATOLOGY			
Patient Mobile #1	9007041989			
Patient Mobile #2				
#	Appointments	Date	Bill #	Visit Typ
1				

In words : Rupees One thousand

Maing
03-01-25

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UP-201 301, Phone : 9972999729
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: 100000010236159
MPI # : 18-12-2024 14:10
Date : OPU/S51/24-25/CS/71112
Bill # : Consultation
Visit Type : GSTN#
GSTN# : 09/AACCK7678R1ZF

: Address
Address :

: Appointment Bill
Quantity : 1
Rate : 1100.00
CGST : 0.00
SGST : 0.00

Total	Group
1000.00	

Patient Name : B/O Mousumi Singh
Age/Gender : 0 year 0 mon 12 days/Female
Consulting Doctor : Dr. Saurabh Kataria (9585-33306)
Doctor Dept. : PEDIATRIC NEONATOLOGY
Patient Mobile #1 : 9007041989
Patient Mobile #2 :

Service #	SAC
1	999311

In Words : Rupees One Thousand only
Registration Fee Waive Off Reason : I/p registration

Gross Total	
₹ 1100.00/-	
Discount	
₹ 100.00/-	
Total Tax	
₹ 0.00/-	
Total Amount	
₹ 1,000.00/-	
Total Paid	
₹ 1,000.00/-	

Biller : Sakshi Rai

Call - 336
TCB - 8 mgd



Munish
2025

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UP-201 301, Phone : 9972999729
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MPI # : 1000000102236159

Date : 22-12-2024 15:30

Bill # : OPDIS51/24-25/CS/72171

GSTIN# : 09AACCK7678R1ZF

Address :

OP ORDER BILL

Order Rate

Qty CGST

GST

Total GST%

Patient Name : B/O Mousumi Singh

: 0 year 0 mon 16 days/Female

Age/Gender : Self

Consulting Doctor : 9007041989

: ,

SAC

Emergency Consultation

Charge - (Pediatric Doctors)

Order Rate

Qty 1000

CGST 0.00

GST 0.00

Total 1000.00

0.00

Gross Total

Total Tax

Total Amount

Total Paid

In Words : Rupees One Thousand only

Biller : Pooja Bhardari

Note: 1.Kids Clinic India private limited or Cloudnine is not responsible for authenticity of the covid tests done by Govt. approved Covid test lab.

2.Kids Clinic India private limited or Cloudnine is not responsible for any Claim/Compensation on the wrong or misinterpretation of facts in the Covid test results.

Minj Singh
03-01-2025

Cloudnine
KIDS CLINIC INDIA LTD
C-9, Sector 51, Noida, Gautam Budh Nagar
UP-201 301, Phone : 9972999729
www.cloudninelcare.com



MPI # : 1080000102047141
 Date : 18-12-2024 12:24
 Bill # : OPD/SS1/24-25/C5/71057
 Visit Type : Consultation
 GSTN# : 09AACCK7678R1ZF

Address :

Appointment Bill

Patient Name	Service	SAC	Quantity	Rate	CGST	SGST	Total	Group
Mousumi Singh	Consultation Charges - Dr. Ekta Singh	999311	1	1100.00	0.00	0.00	1000.00	

Age/Gender : 35 years 7 mons. 15 days/Female
 Consulting Doctor : Dr. Ekta Singh
 Doctor Dept. : OBSTETRICS & GYNECOLOGY
 Patient Mobile#1 : 9007041989
 Patient Mobile#2 :
 Receipt Details

Cash	₹ 1000/-

In Words : Rupees One Thousand only

Biller : Deepika Mouraya

Gross Total	
Discount	₹ 1100.00/-
Total Tax	₹ 100.00/-
Total Amount	₹ 0.00/-
Total Paid	₹ 1,000.00/-

Wt - 69.61kg
03-01-25
Minh

Wt - 69.61kg
03-01-25
Deepika Mouraya
PA.
Q1



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Patient Name	Mousumi Singh	Date	05-12-2024 13:21
Age/Gender	35 years 7 mons 2 days/Female	Bill #	OPDIS551/24-25/CS/16
Consulting Doctor	Dr. Ekta Singh	GSTN #	09AACCK7678R1ZF
Patient Mobile#1	9007041989	Address	
Patient Mobile#2		OP ORDER BILL	
S No.	Type	Order	Rate
1	Medical Equipment's	650	
	SAC	NST (Non Stress Test)	
	999311		
<u>Receipt Details</u>			
Card	₹ 450 / { -- }		
<u>Advance Details</u>			
Available Advance	₹ 194.91 /		
Advance Adjusted	₹ 190.00 /		
Balance in Patient	₹ 4.81		
<u>Order</u>			

Digitized by srujanika@gmail.com

Minh 03-01-25

Wards : Rupees Four Hundred And Sixty Only

Notice: This is a copy of a document filed with the Secretary of State. It has not been certified as authentic by the custodian of the records, state by Great Atlantic & Pacific Teal Co., Inc., and is not admissible in a court of law as evidence of the genuineness of the signature or the contents.

1

17

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S/S/S
g-108

cloudnine

Patient Name : Mousumi Singh
 Age/Gender : 35 years 6 mons 20 days/Female
 Consulting Doctor : Dr. Ekta Singh
 Doctor Dept. : OBSTETRICS & GYNECOLOGY
 Patient Mobile#1 : 9007041989
 Patient Mobile#2 :

Appointment Bill

Service #	SAC	Quantity 1	Rate 1100.00	CGST 0.00	SGST 0.00	Total 1000.00	Group
1	Consultation Charges - Dr. Ekta Singh Dr. Ekta Singh (Appointment On : 23-11-2024)						

Receipt Details

Card ₹ 1000/- (-)

In Words Rupees One Thousand only

Biller : Sakshi Rai



1000000102047141
 Date : 23-11-2024 12:21
 Bill # : CPDSS1/24-25/564357
 Visit Type : Consultation
 GSTN# : 09AACCK7678R1ZF

Line Item	Rate	CGST	SGST	Total
Gross Total				₹ 1100.00/-
Discount				₹ 100.00/-
Total Tax				₹ 0.00/-
Total Amount				₹ 1,000.00/-
Total Paid				₹ 1,000.00/-

Mrs Singh
03-01-25

Weight - 7.5. 9 kg
 BP - 120/75 mm Hg
 P - 76

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cloudnine



: 1000000102047141
 : 06-11-2024 12:36
 : OPD/S51/24-25/C5/59910
 : Consultation
 : 09AACCK7678R12F

Patient Name	Mousumi Singh							
Age/Gender	35 years 3 mons 3 days/Female							
Consulting Doctor	Dr. Ekta Singh							
Doctor Dept.	OBSTETRICS & GYNECOLOGY							
Patient Mobile #1	9007041989							
Patient Mobile #2								
#	Service	SAC	Quantity	Rate	CGST	SGST	Total	Group
1	Consultation Charges - Dr. Ekta Singh Dr. Ekta Singh (Appointment On : 06-11-2024)	999311	1	1100.00	0.00	0.00	1000.00	1000.00

Receipt Details
Cash : ₹ 1000/-

In Words : Rupees One Thousand only
 Comments : DFCCII

Appointment Bill	Quantity	Rate	CGST	SGST	Total	Group
	1	1100.00	0.00	0.00	1000.00	

Gross Total
 Discount
 Total Tax
 Total Amount
 Total Paid

₹ 1100.00/-
 ₹ 100.00/-
 ₹ 0.00/-
 ₹ 1,000.00/-
 ₹ 1,000.00/-

Biller : Sakshi Rai

✓
 M Singh
 03-01-25
 W.T -
 B.P -
 PR -

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Bill Date : 23-11-2024 13:10
 Care Recipient Name : Mousumi Singh
 MPI : 1000000102047141
 Age/Gender : 35 years 6 mons.20 days/Female
 Doctor : Dr. Ekta Singh
 Patient Mobile#1 : 9007041989
 Patient Address :

Bill # : OPH/S51/24-25/CS/37069
 Receipt # : R/S51/24-25/CS/37069
 TIN No. :
 DL # : 21-UP16210000090/20-
 UP1620000090



#	Item	Manufacturer	Qty	Batch	Expiry	Price	Tax%	Amount HSN	SGST	CGST	MRP
1	VAGINAL SUPPOSITORY CANESTEN-VG[BAYER] 100 MG	Bayer India Ltd.	1	FB24004	30-09-2027	59.64	12	66.80	30049029	3.58	3.58 66.8
	Advance							Gross Total			₹ 59.64/-
	Adjusted							Tax Amount			₹ 7.16/-
								Net Amount			₹ 66.80/-
	In Words										

In Words : Rupees Sixty Six And Eighty Paise only

Biller:Sandeep Singh

Signature of Pharmacist:

M Singh
AM/curi

3+07-2025



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Bill Date : 07-12-2024 17:53
 Patient Name : Mousumi Singh
 MPI : 1000000102047141
 Age/Gender : 35 years 7 mons 4 days/Female
 Doctor : Dr. Ekta Singh
 Doctor Address : Plot C 9, Sector 51,Gautam Buddha Nagar,Noida
 Patient Mobile#2 :
 Patient Mobile#2 :
 Patient Address :

#	Item	Manufacturer	Qty	Batch	Expiry	Price	Tax%	Amount	HSN	SGST	CGST	MRP
1	TAB XORITAS/AEQUITAS] Aequitas Healthcare Pvt Ltd		8	CT0924004H	30-03-2026	51.43	12	460.81	30042019	24.69	24.69	57.6
2	TAB EMANZEN-DI[MCURE]	Emcure Pharmaceuticals Ltd	10	E16CK24005	30-07-2027	20.68	12	231.62	30049099	12.41	12.41	23.16
3	DROP KIDRICH-D3(DR)	Dr Reddy's Laboratories Ltd.	1	DEL/24-25/322195	28-02-2026	178.13	12	199.51	30049039	10.69	10.69	199.5
4	CAP PAN-D[ALKEM]	Aikem Laboratories Ltd	10	24443119	31-08-2026	13.75	12	154.00	30049099	8.25	8.25	15.4
5	TAB PERINORM[IPCA] 5 MG	IPCA Laboratories Ltd	10	GD124007AS	30-05-2027	1.35	12	15.12	30049035	0.81	0.81	1.51
6	CAP VIZYLACT[TORRENT] 120 MILLION UNITS	Torrent Pharmaceuticals Ltd	3	G2DB224051	01-07-2026	4.98	12	16.73	30049084	0.90	0.90	5.58

Gross Total : ₹ 962.31/-
 Tax Amount : ₹ 115.48/-
 Net Amount : ₹ 1,077.79/-

Miragh

3 - 01 - 25

In Words : Rupees One Thousand And Seventy Seven And Seventy Nine Paise only



Tax Invoice/Bill of Supply/Cash Memo (Original for Recipient)**Sold By****TATA 1MG HEALTHCARE SOLUTIONS PRIVATE LIMITED**

(Formerly known as 1mg Healthcare Solutions Private Limited and Delhi Mediart Private Limited)

DL Number:21B:UP1621B000408.21:UP16210001400.20B:UP1620B000411.20:UP16200001400.20C
CMSMRTHOMOEO/2024-25/RETAIL/51.20D:CMSMRTHOMOEO/2024-25/
WHOLESALE/52**FSSAI License No:** 12721055000745**GST:** 09AACFD7691C1ZH **CIN:** U24290DL2016PTC302634**Registered Address:** Level 3, Vasant Square Mall, Pocket V, Sector B, Vasant Kunj, New Delhi - 110070**Premise Address:** WH-004, Sector-67, Gautam Buddha Nagar, Noida, Uttar Pradesh, 201301, India**Sold To****Patient Name:** Mousumi Singh

Address: C-302, Logix Blossom County, Noida, Noida, 201301, IN,

Place of supply: Uttar Pradesh**Contact:** 9007041989**Doctor name & address:** Abhijit Kumar**Invoice no.:** C013662402474559**Date :** 2024-11-14**Order ID:** PO31824442455297

For Internal Purpose

SR. PRODUCT NAME	MFR. Name	BATCH NO.	EXP. DATE	QTY	MRP	DISC AMT. (₹)	TAXABLE AMT. (₹)	HSN	GST RATE (%)	GST AMT. (₹)	TOTAL AMT. (₹)
1 Glyciphage SR 500mg Tablet - 10	Franco-Indian Pharmaceuticals Pvt Ltd	R0334027	07/26	2	23.55	4.74	37.82	30043190	12	4.54	42.36
2 Gemcal Gro Suspension - 200ml	Alkem Laboratories Ltd	24281217	11/25	1	200.0	21.00	159.82	30045039	12	19.18	179
3 Zincovit Multivitamin & Multimineral Syrup Helps Build Immunity - 200ml	Apex Laboratories Pvt Ltd	ZVS24127	07/25	1	170.0	23.00	124.58	21069099	18	22.42	147
4 New Speedral Capsule with Iron, Folic Acid & Glycine - 15	Sun Pharmaceutical Industries Ltd	BUA0091	05/25	2	234.0	40.01	362.7	21069099	18	65.29	427.99
5 Green Packaging Charge - OTH				1	0.00	4.24	998549		18	0.76	5

Mukesh
AM/CO
3-01-25

GST %	Taxable Amt	CGST	SGST	IGST	TOTAL QUANTITY:	
0	0	0	0	0	GROSS AMOUNT:	₹885.10
5	0	0	0	0	SHIPPING & VAT CHARGES:	₹5.00
12	197.64	11.86	11.86	0	DISCOUNT AMOUNT:	₹88.75
18	491.52	44.23	44.23	0	BILL AMOUNT:	₹801.35
28	0	0	0	0	ROUND OFF:	₹-0.35
					PAYABLE AMOUNT:	₹801.00

*All Values in ₹
Amount in Words: Rupees eight hundred and one only
E.&O.E.

For Support Contact:
care@img.com

Pharmacist Signature

Mukesh
Amloria
03-01-25

All disputes related to this order are subject to the jurisdiction of courts at Noida, Uttar Pradesh
Computer Generated Invoice.

For: TATA 1MG
HEALTHCARE
SOLUTIONS PRIVATE
LIMITED



TATA 1mg
Bringing care to health

Name Mousumi Singh Consultation date 06-11-2024, 12:45 pm ✓
 Age / Gender 35Y 6M 4D, Female Follow up date 15-11-2024
 MPID 1000000102047141

Blood group	B+	LMP	07-03-2024	POG	34 weeks 5 days
EDD	12-12-2024	Parity Index	G2 P1 L1 A0 E0 - ML0y0m		

EDD and POG are calculated using the last menstrual period.

Alerts

HbA1C- 6.0, Modified LMP, Previous NVD , GT- 157.30, Bad Compliance .

Medical History

Notes

husband posted in Uttarakhand

Date- 05/11/2024 HB- 10.9, TSH- 4.47 (0.41-5.18)

Pregnancy History

Delivery outcome: Live birth, Delivery mode: Normal, Birth weight: 2.5 Kg, Gender: Male
 GDM (Kolkata Delivery)

Advice

Lab Test	Date	Notes	Repeat frequency
LIVER FUNCTION TEST	06-11-2024		
Ferritin Serum	06-11-2024		
Scan	Date	Notes	Repeat frequency
Ultrasound Single Pregnancy Doppler 2D (Fm)	06-11-2024	on Radiologist advise	

Medicines

Name	Dose	Timing	Duration	Route	Notes
UPRISE-D3 60K[ALKEM] 60000 IU SOFTGEL CAP Vitamin D3	1 Capsules	Twice a month, After Food	month	Oral	
SPEEDRAL[SUN] CAP Folic Acid+Ferric Pyrophosphate	1 Capsules	Twice a day, After Food	1 month	Oral	Maintain gap of 3hrs from milk and calcium

Instructions

Report immediately if decrease or increase baby movements, labor pain, water break or bleeding
 Iron rich diet

In case of any unusual symptoms or signs or emergency reach cloud nine hospital immediately
 No oily food

Sugar profile Fasting Bs(90) 2hrs post meal 120(breakfast, luch dinner) 2AM

STRICK SUGAR CONTROL

Report if headache, blurring of vision, pain in epigastrium or Rt hypochondrium
 Squatting (Malasana)

Notes

FH- 34 wks

FHS- 156 bpm

Minh
AM(civil)

3-01-25

Dr Ekta Singh

MBBS , MS
UPMC46272

Name Mousumi Singh Consultation date 23-11-2024, 12:20 pm ✓
 Age / Gender 35Y 6M 21D, Female Follow up date 30-11-2024
 MPID 1000000102047141

Blood group	B+	LMP	07-03-2024	POG	37 weeks 1 days
EDD	12-12-2024	Parity Index	G2 P1 L1 A0 E0 - ML0y0m		

EDD and POG are calculated using the last menstrual period.

Alerts

HbA1C- 6.0, Modified LMP, Previous NVD , GT- 157.30, Bad Compliance .

Medical History

Notes

husband posted in Uttarakhand

Date- 05/11/2024 HB- 10.9, TSH- 4.47 (0.41-5.18)

Pregnancy History

Delivery outcome: Live birth, Delivery mode: Normal, Birth weight: 2.5 Kg, Gender: Male
 GDM (Kolkata Delivery), 39 wks

Advice

Lab Test	Date	Notes	Repeat frequency
Hemoglobin Hb	23-11-2024		

Medicines

Name	Dose	Timing	Duration	Route	Notes
UPRISE-D3 60K[ALKEM] 60000 IU SOFTGEL CAP Vitamin D3	1 Capsules	Twice a month, After Food	month	Oral	
SPEEDRAL[SUN] CAP Folic Acid+Ferric Pyrophosphate	1 Capsules	Twice a day, After Food	1 month	Oral	Maintain gap of 3hrs from milk and calcium
CANDID V6[GLENMARK] 100 MG TAB Clotrimazole	1 ml	Once a day, Bedtime	1 week	Vaginal	

Instructions

Report immediately if decrease or increase baby movements, labor pain, water break or bleeding
 Iron rich diet

In case of any unusual symptoms or signs or emergency reach cloud nine hospital immediately
 No oily food

Sugar profile Fasting Bs(90) 2hrs post meal 120(breakfast, luch dinner) 2AM
 STRICK SUGAR CONTROL

Report if headache, blurring of vision, pain in epigastrium or Rt hypochondrium
 Squatting (Malasana)

NST

Notes

FH- TS
 FHS- 152 bpm
 Cephalic

*M Singh
3-01-25*

Name Mousumi Singh **Consultation date** 05-12-2024, 11:54 am
Age / Gender 35Y 7M 3D, Female **Follow up date** 12-12-2024
MPID 1000000102047141 **Follow up remarks** SOS

Weight	76.8 kg	Blood group	B+	B.P.	118/82 mm/hg
LMP	07-03-2024	POG	38 weeks 6 days	EDD	12-12-2024
Parity Index	G2 P1 L1 A0 E0 - ML0y0m				

EDD and POG are calculated using the last menstrual period.

Alerts

HbA1C- 6.0, Modified LMP, Previous NVD , GT- 157.30, Bad Compliance .

Medical History

Notes

husband posted in Uttarakhand

Date- 05/11/2024 HB- 10.9, TSH- 4.47 (0.41-5.18)

Pregnancy History

Delivery outcome: Live birth, Delivery mode: Normal, Birth weight: 2.5 Kg, Gender: Male
 GDM (Kolkata Delivery), 39 wks

Medicines

Name	Dose	Timing	Duration	Route	Notes
SPEEDRAL[SUN] CAP <i>Folic Acid+Ferric Pyrophosphate</i>	1 Capsules	Once a day, After Food	1 month	Oral	
UPRISE-D3 60K[ALKEM] 60000 IU <i>SOFTGEL CAP Vitamin D3</i>	1 Capsules	Twice a month, After Food	2 months	Oral	

Instructions

Report immediately if decrease or increase baby movements, labor pain, water break or bleeding
 Perineal massage - Ripe papaya - Nipple formation and stimulation (for 10 min 3 times in a day)
 Counselling done regarding changes seen after Pelvic assessment like Blood mix discharge (release of mucus plug for 48 hrs) braxton hicks/cramp (if increased to every 20-30 min reach hospital), water break (reach hospital)
 In case of any unusual symptoms or signs or emergency reach cloud nine hospital immediately
 Admission
 Advised admission but patient and relatives wants to wait
 NST

Notes

FH- TS
 FHS- 156 bpm
 Cephalic
 Relaxed
 PV
 Cx - EE
 OS- 2FL
 Vx- high up
 Membranes present

Mirgh

3-01-25

Name Mousumi Singh
 Age / Gender 35Y 7M 16D, Female
 MPID 1000000102047141
 Consultation date 18-12-2024, 12:32 pm
 Follow up date 16-01-2025

Weight	69.6 kg	Blood group	B+	Pulse Rate	91 bpm
B.P.	130/84 mm/hg	Parity Index	G0 P2 L2 A0 E0 - ML0y0m		

Medical History

Notes

husband posted in Uttarakhand

Date- 05/11/2024 HB- 10.9, TSH- 4.47 (0.41-5.18)

Pregnancy History

Delivery outcome: Live birth, Delivery mode: Normal, Birth weight: 2.5 Kg, Gender: Male

Pregnancy year: 2024, Delivery outcome: Live birth, Delivery mode: Normal, Outcome: Full-term

GDM (Kolkata Delivery), 39 wks

Medicines

Name	Dose	Timing	Duration	Route	Notes
SUPRACAL HD[PHARMED] TAB <i>Calcium Citrate+Elemental Zinc+Magnesium+Vitamin D3</i>	1 Tablets	Once a day, After Food	1 month	Oral	
SURFAZ-SN CREAM[FRANCO-INDIAN] <i>CREA</i> <i>Betamethasone+Tolnaftate+Neomycin+Clotrimazole</i>	1 ml	Twice a day	10 days	Topical	

Instructions

Sitz bath 3 times a day for 10 min each

Exclusive breast feeding x 6 mnts

Wash your hands, nipples and clean baby's lips before and after feeding

BURPING your baby after EVERY feed is MOST ESSENTIAL

Breast feeding is beneficial as it promote immunity, brain growth, emotional bonding and decreases gastro intestinal infections, allergy, diarrhoea in baby and breast cancer in mother

Cervical cancer vaccination

Notes

PA-Soft

S/L Healthy

M Singh
3-01-25

This is a digital prescription and does not need doctor's signature. In case of any issues, please contact +91-9972999729 or drop an email to us at appsupport@cloudninelive.com



Cloudnine Hospital
KIDS CLINIC INDIA LIMITED.
C-9, NEW OKHLA INDUSTRIAL DEVELOPMENT
AUTHORITY, GAUTAM BUDH NAGAR, UP 201301
Phone : 99729 99729
www.cloudninelcare.com

DISCHARGE SUMMARY

Patient Name	MPI	IP#	Gender	Blood Group	Age	Marital Status
S/G Meousumi Singh	1000000102236159	35659	Female	"B" Positive	1D	Single
Admission Date	Discharge Date	Admission Time	Discharge Time			
06-12-2024	07-12-2024	11:30 am	02:00pm			
Admission Purpose	Date of surgery	Admitting Physician	Hospital Days/Nights			
New Born	NIL	Dr. Saurabh Kataria	1D			
Department	Ward	Room	Bed			
PEDIATRICS	FOURTH FLOOR	401	401 C1			

Discharge Type : On Doctor's Advice

CONSULTANT NAME : DR. SAURABH KATARIA

Delivery Diagnosis : Term (39 Weeks) / AGA / NVD

BIRTH History :

G2 P1 L1- Mother delivered BY NVD

No resuscitation required

Apgars (1 min, 5 mins) 8,9 Respectively

Date of Birth : 06-12-2024, Time of Birth : 10:50 AM, MBG : "B" Positive

ANTENATAL HISTORY :

Birth weight : 2.74 Kg, Birth OFC : 32 cm, Birth Length : 49.5 cm

COURSE DURING HOSPITAL STAY :

Baby was roomed in with mother & started on Breast feed soon after rooming in.

Baby passed urine & meconium after birth. There was no facial dysmorphism.

No obvious congenital abnormality detected, no facial dysmorphism.

Hest-Reflex present bilateral.

Screening for DDH (Ortolani, Barlow): Negative

Pulse screening Screening for Critical CHDs: Negative

Vaccination (BCG, OPV, HepB1) : Done on ...6/12/24.....

M Singh
03-01-25

INVESTIGATION :

Blood Urea (Pre-operative screening) : 11.1

Disclaimer : Final blood group should be confirmed again at 6 months of life

Discharge Weight : ...2.66.....KG, TCB : 4.2.....mg/dl





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Phone : 99729 99729
www.cloudninemcare.com

MUTHRIE TEST : Follow up done DISCHARGE SUMMARY 18/12/24

HEARING SCREENING : Follow up ✓

ADVICE AT DISCHARGE :

1. Breast feeding ad lib
2. Immunization as per schedule
3. DPD's KIDRICH D3 0.5 ML ONCE DAILY FOR 12 MONTHS
4. BP test to be done at the age of 3 months
5. Keep baby warm, maintain asepsis Avoid Handling by visitors

EMERGENCY CONDITION :

- 1) Not waking up despite repeated stimulation for more than 4-6 hrs OR lethargic
- 2) Blue or Yellow discoloration of Skin.
- 3) Temp. >100 F for more than 12 hours
- 4) Not Passing Urine for more than 12 hrs
- 5) Difficulty in breathing.....

FOLLOW UP ADVICE : Review In OPD ON 09-12-2024 WITH DR. SAURABH KATARIA with prior appointment.

Please meet our Lactation Consultant for a Breastfeeding Follow Up two days post discharge.

In Case of symptoms like fever / pain in abdomen, vomiting, Giddiness or for any emergency please contact Cloudnine Hospital Noida Emergency Helpline no 6230956230

Baby's Birth certificate acknowledgement Please contact Mr. Varun (MRD Department)
8759744886, 9643009784

DISCLAIMER : This discharge summary is prepared as per information given by consultant in charge of patient .Any discrepancies /inconsistencies to be addressed to the consultant

DR. SAURABH KATARIA
CONSULTANT

Signature of the Consultant

DR. SHABIR
REGISTRAR

Signature of the Registrar

Miraj
08-01-25



CME Verification : I, herein below signed confirm that I have checked all demographic details of the concerned patient & I confirm that they are correct & true



Cloudnine Hospital
KIDS CLINIC INDIA LIMITED.
C-9, NEW OKHLA INDUSTRIAL DEVELOPMENT
AUTHORITY, GAUTAM BUDH NAGAR, UP 201301
Phone : 99729 99729
www.cloudninemcare.com

GRE Name : SAFI AHMAD

Signature :

Date : 07-12-2024

DISCHARGE SUMMARY

Registrar Verification : I , herein below signed confirm that i have checked all the medical details of the concerned patient & I confirm that they are correct & true

Registrar Name : DR. SHABIR

Signature :

Date : 07-12-2024

Patient /Husband's /Parent(s) Verification : I, herein below signed confirm that I have verified all the relevant details in this discharge summary which includes date of admission , date of birth , date of discharge & the details of all the medical services provided & I acknowledge that the details are correct including the testes conducted .

I further acknowledge that i have received all the original copies of the test reports (including MRI & CT) & I acknowledge & agree that in no event hospital shall provided duplicate copies of MRI & CT reports

Relationship :

Relationship : (Father /Mother/Husband/Legal Guardian)

Signature: Date :

Mishra
03-01-28





Cloudnine Hospital
KIDS CLINIC INDIA LIMITED
C-9, Sector 51, New Okhla Industrial Development Authority, Gautam Budh Nagar, UP 20130
Phone : 99729 9972
www.cloudninemcare.co.in

DISCHARGE SUMMARY

Patient Name	MPI	IP#	Gender	Blood Group	Age
Mousumi Singh	1000000102047141	35643	Female	B Positive	35Y
Admission Date	Discharge Date	Admission Time	Discharge Time		
06-12-2024	07-12-2024	02:20 am	12:12 pm		
Admission Purpose	Date of surgery	Admitting Physician	Hospital Days/Nights		
Normal Delivery	Nil	Dr. Ekta Singh	2		
Department	Ward	Room	Bed		
OBSTETRICS AND GYNECOLOGY	FOURTH FLOOR	401	401		

Discharge Type : On Doctor's Advise

CONSULTANT NAME : DR. EKTA SINGH

ADMISSION DIAGNOSIS : G2 P1 L1 WITH 39 WEEK WITH GDM ON OHA WITH LABOUR PAINS .

DISCHARGE DIAGNOSIS : NORMAL VAGINAL DELIVERY WITH RMLE ON 06-12-2024.

CHIEF COMPLAINTS :

C/O 3 Months amenorrhoea with pain in abdomen

No C/O Leaking PV/Bleeding PV/Decreased fetal movements

Admitted for safe confinement

MENSTRUAL HISTORY:

LMP : 07.03.2024 , EDD : 12.12.2024 , PMC:3-4days/30 days/regular/Average flow

OB HISTORY : MARRIED HISTORY : 6 yrs

G1: FT NVD/ 3 YEARS / BOY / ALIVE AND HEALTHY / 2.5 KG

G2: Spontaneous conception /Booked /Immunized

MEDICAL HISTORY : GDM ON METFORMIN

SURGICAL HISTORY : Nothing significant

FAMILY HISTORY : PARENTS : DM AND HTN

ALLERGY : NO KNOWN DRUG ALLERGY

ON EXAMINATION :

GC - FAIR, VITALS-STABLE, AFFECTED, RS/CVS-NAD

PA : UTERUS TERM SIZE , CEHALIC , FHS +R , UTERUS CONTRACTION +,

PV : OS 3-4 CM , SOFT CERVIX , EARLY EFFACED , VERTEX HIGH UP

Mishra
03-01-25





cloudnine

INVESTIGATIONS : BG : "B" POSITIVE

HIV/HBsAg/HCV/VDRL- NR

06-12-2024:

Hb/TLC/Platelets : 12.0/10660/1.75

PT/INR/APTT : 14.30/1.10/28.20

GTT : 103/ 196/ 157

TSH : 4.4

DUAL MARKER : LOW RISK

USG (18-11-24): SLIUP , CEPHALIC ,34+ 6 WEEKS , EFW 2480 GRAM , AFI : 10.9 CM , CD NORMAL

DETAILS OF THE PROCEDURE WITH DATE & TIME : NORMAL VAGINAL DELIVERY WITH RMLE ON 06-12-2024.

DELIVERY NOTES :

FEMALE BABY DELIVERED AS VERTEX VAGINALLY AT 10:50 AM ON 06-12-2024, BIRTH WEIGHT 2.70 KG

BABY CRIED IMMEDIATELY AFTER BIRTH

PLACENTA AND MEMBRANES EXPELLED COMPLETELY

LIQUOR CLEAR

RMLE CLOSED IN LAYER WITH RAPID VICRYL NO. 2-0 UNDER LA
HEMOSTASIS ACHIEVED**COURSE IN HOSPITAL :**

Patient was admitted as a case of G2 P1 L1 WITH 39 WEEK WITH GDM ON OHA WITH LABOUR PAINS. Admission NST was reactive . Continuous fetal and maternal monitoring was done . Augmentation of labour done with Tab misoprostol followed by Syntocinon infusion. Patient progress well & had normal vaginal delivery. Intra & post partum period was uneventful. Now she is discharged in stable condition

MEDICATION DURING HOSPITALIZATION :

TAB CEFTUM, TAB. PANTOP, CAP. VIZYLAC, INJ. SUPACEF, INJ. SYNTOCINON, TAB. MISOPROST, IV FLUIDS

PATIENT'S CONDITION ON DISCHARGE : STABLE & SATISFACTORY**DISCHARGE MEDICATIONS & ADVICE :**

LACTO BITES TWICE DAILY AFTER FOOD FOR 5 DAYS

TAB PERINORM THRICE DAILY FOR THREE DAYS AFTER FOOD

TAB CEFTUM 500 MG TWICE A DAY AFTER FOOD FOR 5 DAYS

TAB EMANZEN D THRICE A DAY AFTER FOOD FOR 5 DAYS

CAP VIZYLAC ONCE A DAY AFTER FOOD FOR 5 DAYS

CAP PAN D TWICE A DAY BEFORE FOOD FOR 5 DAYS

SYP LOOZ 20 ML AT BEDTIME FOR CONSTIPATION

MILD EXERCISE

AVOID LIFTING OF HEAVY WEIGHTS FOR 6 WEEKS

EXCLUSIVE BREAST FEEDING FOR 6 MONTHS

NORMAL DIET

Cloudnine Hospital
KIDS CLINIC INDIA LIMITED
 C-9, Sector 51, New Okhla Industrial Development Authority, Gautam Budh Nagar, UP 20130
 Phone : 99729 9972
www.cloudninemcicare.com

**DISCHARGE SUMMARY**



FOLLOW UP ADVISE : REVIEW IN OPD AFTER 1 WEEK WITH DR. EKTA SINGH

FOLLOW UP ADVISE : Review in OPD after 2 week with Physiotherapist for diastasis recti assessment.



Cloudnine Hospita

KIDS CLINIC INDIA LIMITED

C-9, Sector 51, New Okhla Industrial Developmer Authority, Gautam Budh Nagar, UP 20130

Phone : 99729 9972

www.cloudninemecare.co

DISCHARGE SUMMARY

In Case of symptoms like fever /pain in abdomen /excessive Bleeding ,pain in both breast, or for any emergency please contact Cloudnine Hospital Noida Emergency Helpline no 6230956230

Baby's Birth Acknowledgement collect after birth with in 15 working Days (Time : 12:00 pm to 02:00 pm). If any quarry Please Contact Mr.Varun (MRD Department) 8799744886, 9643009784.

DISCLAIMER : This discharge summary is prepared as per information given by consultant In charge of patient .Any discrepancies /inconsistencies to be addressed to the consultant

DR. EKTA SINGH
CONSULTANT

Name & signature of the Consultant

DR. BEENA
REGISTRAR

Name & signature Registrar

GRE Verification : I , herein below signed confirm that i have checked all demographic details of the concerned patient & I confirm that they are correct & true

Gre Name : SAFI AHMAD
Signature :
Date : 07-12-2024

Registrar Verification : I , herein below signed confirm that i have checked all the medical details of the concerned patient & I confirm that they are correct & true

Registrar Name : DR. BEENA
Signature :
Date : 07-12-2024

Patient /Husband's /Parent(s) Verification : I, herein below signed confirm that I have verified all the relevant details in this discharge summary which includes date of admission , date of birth , date of discharge & the details of all the medical services provided & I acknowledge that the details are correct including the testes conducted .

I further acknowledge that i have received all the original copies of the test reports (including MRI & CT) & I acknowledge & agree that in no event hospital shall provided duplicate copies of MRI & CT reports

Name :

Relationship : (Father /Mother/Husband/Legal Guardian)

Signature: Date : 34



 03-01-25

Registration Certificate



Registration No: RMEE2445442

Application No: MEE0188377

Department of Medical Health & Family Welfare

Government of Uttar Pradesh

MEDICAL ESTABLISHMENT CERTIFICATE

OFFICE OF THE CHIEF MEDICAL OFFICER, Gautam Buddha Nagar

Certificate No: CMEE2497567

Issuance Date: 17/05/2024

This is to certify that the medical establishment having Name KIDS CLINIC INDIA LTD CLOUD NINE HOSPITAL, Type HOSPITAL, Address KIDS CLINIC INDIA LTD CLOUD NINE HOSPITAL PLOT NO-C9, SECTOR-51 NOIDA UP, GAUTAM BUDDHA NAGAR, UTTAR PRADESH - 201301 is operated by PUBLIC LTD.(KIDS CLINIC INDIA LTD CLOUDNINE HOSPITAL) for providing InPatient(No. of bed-49)/Outpatient medical facilities GYNECOLOGIST ,PEDIATRIC & IVF. The medical establishment is registered with us for the period 17/05/2024 To 30/04/2025. The Medical establishment will be operated by the in-charge of the medical establishment according to the terms/details mentioned below as given in the application form.

1. Owner/Partner Details:-

S.No.	Name	Father Name	Mobile No.	Age	Address
1	DR SHIKHA MEHTA	SH SATISH KUMAR CHHABRA	7065519855	38	177,A/2,SECOND FLOOR ,JEEWAN NAGAR ,NEW DELHI-110014, NEW DELHI, DELHI - 110014

2. Person Incharge Details:-

- 2.1 Name: DR SHIKHA MEHTA 2.2 Mobile No.: 7065519855
 2.3 Qualification: MBBS 2.4 Registration No.: 82495
 2.5 Address: 177,A/2,SECOND FLOOR ,JEEWAN NAGAR ,NEW DELHI-110014, NEW DELHI, DELHI - 110014

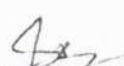
3. Doctor Details:-

S.No.	Name	Qualification	Institution	Registration Type/No.	Job Type
1	DR SHIKHA MEHTA	MBBS DM RADIOLOGIST	UP	OTHER / 82495	FULL TIME
2					

4. Paramedical staff Details:-

S.No.	Name	Qualification	Institution	Registration Type/No.	Job Type
1	PATEL VARUNI	GNM	UP	SMF / 24960	FULL TIME
2					

This is a computer generated certificate. It does not require any signature. To verify the authenticity, validity and current status of the certificate, please check through the following URL:-
<http://localhost:6411/Public/ClericalNUH>


 Chief Medical Officer
 Gautam Buddha Nagar,
 Chief Medical Officer
 Gautambudhnagar

Note: At the time of future inspection, if it is found that the In-charge of establishment as mentioned in the application form does not operate the institution or violate the rules or if any other type of irregularity found in the working, then the registration of the institution can be cancelled without notice.

M Singh
 03-01-25





Cloudnine Hospital™
KIDS CLINIC INDIA LIMITED.
C-9, New Okhla Industrial Development
Authority, Gautam Budh Nagar, UP 201301
Phone : 99729 99729
www.cloudninelcare.com

TO WHOMSOEVER IT MAY CONCERN

This is to inform you that in our hospital (Cloudnine Hospital) we have single room category as the name of 'Luxury room'. We have only Single room as the name of Luxury room in our Hospital.



Best Regards

**Cloudnine Hospital
Noida**

Mishra
AM/civil
03-01-25



मुख्य आयकर आयुक्त कार्यालय, बैंगलुरु-1, बैंगलुरु
 Office of the Chief Commissioner of Income tax, Bengaluru-1, Bangalore
 केन्द्रीय राजस्व भवन, कर्णास रोड, बैंगलुरु - 560 001
 C.R. Buildings, Queen's Road, Bengaluru - 560 001.
 Tele: 080-22864218 FAX:080-22860459

F.No. CCIT/BNG-1/17(2)/2019-20

Dated:22.07.2019

**PROCEEDINGS OF THE CHIEF COMMISSIONER OF INCOME-TAX,
BENGALURU-1, BENGALURU.**

SHRI B.R. BALAKRISHNAN, IRS
 Chief Commissioner of Income-tax,
 Bengaluru-1, Bengaluru.

Sub: Approval of Hospital u/s 17(2) of the Income-tax Act, 1961 -
 In the case M/s Kids Clinic India Pvt Ltd (Cloudnine
 Hospital), Sector-51, New Okhla Industrial Area,
 Gautam Budh Nagar, Noida – regarding.

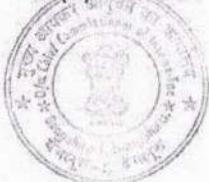
Ref: Assessee's application u/s 17(2) of IT Act, 1961, dated
 18.2.2019

ORDER UNDER SECTION 17(2) OF THE INCOME-TAX ACT, 1961

1. M/s Kids Clinic India Pvt Ltd (Cloudnine Hospital), Sector-51, New Okhla Industrial Area, Gautam Budh Nagar, Noida has filed an application dated 18.2.2019 seeking approval u/s 17(2) of the Income-tax Act, 1961.

2. The Income Tax Officer, Ward 2(3)(4), Bengaluru has conducted necessary enquiries & inspections and forwarded the report. The report and the enclosures were considered.

2.1 The assessee, M/s Kids Clinic India Pvt Ltd (Cloudnine Hospital), Sector-51, New Okhla Industrial Area, Gautam Budh Nagar, Noida is running a hospital and it is seen from the details placed before me that the said hospital satisfies the conditions as specified in Section 17(2) of the Income-tax Act, 1961.



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 03-01-25

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2.2 In exercise of the powers conferred under sub clause (b) of clause (ii) of the proviso to sub section (2) of Section 17 of the Income tax Act, 1961 read with Rule 3A of the Income-tax Rules, 1962 and having regard to guidelines prescribed therein, I, the Chief Commissioner of Income-tax, Bengaluru-1, Bengaluru hereby approve M/s Kids Clinic India Pvt Ltd (Cloudnine Hospital), Sector-51, New Okhla Industrial Area, Gautam Budh Nagar, Noida for the purpose of said sub-clause (b) of clause (ii) of the proviso to sub-section (2) of section 17 of the Income-tax Act, 1961.

2.3. Accordingly, any sum paid by an employer in respect of any expenditure actually incurred by an employee on his medical treatment or of any member of his family at M/s Kids Clinic India Pvt Ltd (Cloudnine Hospital), Sector-51, New Okhla Industrial Area, Gautam Budh Nagar, Noida in respect of the diseases or ailments prescribed under Rule 3A(2) of the Income tax Rules, 1962, shall not be treated as a perquisite for the purposes of sections 15, 16 and 17 of the Income-tax Act, 1961 and such sum shall be exempt from Income-tax in the hands of the employee.

Sub-rule No.	Diseases or ailments prescribed under Rule 3A(2)
(d)	Disease or ailment of heart, blood, lymph glands, bone marrow, respiratory system, central nervous system, urinary system, liver, gall bladder, digestive system, endocrine glands or the skin, requiring surgical operation;
(e)	Ailment or disease of the eye, ear, nose or throat requiring surgical operation.
(g)	Gynaecological or obstetric ailment or disease requiring surgical operation, caesarean operation or laparoscopic intervention.
(h)	Ailment or disease of the organs mentioned in at (d) requiring medical treatment in a hospital for atleast three continuous days.

2.4 The employer will not be liable to deduct tax under section 192 of the Income-tax Act, 1961 in respect of such sum.



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M Singh

03-01-25

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3. The Hospital shall issue a certificate to the employee who avails the medical facility specifying the disease or ailment for which medical treatment was given and the amount of expenditure incurred in payment to the Hospital and for medicines along with the relevant bills.
4. The approval is only for the purpose of sub clause (b) of clause (ii) of the proviso to sub section (2) of sec. 17 of the Income-tax Act, 1961 and shall not be construed as approval of the Central Government or the Chief Commissioner of Income-tax, Bengaluru-1, or any other statutory authority under the Government for any other purpose.
5. The approval is effective from the date of this letter and shall remain in force until and unless withdraw/cancelled. This approval is subject to Hospitals's continued compliance with the statutory conditions prescribed under Rule 3A of the Income-tax Rules, 1962 necessary for such approval and such modifications as may be necessitated by an amendment to the provisions governing the approval under the Income-tax Act, 1961.
6. The order of the approval is subject to the following terms and conditions:-

- a) This approval is not transferable,
- b) The hospital shall be open for inspection by such officers of the Income-tax Department as are duly authorised in this behalf at all reasonable times,
- c) The hospital shall conform to such conditions as are prescribed under sub clause (b) of clause (ii) of the proviso to sub clause (viii) of sub section (2) to section 17 of the Income-tax Act, 1961 read with Rule 3A of the Income-tax Rules, 1962. In the event that the hospital ceases to satisfy any of the conditions prescribed under the Act, it will be mandatory on the part of the hospital, to intimate such fact immediately, to the approving authority.



sd/-
(B.R.BALAKRISHNAN)
 Chief Commissioner of Income-tax,
 Bengaluru-1, Bengaluru.

To
 M/s Kids Clinic India Pvt Ltd (Cloudnine Hospital),
 Sector-51, New Okhla Industrial Area,
 Gautam Budh Nagar, Noida

Mingh ...4/
 03-01-25

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Copy for information to:

1. The Joint Secretary, CBDT, New Delhi,
2. The Pr.Chief Commissioner of Income tax, Karnataka & Goa Region, Bengaluru,
3. The Director General of Income tax (Inv.), Karnataka & Goa Region, Bengaluru
4. The Chief Commissioner of Income tax, Bengaluru-2/TDS/Panaji/International Taxation- South Zone,Bengaluru
5. All the Pr.Chief Commissioners of Income tax in India,
6. All the Chief Commissioners of Income tax in India
7. The Pr./Commissioner of Income tax-1/2/3/4/5/6/7/Central/LTU/Int. Taxation/ /DTRTI/ Audit/CO/ITAT/Judicial/Admn.& CO/Exemption/Transfer Pricing/ I &CI/ CPC, Bengaluru.
8. The Commissioner of Income tax, Mysore/Hubli/Gulbarga/Davanagere/Panaji/ Mangalore/Belgaum.
9. The Director of Income tax (Inv.), Bengaluru.



K. NALINI

(K. NALINI)
Income-tax Officer (HQ)
for Chief Commissioner of Income-tax,
Bengaluru-1, Bengaluru

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AM/civil
03-01-25