

Date: 22.10.2025

Proforma Invoice

The is to certify that **Mr. Marat Zhusupovich Sharshenaliev**, came here for treatment under **Dr. Vivek Vij (Chairman-Liver transplant)** at **Fortis Escorts Heart Institute Okhla Road, New Delhi**. Post initial evaluation patient has been advised to undergo Liver transplantation with suitable living donor.

Patient Name– Mr. Marat Zhusupovich Sharshenaliev
Liver Transplant Package– USD 23000.

Details of inclusions & exclusions are given below:

INCLUSIONS:

Liver Transplant	Donor	Patient/ Recipient
Room Rent for patient and donor	10 Days	21 days
Surgery Charges	Yes	Yes
Pre-operative Evaluation & Investigations	Only pertaining to Liver Transplant	Only pertaining to Liver Transplant
Consumables	Only pertaining to Liver Transplant	Only pertaining to Liver Transplant
Drugs	Only pertaining to Kidney Transplant	Only pertaining to Liver Transplant
Consultant Visit	Maximum 2 visits/day	Maximum 2 visits/day

EXCLUSIONS:

1. Hospital stay beyond the above-mentioned duration.
2. Treatment/surgery related to any other disease/medical complication(s)
3. Usage of high-end drugs and consumables
4. any unrelated investigations conducted during the hospital stay of patient/donor (if required as per the medical condition)

Please find below the bank details of the hospital.

Account to Account /National Electronic Fund Transfer MANDATE FORM (Mandate form for EFT/NEFT – Addition/deletion/Modification)		
1	Bank Account Name	Escorts Heart Institute & Research Centre Ltd
2	BANK CODE	
3	CONTACT NUMBER	01147135000
4	PARTICULAR OF THE BANK ACCOUNT	The Hong Kong and Shanghai Banking Corporation Limited
a	NAME OF THE BANK	The Hong Kong and Shanghai Banking Corporation Limited
b	NAME OF THE BANK BRANCH	MG ROAD Mumbai
c	BANK ADDRESS	52/60 Mahatma Gandhi Road Fort, Mumbai - 400 001
d	BANK BRANCH TELEPHONE NO.	18602662667
e	ACCOUNT TYPE (Saving A/C/CURRENT A/C / Cash/ Credit Account)	Current Account
f	IFSC CODE (NEFT) (applications for the bank branch NEFT enabled)	H5BC0400002
g	IFSC CODE (RTGS) (applications for the bank branch NEFT enabled)	H5BC0400002
h	HOSPITAL BANK ACCOUNT NO. (as appearing on the cheque book. Please ensure to mention the complete account no. as allotted by the bank)	006-297816-001
i	SWIFT CODE	HSBCINBB
j	MICR Code	400039002
k	Email id – (for sending the payment advise/bill Details)	fehi.bank@fortishealthcare.com
5	TAN No.	DELE02999D
6	PAN No.	AAACE8731F
7	Services Tax Registration No.	AAACE8731FSD002
8	GST NO	07AAACE8731F125
9	Complete Address with Pin Code	Okhla Road, New Delhi - 110 025
10	District	New Delhi
11	State	Delhi

I hereby declare that the particulars given above are correct and complete if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I would not hold the under institution responsible. I have read the option invitation letter and agreed to discharge the responsibility expected of me as a participant under the scheme.

For Escorts Heart Institute And Research Centre Ltd

Without responsibility on the
or the signing officer we confirm
Date: 29-Nov-2023 (Verified by Bank)
this signature agrees with the specimen
held in our records the
Signature of Mrs. BEENA NATH

(Authorized Signatory)
Authorised Signatory

on behalf of, M/S. ESCORTS HEART INSTITUTE & RESEARCH
agrees with our record. A/C - 006-297816-001
For The Hongkong and Shanghai Banking Corp. Ltd.

Gaurav Mathur
for, G.K.-1 4381355/
29/11/23

Gaurav Mathur
29/11/23