

CLAIM FORM - PART B

TO BE FILLED IN BY THE HOSPITAL

DO NOT FILE IN BY THE HOSPITAL
The issue of this Form is not to be taken as an admission of liability.
Please include the original preauthorization request from in lieu of PART A.

(To be Filled in block letters)

WILLS OF HOSPITAL

a) Name of the hospital	ANJANDHUPUR HOSPITAL			b) Type of Hospital	Non-Network <input checked="" type="checkbox"/>	Non-Network <input type="checkbox"/>	(If non-network fill section E)
a) Hospital ID	00000000			c) Registration No. with State Code	1000000000		
c) Name of the treating doctor	DR. NARAYANA RAO			d) Phone No.	0863-2224410		
e) Qualification	M.S (Surgery)						

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient	THOMAS NATHAN RANI													
b) IP Registration Number	A6783		c) Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	d) Age Years	41	9 Months	<input type="checkbox"/>	e) Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f) Date of Admission	AUG 03 2012		g) Time	10:47	h) Date of Discharge	BUS 03	2012	i) Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j) Type of Admission	Emergency <input checked="" type="checkbox"/>	Planned <input type="checkbox"/>	Day Care <input type="checkbox"/>	Maternity <input type="checkbox"/>	k) If Maternity	<input type="checkbox"/>		l) Date of Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m) Gravid Status	<input type="checkbox"/>	<input type="checkbox"/>
l) Status at time of discharge	Discharge to home <input checked="" type="checkbox"/> Discharge to another hospital <input type="checkbox"/> Deceased <input type="checkbox"/>													
m) Total claimed amount <input type="checkbox"/> ₹ 10,000/-														

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

c) Pre-authorization obtained: Yes No and d) Pre-authorization Number _____

e) If authorization by network hospital not obtained, give reason.

f) Hospitalization due to injury: Yes No i. If Yes, give cause: Self-inflicted Road Traffic Accident Substance abuse / alcohol consumption

ii) If injury due to substance abuse / alcohol consumption. Test conducted to establish this: Yes No. If Yes, details required: If Medication involved: Yes No. iv. Reported to Police Yes No

vii. If not reported to another:

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Claim Form duly signed
<input type="checkbox"/> Original Pre-authorization request
<input type="checkbox"/> Copy of the Pre-authorization approval letter
<input type="checkbox"/> Copy of Photo ID Card of patient: Verified by hospital
<input type="checkbox"/> Hospital Discharge summary
<input type="checkbox"/> Operation Theatre Notes
<input type="checkbox"/> Hospital main bill
<input type="checkbox"/> Hospital break-up bill | <input type="checkbox"/> Investigation reports
<input type="checkbox"/> CT/MR/USG/HPE investigation reports
<input type="checkbox"/> Doctor's reference slip for investigation
<input type="checkbox"/> ECG
<input type="checkbox"/> Pharmacy bills
<input type="checkbox"/> MLC reports & Police FIR
<input type="checkbox"/> Original death summary from hospital where applicable
<input type="checkbox"/> Any other, please specify _____ |
|--|--|

DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital _____

ANAND SUPER SPECIALITY HOSPITAL

City: **AUNIT OF VGH HOSPITAL** State:

4) Hospital PAN:

f) Facilities available in the hospital i. OT Yes No ii. ICU Yes No

iii. Others:

~~(PLEASE READ VERY CAREFULLY)~~

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, 

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, 

Date: 20 03 14

Place: Switzerland

Signature and Seal of the Hospital Authority:

Dr V. Bala Bhaskara Rao
M.S.(Gen)
Regd No: 10161
Anjan Super Speciality Hospital
Kothapet, GUNTUR.



ANJANI SUPER SPECIALITY HOSPITAL

Near Bosu Bomma, Dr. Kasaraneni Sadasiva Rao Road (Old Club Road),
Kothapet, GUNTUR - 522 001.

Ph : 0863 - 2222773, 2213344

IP Final bill

Name : THOTA NAGENDRAM Bill No : 28
UMR NO : A35894 Bill Date : 28-Mar-2025
IP NO : A6703 Discharge Date : 28-Mar-2025 05 : 00 PM
Age/Gender : 49/Male Consultants : Dr. V. BALA BHASKARA RAO M.S

Admitted Date : 26-Mar-2025 10 : 00 AM

PARTICULARS	Charge	No Of Units	Total Amount
ULTRASOUND CHARGES	1500	01	1,500.00
DR. V. BALA BHASKARA RAO VISITING CHARGES	500	06	3,000.00
ROOM RENT CHARGES 9 SINGLE ROOM NON A/C	2500	02	5,000.00
INVESTIGATION CHARGES			2,860.00
MEDICINES CHARGES			3,177.00
TOTAL AMOUNT : 15,537.00	ADVANCE: 00:00	PAID AMOUNT: 15,537.00	

Signature

✓
Dr. V. Bala Bhaskara Rao
M.S.(Gen)
Regd No: 10161
Anjani Super Speciality Hospital
Kothapet, Guntur - 522 001



ANJANI SUPER SPECIALITY HOSPITAL

Near Bosu Bomma, Dr. Kasaraneni Sadasiva Rao Road (Old Club Road),
Kothapet, GUNTUR - 522 001.

Ph : 0863 - 2222773, 2213344

Date : 28.03.2025

EMERGENCY CERTIFICATE

This is to certify that Mr. THOTA NAGENDRAM aged 49/male was admitted to our Hospital with UMR No: A35894 & IP NO: A6703 on 26.03.2025 for the treatment of ALCOHOL WITHDRAWAL WITH INSOMNIA and treated conservatively and discharged in a stable condition on 28-03-2025.

Dr. V. Balaji Bhaskar M.B.B.S
M.S (Surgery)

Regd No: 10161
Anjani Super Speciality Hospital
Kothapet, Guntur - 522 001



ANJANI SUPER SPECIALITY HOSPITAL

Near Bosu Bomma, Dr. Kasaraneni Sadasiva Rao Road (Old Club Road),
Kothapet, GUNTUR - 522 001.

Ph : 0863 - 2222773, 2213344

ESSENTIALITY CERTIFICATE

UMR. NO : A35894

This to certify that Mr. /Mrs. : THOTA NAGENDRAM

Diagnosis : ALCOHOL WITHDRAWAL WITH INSOMNIA

From 26.03.2025 to 28.03.2025 at ANJANI SUPER SPECIALITY HOSPITAL, old club road, Kothapet, Guntur. And below mentioned investigation/procedures/medicines prescribed to him in this connection were essential of recovery/prevention of serious deterioration of the condition of the patient. The medicines are not stocked in the hospital for supply to patient and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available or preparations are primarily foods, Toiletries or disinfections. That the injections administered were not for immunizing or prophylactic purposes. That the X-ray, Laboratory tests etc. For which and expenditure of was incurred were necessary.

S.NO	BILL NO	NAME THE MEDICINE/SERVICES	AMOUNT
1.		HOSPITAL BILL	9,500.00
2		INVESTIGATION BILLS	2,860.00
3.		MEDICINES BILLS	3,177.00
TOTAL ::::			15,537.00

[Handwritten signature]
Dr. V. Balanaskara Rao
M.S.(Gen)
Regd No: 10161
Anjani Super Speciality Hospital
Kothapet, GUNTUR-522001



ANJANI SUPER SPECIALITY HOSPITAL

Near Bosu Bomma, Dr. Kasaraneni Sadasiva Rao Road (Old Club Road),
Kothapet, GUNTUR - 522 001.

Hospital bill

(Accommodation + Doctor Visits + Procedures Only)

Name	: THOTA NAGENDRAM	Bill No	: 28
UMR NO	: A35894	Bill Date	: 28-Mar-2025
IP NO	: A6703	Discharge Date	: 28-Mar-2025 11 : 00 AM
Age/Gender	: 49/Male	Consultants	: Dr. V. BALA BHASKARA RAO M.S

Admitted Date : 26-Mar-2025 08 : 00 PM

PARTICULARS	Charge	No Of Units	Total Amount
ULTRASOUND CHARGES	1500	01	1,500.00
DR. V. BALA BHASKARA RAO VISITING CHARGES	500	06	3,000.00
ROOM RENT CHARGES 9 SINGLE ROOM NON A/C	2500	02	5,000.00

AMOUNT : 9,500.00

Signature

Dr. V. Bala Bhaskara Rao
M.S.(Gen)
Regd No: 10161
Anjani Super Speciality Hospital
Kothapet, GUNTHUR

ANJANI SUPER SPECIALITY HOSPITAL

Near Bose Statue, Old Club Road, Kothapet, Guntur-522001

Ph : 0863-2222773, 2213344

Cash Receipt

Name : VENIGALLA RAJINI KANTH
UMR NO : A35768
IP NO : A6681
Age/Gender : 47/Male

Bill No : 84
Bill Date : 15-Mar-2025
Discharge Date : 15-Mar-2025 11 : 00 AM
Consultants : Dr. V. BALA BHASKARA RAO M.S

Admitted Date : 13-Mar-2025 08 : 00 PM

S No	Particulars	Amount
1	IP FINAL BILL	15,537.00

Total Amt: **15,537.00**

Net Amt: **15,537.00**

Paid Amt: **15,537.00**

In Words: Rupees Fifteen Thousand Five Hundred Thirty Seven Only.

*Dr. Bala Bhaskara Rao
M.S.(Gen)
Regd No: 10161
Anjani Super Speciality Hospital
Kothapet, GUNTUR*



Ph : 0863 - 2222773, 2213344

ANJANI SUPER SPECIALITY HOSPITAL

Near Bosu Bomma, Dr. Kasaraneni Sadasiva Rao Road (Old Club Road),
Kothapet, GUNTUR - 522 001.

DISCHARGE SUMMARY

Patient Name :	Mr. T. Nagendram	DOA	26-Mar-25
MRD / IP NO :	A35894	Address :	Old guntur
Age / Sex :	49/Male	WARD/BED NO :	A - 2
Consultant :	1. DR. V BALA BHASKARA RAO M.S. (Consultant General Surgery)		
Diagnosis :	K/C/O DM, ALCOHOL WITHDRAWAL WITH INSOMNIA		
PROCEDURE DONE :	MEDICAL MANAGEMENT		
History :	K/C/O DM, Alcoholic, used Tab. Recopress 500 mg 4 tbas for 2 days since then he had insomnia, palpitations.		
Examination :	O/E Vit B12 > 2000, SGOT - 128, SGPT - 83, Sr. ALB - 3.4, USG abd - Fatty liver.		
Course In Hospital :	Treated conservatively with Inj Pantop, Tab. Udliv, Librium, Istamet, Inj Thiamine.		
Investigations :	Enclosed.		
Condition on Discharge :	Stable vitals		
Advise on Discharge	Enclosed.		
Follow up Date :	Review after 5 days in OPD on 02-04-2025 with Dr. V. Bala Bhaskara Rao at 10 :00 a.m		

When and How to Obtain Urgent Care

In case of emergency such as high fever, increased insomnia, severe abdomen pain, please contact phone No 0863 2222773, 0863 2213344

Patient / Relative Signature

Consultant Signature

Dr. V. Bala Bhaskara Rao
M.S.(Gen)
Regd No: 10161
Anjani Super Speciality Hosp-
Kothapet, GUNTUR



ANJANI SUPER SPECIALITY HOSPITAL

Near Bose Statue, Old Club Road,
Kothapet, Guntur - 522001.

Ph: 0863 - 2222773, 2213344.

OUT PATIENT ASSESSMENT RECORD

Patient Name : Mr. THOTA NAGENDRAM

Age/Gender : 49Y(s)/Male

S/D/W. Of. : T.BRAHMAIAH

Reg. Date : 26-Mar-2025

Address : OLD GUNTUR , GUNTUR

<New>Validity : 3 Consultation(s) Or 25 Days

Mobile No : 6302702740

OP66165

UMRA35894



Consultant.Name : Dr. DR V.Bala Bhaskara Rao

M.S (GENERAL SURGERY)

Consultation.Date : 26-Mar-2025 07:05:38PM

BP : 120/80 mmHg PR : 118 bpm TEMP : (N) SPO2 : 98% @ka Wt : 62 kgs. Ht :

Neck 7/10 Low grade fever
Biot rhythm
Pulse rate 118
BP : 120/80 mmHg
SPO2 : 98%
Ht : 62 kgs.
Wt : 62 kgs.

02/04/25 - BP: 110/80 mmHg SPO2: 98% PR: 118 bpm wt: 62kgs



Department Of Laboratory

Patient Name	:	Mr. THOTA NAGENDRAM	Age /Sex	:	49 Y(s)/Male
Advised Date	:	28-Mar-2025 10:49 AM	UMR No.	:	UMRA35894
Reported Date	:	28-Mar-2025 12:10 PM	BILL No.	:	BIL242836
Receipt No	:	301357	Result No	:	RES197721
Referred By	:	Self			
Advised By	:	Dr. DR V.Bala Bhaskara Rao M.S (GENERAL SURGERY)			

Parameter	Results	Units	Biological Reference
SGPT	: * 68	U/L	Up to - 42
SGOT	: * 94	U/L	Up to - 38

ACTIVATED PARTIAL THROMBOPLASTIN TIME

APTT : * 34.7 Sec 20.3 - 32.7

PROTHROMBIN TIME[PT]

TEST	:	14.3	seconds
INR	:	1.16	
CONTROL.	:	13.5	seconds

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

The Above Investigations Only Meant for clinical correlation.
Liability only up repetition if required.

Not valid for any type of judiciary purpose

Dr. S V R L JYOTHI VANAPALLI, MD
PATHOLOGIST

DR. YAMINI'S ULTRASOUND & IMAGING CENTRE

(A Unit of VGS Hospital)

D.No: 12-19-40, Yadavalli vari Street,

Lane Beside Doctors Plaza, Kothapet, GUNTUR- 522 001.

Tel : 0863 - 2222795

Patient Name: T. Nagendram

Age / Sex: 49y/Male

Address: Guntur

Date: 27.03.25

Ref. By: Dr. V. Bala Bhaskara Rao Garu MS., (Gen)

ULTRASOUND ABDOMEN

- Liver** : Enlarged in size (18.0cms) with increased echotexture.
No evidence of focal lesion / No IHBRD.
Portal Vein is normal in caliber with normal colour filling and hepatopetal flow.
- G.Bladder** : Distended with normal wall thickness. No calculi seen.
- CBD** : Shows normal caliber with distal tapering.
- Pancreas** : The head and pancreatic body are of normal size and show normal echotexture.
- Spleen** : Normal in size and echotexture.
- Kidneys** : Right kidney measured: 9.6x4.5cms
Left kidney measured : 10.6x4.1cms
Both kidneys show normal size and echotexture. Corticomedullary differentiation is maintained. Pelvicalyceal system normal. No calculi seen.

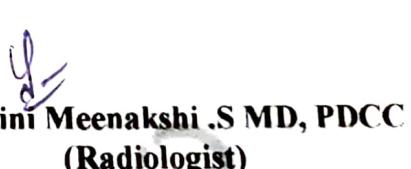
U.Bladder : Distended with normal wall thickness. No calculi seen.

Prostate : Normal in size and echotexture.

*** There is no free fluid noted in abdomen.

IMPRESSION: Fatty liver.

For clinical correlation.



DR. Yamini Meenakshi .S MD, PDCC
(Radiologist)

SEX DETERMINATION IS A CRIME

As per PC & PNDT act

వింగ నిర్ధారణ చట్ట ప్రకారం నేరు

Ultrasound Image Report

Page 1 of 1

H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:00 PM
100% 130 FAB PHG Freq Gen. 15.0cm



H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:03 PM
100% 130 FAB PHG Freq Gen. 15.0cm



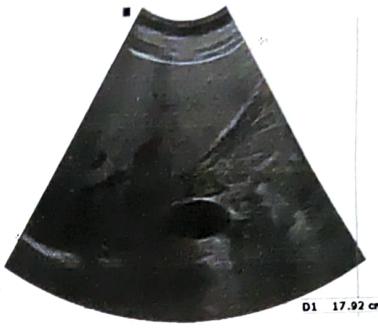
H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:07 PM
100% 130 FAB PHG Freq Gen. 15.0cm



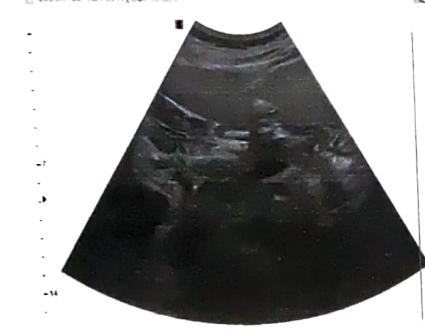
H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:21 PM
100% 130 FAB PHG Freq Gen. 15.0cm



H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:34 PM
100% 130 FAB PHG Freq Gen. 15.0cm



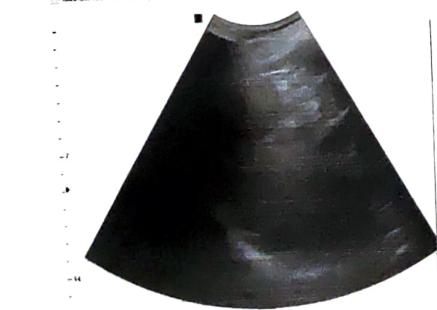
H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:42 PM
100% 130 FAB PHG Freq Gen. 15.0cm



H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:09:58 PM
100% 130 FAB PHG Freq Gen. 15.0cm



H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:10:05 PM
100% 130 FAB PHG Freq Gen. 15.0cm



H570A
27-03-2025-0004
NAGENDRAM

DR. RAMYA'S ULTRASOUND & IMAGING CLINIC MI 1.4 27-03-2025
CA1-7A / NEW ABD / FR 27Hz Tb 0.1 06:10:31 PM
100% 130 FAB PHG Freq Gen. 15.0cm





DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. THOTA NAGENDRAM	Age /Sex	: 49 Y(s)/Male
Advised Date	: 27-Mar-2025 12:24 PM	UMR No.	: UMRA35894
Reported Date	: 27-Mar-2025 12:29 PM	Bill No.	: BIL242795
Receipt No	: 301289	Result No	: RES197675
Referred By	: Self		
Advised By	: Dr. DR V.Bala Bhaskara Rao M.S (GENERAL SURGERY)		

Parameter	Results	Units	Biological Reference
LIVER FUNCTION TESTS			
Total Bilirubin	: 0.9	mg/dl	0.1 - 1.2
Direct Bilirubin	: 0.5	mg/dl	0.1 - 0.6
Indirect Bilirubin	: 0.4	mg/dl	0.2 - 0.9
SGOT	: * 128	U/L	Up to - 38
SGPT	: * 83	U/L	Up to - 42
Serum Alkaline Phosphatase	: * 159	IU/L	< 15 y54-369,M/F53-141
Total Proteins	: 6.4	gm/dl	6.0 - 8.3
Albumin	: * 3.4	gm/dl	3.7 - 5.3
Globulin	: 3.0	gm/dl	2 - 3
A/G Ratio	: * 1.1		0 - 0

*** End Of Report ***

Suggested Clinical Correlation * If necessary,
Please discuss

The Above Investigations Only Meant for clinical correlation.
Liability only up repetition if required.

Dr. S V R L JYOTHI VANAPALLI, MD

Not valid for any type of judiciary purpose

PATHOLOGIST



REPORT

Patient Name	: Mr.T.NAGENDRAM	Bill No/UMR No	: 96760
Age / Gender	: 49 Years/ Male	Client Code	: ANJANI SUPER SPECIAL
Ref.Doctor	: V. BALA BHASKARA RAO,,M.S	Collected Date	: 26/03/2025 19:55:01
Ref.Customer	: ANJANI SUPER SPECIALTY HOSPITALS	Received Date	: 26/03/2025 19:55:04
Sample & Vial Id	: Serum	Reported Date	: 26/03/2025 20:47:14

BIOCHEMISTRY

PARAMETER	RESULT	UNITS	REFERENCE RANGE
Vitamin - B12 (Cyanocobalamin)	: >2000	pg/mL	187 - 833

(Method : CMIA)

(Method : Vitamin B12 performed on Chemiluminescence microparticle Immuno assay method on Abbott Architect)

Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamin deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamin deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

----- End of report -----

Quality & Accuracy

ANALYSED BY

Please correlate clinically ,discuss if necessary.Result prefixed with * indicates abnormal value

J.M.Dh
Dr. V. Siva Prabodh MD.,
Biochemistry

26/03/2025 20:47:21

Page 1 of 1



ANJANI

DIAGNOSTIC CENTRE

Laboratory Test Report

Department Of Laboratory

Patient Name	: Mr. THOTA NAGENDRAM	Age /Sex	: 49 Y(s)/Male
Advised Date	: 26-Mar-2025 07:22 PM	UMR No.	: UMRA35894
Reported Date	: 26-Mar-2025 08:11 PM	Bill No.	: BIL242758
Receipt No	: 301239	Result No	: RES197655
Referred By	: Self		
Advised By	: Dr. DR V.Bala Bhaskara Rao M.S (GENERAL SURGERY)		

Parameter	Results	Units	Biological Reference
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SERUM ELECTROLYTES

Sodium	: 148	mmol/L	135 - 150
Potassium	: 3.81	mmol/L	3.5 - 5.0
Chloride	: 97	mmol/L	94 - 110
IONISED CALCIUM	: * 1.0	mmoi/L	1.15 - 1.32

VIRAL MARKERS

HIV-1	: Negative
HIV-2	: Negative
HCV	: Negative
HB s Ag	: Negative

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

**Dr. S V R L JYOTHI VANAPALLI, MD
PATHOLOGIST**

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Liability only up repetition if required.

Not valid for any type of judiciary purpose

<ECG Analysis Result>

PR Int.(ms) : 137

800 Normal Sinus Rhythm



P/QRS/T Int.(ms) : 115

111

185

121 Electronic Pacemaker?

QT/QTc Int.(ms) : 360

473

82% Ectopic/Premature Complexes(?)

P/QRS/T Axis(Deg.) : 61

-34

412 A-V Block(TypeII/Mobitz2)

RV1/SV1 Amp.(mV) : 0.53

0.54

502 IntraVentricular Conduction Defect?

RV5/SV5 Amp.(mV) : 0.07

0.93

141 Long QTc

*** Abnormal ECG ***

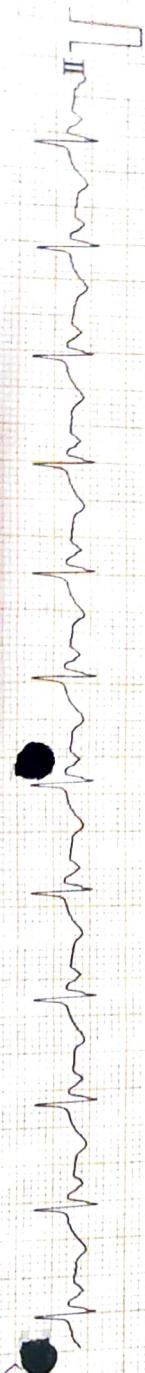
T. n/a and r/sr

Note: Unconfirmed Report Need to Review

④ 103/25

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
-0.00	+0.00	+0.00	+0.00	+0.00	+0.00
V1	V2	V3	V4	V5	V6
+0.04	+0.11	+0.06	+0.02	+0.02	+0.01



> 999999999999999999 - 4Y

/ cm/kg

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

BLUPT0026M

नाम / Name

THOTA NAGENDRAM

पिता का नाम / Father's Name

THOTA BRAHMAIAH

जन्म की तारीख / Date of Birth

13/06/1975

Nagendram
हस्ताक्षर / Signature



01052018

इस कार्ड के खोने / पाने पर कृपया सूचित करें / लौटाएँ:

आयकर पैन सेवा इकाई, एन एस डी एल

5 वीं मंजिल, मंत्री स्टर्लिंग, प्लॉट नं. 341, सर्वे नं. 997/8,

मॉडल कालोनी, दीप बंगला चौक के पास,

पुणे - 411 016.

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, NSDL

5th floor, Mantri Sterling,

Plot No. 341, Survey No. 997/8,

Model Colony, Near Deep Bungalow Chowk,

Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081

e-mail: tininfo@nsdl.co.in