



**GENERAL
INSURANCE**
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
(Toll Free) 1800 3009
(022) 4890 3009 (Paid)

**CLAIM FORM FOR COVID-19 PROTECTION INSURANCE
TO BE FILLED IN BY THE INSURED**

The issue of this Form is not to be taken as an admission of liability

DETAILS OF INSURED			
a) Policy Name / No.:	92029202856000203		
c) Insured Name:	YASWANTH K.N		
e) Age: Years / Months	YY/MM	24	d) Gender: Male Female M
g) Insured Address:	13/2, VADIVELPILLAI STREET, NO: 4, THONDIKARADU		
City:	NAMAKKAL	State:	TAMIL NADU
Phone Number:	+91 8248933385		
Email ID:		Pin Code: 637211	

Diagnosis Cover Yes/ No

Quarantine Cover Yes / No

DETAILS OF HOSPITALISATION

a) Name of Hospital and address where admitted:	VIVEKANANDHA MEDICAL CARE HOSPITAL Namakkal MainRoad, Tiruchengode, Namakkal Dt. 637205		
b) Date of Admission:	(DD/MM/YYYY)	04/05/2021	c) Time: HH:MM
d) Date of Discharge:	(DD/MM/YYYY)	09/05/2021	e) Time HH:MM

Loss of Pay* Yes / No

Loss Of Employment* Yes/No (*If Applicable)

DETAILS OF HOSPITALISATION

a) Name of Hospital and address where admitted:			
b) Date of Admission:	(DD/MM/YYYY)	c) Time:	HH:MM
d) Date of Discharge:	(DD/MM/YYYY)	e) Time	HH:MM
f) No.Of Days of leave due to Loss of pay : 0 – 30 days	g) Unemployment no.of Months : 1 / 2 / 3 Months		

Document Check List

Diagnosis Cover		Quarantine Cover		Loss of Pay (If Applicable)		Loss of Employment (If Applicable)	
ii) Claim form duly signed	✓	ii) Claim form duly signed		ii) Claim form duly signed		ii) Claim form duly signed	
iii) COVID – 19 Report	✓	iii) Hospital Discharge Summary		iii) Company LOP Certificate		iii) Termination Certificate	
		iii) Final Bill		iii) Salary slip			
**	Travel Exclusion Cover	(Yes/No)		If Yes	Provide Passport / Visa copy of the claimant		
**	In Case of Death (Legal Heir certificate)	(Yes/No)					

DETAILS OF CLAIMANT BANK ACCOUNT

a) PAN:	ANUPY 7318 P		b) Account Number:	055901000021900	
c) Bank Name and Branch:	INDIAN OVERSEAS BANK, TIRUCHENGODE				
d) Cheque/DD payable details:			e) IFSC Code:	IOBA0000559	

DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/ insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date: (DD/MM/YYYY)	Place : CHENNAI	Signature of the Insured:
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इंडियन ऑवरसीज़ बैंक
Indian Overseas Bank

TIRUCHENGODE (0559) Branch
SANKARI, Pin - 637211
IFSC: IOBA0000559

Valid for 3 months from the date of instrument

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D D M M Y Y Y Y

Pay

या धारक को Or Bearer

रुपये Rupees

अदा करें।

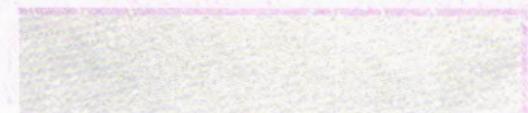
₹

A/c No.

055901000021900

Not Over ₹

CANCELLED CHEQUE



Payable at par at all branches of IOB in India

YASWANTH K N

Please sign above

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RELIANCE COVID-19 INDEMNITY POLICY- CERTIFICATE OF INSURANCE

Master Policyholder Details

Master Policy Holder Name:	FAIRMOVES FINANCIAL SERVICES PVT LTD	Master Policy Start date	23/06/2020
Master Policy Number	920292028560000203	End Date	22/06/2021

Certificate Holder/ Policyholder Details

Policy / Certificate Number:	120192028561000554	Proposal / Covernote No.:	Y063020018112
GSTIN/UIN of Policyholder:	33AAACI6684D1ZP	Application Sign Date	29 Jun 2020
Policyholder Name	Mr Yaswanth K N	Customer ID:	FFSP491
Correspondence Address:	M/s. Indus Teqsite Pvt Ltd Plot H9, Fourth Main Road, SIPCOT IT Park, Siruseri Off Rajiv Gandhi Salai (OMR), City : CHENNAI, State : Tamil Nadu, PinCode : 603103,	Policy issuing Branch:	Old no - 398, new No 824/1, 3rd Floor, R.N.G Tower Nandanam, Anna Salai CHENNAI TAMIL NADU 600035, INDIA
Contact No:	7708024055	Email ID:	chitra@datapatterns.co.in
Tax Invoice No. & Date:	Y063020018112 & 30-Jun-2020	Bank Account No:	
Date of Birth (DD/MM/YY):	20/06/97	Issue Date (DD/MM/YY):	30/06/20
Gender:	Male	Issued At:	Mumbai

Policy Details

Premium Payment Mode	Cover Type	Sum Insured	Add On Covers	Certificate Period Start Date	Certificate Period End Date	Daily Cash(Per Day amount in Rs)	Convalescence Cover(amount in Rs)
Single	Individual	300000.00	1.Ambulance Cover 2.Quarantine Cover	29/06/2020	28/06/2021		

Details of Insured Person

Name of the Insured Person:	Yaswanth K N		
Gender:	Male		
Relationship with Policyholder:	SELF		
Date of Birth (DD/MM/YYYY)	20/06/1997		
Occupation			
Pre-existing Disease	NO		
Pre-existing Disease	Pre-existing Disease Name	Pre-existing Disease- Since	

Premium Details

	Amount ()
Total Premium excluding Taxes and Levies	1598.00
SGST : (9.00%)	143.82
CGST : (9.00%)	143.82
Total Premium including taxes and levies	1886.00

Nominee details

Name of Nominee	LEGAL HEIR
Relation with Insured	LEGAL HEIR
Date of Birth (DD/MM/YY)	NA
Address of Nominee	

Covers	Short Description
Hospitalisation Cover due to Diagnosis of presence of COVID-19	The Company indemnifies the Insured Person up to the Sum Insured, for medical expenses incurred on Hospitalization of Insured Person due to Diagnosis of presence of COVID-19

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered & Corporate Office: Reliance Centre, South Wing, 4th Floor, Santacruz (East), Off. Western Express Highway, Mumbai 400055. Corporate Identity No. U66603MH2000PLC128300.

RELIANCE COVID-19 INDEMNITY POLICY-CERTIFICATE OF INSURANCE UIN – RELHLGP21021V012021

RGI/MCOM/CO/RELIANCE COVID-19 INDEMNITY-CERTIFICATE-OF-INSURANCES/Ver. 1.0/220520

Page 1 of 5

Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License

Pre-Hospitalisation Cover	The Company indemnifies the Insured Person for the medical expenses incurred up to 30 days prior to date of Hospitalization
Post -Hospitalisation Cover	The Company indemnifies the Insured Person for the medical expenses incurred up to 60 days post discharge from the Hospital
Quarantine Cover (Add On)	The Company shall pay up to 50% of Sum Insured for medical expenses incurred during Quarantine, starting from the fourth day of Quarantine for a maximum of 15 days during the Policy Period
Ambulance Cover (Add On)	The Company shall pay the Insured Person up to Rs 3500 per Hospitalization for expenses incurred on availing Ambulance services, provided that the Ambulance is availed in relation to Hospitalisation due to Diagnosis of presence of COVID-19

Specific Conditions	
1. Maximum Cumulative Sum Insured allowed for single person cannot be greater than 5,00,000 under multiple policies	
2. The policy wording with detailed terms, conditions and exclusions is available on our website www.reliancegeneral.co.in .	
Specific Exclusion	
1. Waiting Period: The Policy shall not cover Hospitalization or Quarantine within 15 days of Certificate Period Start Date.	
2. Co-habitation: No claim shall be payable where the Insured Person was living with and sharing the same address as that of person(s) who were Diagnosed with COVID-19 or Quarantined at the time of Proposal.	
3. Unauthorized Testing center: Testing done at a Diagnostic center other than the ones authorized by the Union Health Ministry of India. shall not be recognized under this Policy.	
4. Out of India: Diagnosis and/or Treatment taken outside India is not covered.	
5. Undefined Conditions: Treatment taken for any condition or disease other than COVID-19 is not covered	
6. Self-Quarantine: Self-Quarantine is not covered.	
7. Negative or Inconclusive Reports: If the test report is negative or if Insured Person is 'Patients under investigation' (PUI) with inconclusive reports, no claim will be admissible under Hospitalization Cover of this Policy.	
8. Breach of law (Code: Excl 10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	
9. Cluster Containment operations carried out by State or Central Government to contain the spread of SARS-CoV2 virus. Any self-isolation as a result of such Cluster Containment operations will not be considered as Quarantine and is not covered under this Policy.	
10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure (Code:Excl14):	
11. Domiciliary/OPD Treatment: Any expenses incurred on Domiciliary Hospitalization and OPD treatment.	
12. Excluded Providers (Code: Excl 11): Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policyholders/Certificate Holders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.(For updated and detailed list of Excluded Providers refer website- www.reliancegeneral.co.in)	
13. Investigation & Evaluation (Code: Excl04)	
14. Expenses related to any admission primarily for diagnostics and evaluation purposes	
15. Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded	
16. Lockdown: Lockdown means an emergency protocol that prevents people from leaving an area or a state of isolation or restricted access instituted as a security measure by the Government. Any self-isolation as a result of such Lockdown will not be considered as Quarantine and is not covered under this Policy.	
17. Willful Act/Negligence: Willful acts or willful gross negligence of the Insured Person.	
18. Unproven Treatments-Code (Code: Excl 16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	
19. All Standard terms and conditions of product are applicable.	
Special Declaration	
I hereby confirm that,	
1. Neither me nor my any family member or close associate is currently suffering from Covid 19 or quarantined/l or we have not met anyCovid-19 affected person in last 15 days.	
2. I am not living with and sharing the same address as that of person(s) who is/were Diagnosed with COVID-19 or Quarantined.	
3. Have Not travelled to international destination in 45 days immediately preceding this Insurance Cover Period Start Date.	

Please note:

- 1.The Policy has been issued based on the information provided in the Proposal Form through physical copy/ Interactive Voice Response(IVR)/ online web service. Please note that in the event of this information being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited.
 - 2.In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us at 022-41112600 for necessary changes/rectification.
 - 3.Attached with the Certificate of Insurance are the Policy Terms and Conditions, Endorsements and Annexure. Please ensure that the Policyholder, has received, read and understood all these documents. If the Policyholder has not received any of these, please email/write to the Company at rgicl.services@relianceada.com or contact us at 022-41112600.
 - 4.The Certificate of Insurance in original must be surrendered to the Company in case of cancellation/alteration of the Policy.
 - 5.In the event of any incorrect representation, the liability shall be upon the Certificate Holder.
 - 6.The covers which are mentioned in the Certificate of Insurance shall only be available under the Policy.
 - 7.The policy wording with detailed terms, conditions and exclusions along with other documents like Prospectus, Rate Chart, Claims related document are available on our website www.reliancegeneral.co.in.
- (Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>)
 You can also write to us at rgicl.services@relianceada.com or call us on 1800 3009 (toll free) to avail the policy wording

General Exclusions

- i.Breach of law (Code: Excl 10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent
- ii. Cluster Containment operations carried out by State or Central Government to contain the spread of SARS-CoV2 virus. Any self-isolation as a result of such Cluster Containment operations will not be considered as Quarantine and is not covered under this Policy
- iii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalisation claim or day care procedure (Code:Excl14):
- iv. Domiciliary/OPD Treatment: Any expenses incurred on Domiciliary Hospitalisation and OPD treatment.
- v. Excluded Providers (Code: Excl 11): Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policyholders/Certificate Holders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.(For updated and detailed list of Excluded Providers refer website-www.reliancegeneral.co.in)
- vi. Investigation & Evaluation (Code: Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes
 - b. Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded
- vii. Lockdown: Lockdown means an emergency protocol that prevents people from leaving an area or a state of isolation or restricted access instituted as a security measure by the Government. Any self-isolation as a result of such Lockdown will not be considered as Quarantine and is not covered under this Policy
- viii. Nuclear Attack: Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- ix. Rest Cure, rehabilitation and respite care (Code:Excl05):Expenses related to any admission primarily for enforced bed rest and not for receiving treatment ,this also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
- x. Out of India: Diagnosis, Quarantine and/or Treatment taken outside India is not covered
- xi. Unproven Treatments-Code (Code: Excl 16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment.Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xii. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities,civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture,arrest, restraints and detainment of all kinds.
- xiii. Willful Act/Negligence: Willful acts or willful gross negligence of the Insured Person

Contact details for Policy & Claims Servicing

Contact details	Policy Servicing	Claim Servicing
Name	Customer Service Team	R Care
Correspondence Address	Reliance General Insurance Company Limited. Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj Indore (M.P) -452001	Reliance General Insurance, No. 1-89/3/B/40, to 42/ks/301, 3rd floor, Krishe Block, Krishe, Sapphire, Madhapur, Hyderabad - 500001.
E-mail ID	rgicl.services@relianceada.com	rgicl.rcarehealth@relianceada.com
Contact No	022-41112600	022-41112600
Website	www.reliancegeneral.co.in	www.reliancegeneral.co.in
Toll Free No	(Toll free) 1800 3009 / (Paid) 022 4890 3009	1800 3009

Grievance Clause:-

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at (022) 4890 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.

Toll free number: 1800 4254 732

Timings: 8 AM to 8 PM -- (Monday to Saturday)

Ombudsman:

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

GSTIN:33AABCR6747B1ZN, SAC:9971 , Description of services: Accident and health insurance services

Consolidated Stamp duty Paid vide Receipt No. CSD/337/2020/864/2020 Dated 27 Feb 2020 (Not applicable for the state of Jammu and Kashmir).

This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

Note:

In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not

In witness whereof this policy has been signed at on this 30 Jun 2020.

For Reliance General Insurance Company Limited



Authorized Signatory



**GENERAL
INSURANCE**
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
(Toll Free) 1800 3009
(022) 4890 3009

PREMIUM CERTIFICATE

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of 1886.00 from Mr Yaswanth K N towards payment of health insurance premium as per details mentioned above. The premium paid for this policy is eligible for applicable tax benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note: Any amount paid in cash toward the premium would not qualify for tax benefits as mentioned above.

Name of the Policyholder	Mr Yaswanth K N
Correspondence Address	M/s. Indus Teqsite Pvt Ltd Plot H9, Fourth Main Road, SIPCOT IT Park, Siruseri Off Rajiv Gandhi Salai (OMR), City : CHENNAI, State : Tamil Nadu, PinCode : 603103,
Policy Number	120192028561000554
Issue Date	30 Jun 2020
Place	CHENNAI

For Reliance General Insurance Company Limited

Authorized Signatory

CT-CHEST PLAIN REPORT-04.05.2021(Out side)

❖ CT SEVERITY SCORING – 4/25

OTHER INVESTIGATIONS: ENCLOSED**Course in the Hospital & Discussion**

This 23 years old male patient got admitted with Covid 19. He was treated with IV fluids, antibiotics, antacids, antipyretics, antivirals, anticoagulant and other supportive measures. Patient condition improved. Hence discharged. Patient advised to be in home quarantine.

Condition at discharge: Conscious, oriented. A febrile.

Advice on discharge

1. **Diet:** Normal diet
2. **Physical activity:** As tolerated.
3. **Medication:**

S.No	Drug Name	Dosage	Morning	Afternoon	Night	B/A food	Duration
1	Tab.Apigat	2.5 mg	1	0	1	After food	15 days
2	Tab. Co-Immune plus		1	0	1	After food	15 days
3	Tab.Pan	40 mg	1	0	1	Before food	15 days
4	Tab.Montek LC		0	0	1	After food	15 days
5	Tab.Storevas	20 mg	0	0	1	After food	15 days
6	Tab.Malidon-	650 mg	s	o	s	After food	6

Follow up: To review after 1 month in Medicine OPD.

In case of Emergency like fever, vomiting, abdominal pain, chest pain please call 04288-234108 or come directly to Emergency department.

நெஞ்சு படப்பட்டப்பு, தலை சுத்தல், வாந்தி, காய்ச்சல், வயிற்று வளி, நெஞ்சு வளி, போன்ற அறிகுறிகள் இருந்தால் உடனடியாக மருத்துவமனையை தொடர்பு கொள்ளவும். தொலைபேசி எண் 04288-234108, 7373200200



Doctor Signature

Dr. S. ARTHANAREESWARAN, M.D.
 Reg. No: 33853, Consultant Physician,
 Vivekananda Medical Care Hospital,
 ELAYAMPALAYAM-637 205,
 Tiruchengode Tk, Namakkal Dt, T.N.



NAME :	MR.YASWANTH	AGE/SEX:	23/M	
MRD.NO :	128053			
IP NO :	298			
REF.DR :	DR.ARTHANAREESWARAN MD.,			
D.O.A :	04.05.2021			
D.O.D :	09.05.2021			

CONSOLIDATED IP BILLING

S.NO	DESCRIPTION NAME	DAYS/RENT		AMOUNT
1	ROOM CHARGES	6	X	9000 54000
2	WARD NURSING CHARGES	6	X	2000 12000
3	CONSULTATION CHARGES DR.ARTHANAREESWARAN MD.,	6	X	2500 15000
4	DIETARY CHARGES	6	X	1500 9000
5	DISINFECTED CHARGES	6	X	1000 6000
6	HOUSEKEEPING CHARGES	6	X	1000 6000
7	INVESTIGATION CHARGES			30395
8	PHARMACY			16390
TOTAL				148785


DOCTOR SIGNATURE

Dr. Arthanareeswaran
Reg. No. 1000000000000000000
Vivekanandha Medical Care Hospital
125, ALAYAM-637 205,
Tiruchengode Tk, Namakkal Dt, TN.

For Enquiries Appointment Contact : 04288 224400 / 11 / 22 / 33

Sponsored By : ANGAMMAL EDUCATIONAL TRUST

Vivekanandha Medical Care Hospital : Namakkal Main Road, Tiruchengode, Namakkal Dt., Tamilnadu - 637 205.

Branch : Paramathi Velur Main Road, CHB Colony, Tiruchengode, Namakkal Dt., Tamilnadu - 637 211.

MAIL : care@vivekanandha.hospital WEB : vivekanandha.hospital



Patient ID : AED2020-3919 Ph: 9488257700
Name : Mr. YASWANTH K N
Age / Sex : 23.0 Yrs / Male
Passport No :
Ref. By : JEEVAN HOSPITAL

SID No :103115



Reg. Date : 29.04.2021/12:28 PM

Collected Date : 29.04.2021/12:28 PM

Reported Date : 29.04.2021/08:52 PM

Page # : 1

Test Name

LABORATORY REPORT

Result

Units

Biological Reference Interval

MOLECULAR BIOLOGY

SARS-COV-2(COVID19)

ICMR Registration Number: ACCDIACTN	SRF ID : 3373001212579
ICMR ID (Sample) : 268686555	
MOLECULAR BIOLOGY TEST	: SARS-CoV-2 (COVID 19) Detection (Qualitative) by Real Time rt PCR
METHOD	: Qualitativ RNA detection of SARS-CoV 2 (COVID19)
SPECIMEN	: Nasopharyngeal & Oropharyngeal Swab
RESULT	: POSITIVE CT Value: RDRP / E gene (15/14)

NEGATIVE :

There is no evidence of SARS COV2 Viral RNA in the given specimen tested. However, It does not rule out SARS COV2 infection completely and should not be used as the sole basis for making decisions related to treatment and other patient management.

POSITIVE :

Indicates presence of SARS COV2 viral RNA or Nucleic acid. All detected results have been verified using confirmatory test. Detected result does not distinguish between replicating or non-replicating organism.

INTERPRETATION GUIDANCE:

1. Testing of referred clinical specimen was considered based on request / referral received from/ through. State Surveillance Officer (SSO) of concerned state Integrated Disease Surveillance Programme (IDSP)/any other health care facility affirming requirements of the case definitions.
2. A single negative test result, particularly if this is from upper respiratory tract specimen that does not exclude infection.
3. A positive test result is only tentative.
4. Repeat sampling and testing of lower respiratory sample is strongly recommended in case of severe or progressive disease. The repeat specimen may be considered after a gap of 2-4 days after the collection of first specimen for additional testing if
5. A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of co-infections.
6. Please note that the results are not to be used elsewhere other than the intended purpose without prior permission of
7. Negative results must be combined with clinical observations, patient history, and epidemiological information

LIMITATIONS :

Presence of PCR inhibitors, inappropriate selection and collection selection of sample, not maintaining proper transport conditions may result in undue qualification and/or failure to detect the presence of pathogen.

End of Report

K.W.M.
DR.RAGU KANAGASABAI Ph.D.,MB.,ASCP(USA)
DIRECTOR & BIOCHEMISTRY CONSULTANT

Authorised by,

DR.R.ILAYARAJA.Ph.D.,
MICROBIOLOGY CONSULTANT



JEEVAN SUMYUKTHA HOSPITALS PVT.LTD

CA

14/3, 2nd Avenue, Domestic Tariff Area, Mahindra World City,
Chengalpet- 603004
Phone :044-27460050 / 44, For Appt : 7540075055

RECEIPT

INDIVIDUAL

Patient Id : 000002102879 Vr No: 212576 Date: 29-Apr-2021 10:35:48 AM
 Name : YASWANTH Visit : OP Age : 23 Years / Male
 Consultant : Dr. CASUALTY MEDICAL OFFICER

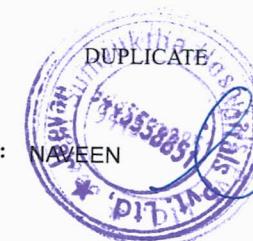
Address : :-

S.No	Description	Qty	Amount
1	COVID 19	1	1700.00
ReqNo : 213246		Tot.Amt.:	1700.00
		Paid Amt.:	1700.00

Debit Card - ONE THOUSAND SEVEN HUNDRED ONLY

Cashier : NAVEEN

18-May-2021 7:36:20 pm



Bill of Supply / Tax Invoice

Original

Name Mr.YASWANTH
 Age/Gender 24 Y 0 M 0 D /Male
 Contact No 9488257700
 Address Chettipunyam,Chennai
 UHID DSPK.0000001992
 Home Collection No



Bill DSPKB/21-22/00000241
 Visit/Reg Date 29-Apr-2021 08:43AM
 Referred By Dr.SELF
 Visit No DSPKOPV4788
 Center PCC SP KOIL
 Center Ph. No 9445866654
 Center Address 5/80, GST ROAD, SINGA PERUMAL KOIL,
 KANCHIPURAM-603204

#	Service Code	Service Name	SAC Code	Rate	Total
1	PR038	PR038~COMPLETE BLOOD COUNT (CBC)	999316	330	330
Settlement	Payment	Receipt No	Mode	Amount	
Settlement	29-04-2021	DSPKR/21-22/00000241	Cash	330	
					Bill Amount : 330
					Net Bill Amount : 330
					Total Paid Amount : 330

Received with thanks : Three Hundred And Thirty Only

You can download your report from 'WWW.APOLLODIAGNOSTICS.IN' Enter user name as ITSPKA04788 and password as 66V452
 For any query, kindly get in touch with us on customer.care@apolloagnostics.in or call us on 040 - 44442424

Please look for AAA+ logo on your report for Apollo assured quality

Authorized Signature :

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apollohl.com

29-Apr-2021 08:43 AM

Page 1 of 1

VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5178	
Bill Date	05-05-2021 07:31	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
1	3004	FABIFLU 200 MG TABLETS	1821034	03-23	22	746.43	12.00	836.00
2	0000	AZIDRAW 500MG TAB 500	CYW210	01-23	2	42.46	12.00	47.56
3	0000	XONE 1GM 1 GM INJECTION	2118013	09-23	2	107.46	12.00	120.36
4	0000	LARINOX 60MG INJ 60 MG	242017	11-23	2	1193.71	5.00	1253.40
5	0000	ZINCOLIFE. TAB TABLETS	J1GKT00	02-22	3	10.69	12.00	11.97
6	0000	LIMCEE 500MG CHEWTAB	SAJA010	03-22	3	4.10	12.00	4.59
7	30049039	PAN 40MG TAB 40 MG	2044290	05-23	2	16.43	12.00	18.40
8	0000	MONTEK LC TAB TABLETS	RPB0314	05-23	2	32.05	12.00	35.90
9	30042099	TOSSEX 100ML SYR 100 ML	TWA002	12-21	1	125.32	12.00	140.36
10	30049025	MALIDENS 650 MG 650 MG	PCE0701	10-22	3	5.38	12.00	6.03
11	30049099	VERMIKIND 12 MG TABLETS	C3FHT00	09-23	2	66.52	12.00	74.50

VIVEKANANDA MEDICAL CARE HOSPITAL,
 Elayampalayam - 637205.
 Thiruchengode - 637205.
 Dr. Tamilnath

VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5178	
Bill Date	05-05-2021 07:31	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
12	0000	ECOSPRIN 150MG 150 MG	1301443	12-22	1	0.56	12.00	0.63
13	30049099	STORVAS 40MG TAB 40 MG	EMX004	06-22	2	37.77	12.00	42.30
14	30049099	NEFROSAVE TABS 150 MG	H2538	12-22	2	21.79	12.00	24.40
15	0000	STEAM INHALER SURGICAL	CHETAK	06-23	1	468.75	12.00	525.00
16	90189099	RESPIROMETER O SIZE	RM21D0	03-25	1	690.18	12.00	773.00
17	3004	VENFLON 20G 20 G VENFLON	1072835	02-26	1	209.82	12.00	235.00
18	3005906	EASY FIX O SIZE SURGICAL	EFME07	02-23	1	35.71	12.00	40.00
19	30049039	IV SET (TRANS FLOW) O SIZE	G41243	03-24	1	159.82	12.00	179.00
20	6210	PPE (70 GSM) NON COATED	MAY-21	12-35	1	571.43	5.00	600.00
21	6307	N95 MASK -HEAD STRAP	WHITE	04-26	1	47.62	5.00	50.00
22	3004	BED SHEET & PILLOW COVER	MMM	05-25	1	128.57	5.00	135.00

Total No.of Medicines : 22

GST %	Price	CGST	SGST	Total	Total Value :	4,722.58
2.50+2.50	1,941.33	48.53	48.53	2,038.40	Total GST :	430.82
6.00+6.00	2,781.25	166.88	166.88	3,115.00	OutStandingAmt:	5,153.00
					Grand Total :	₹0.00

POOVITHA P.

Billed By

Taken By

Checked By

Signature of Pharmacist

VIVEKANANDHA MEDICAL CARE HOSPITAL,
Elayampalayam, Tiruchengode-637205.



Patient Name : MR. YASWANTH Age/Sex : MRD No : 128053

MEMO PAD / PRESCRIPTION PAD

Date : 15/12/2021

- T. Fabiflu 200mg → (2)
T. Azidraw 500mg → (1)
Quj. Xone 1gm → (2)
Quj. Laminox 60mg → (2)
T. zincolite → (3)
T. timcee 500mg → (3)
T. Pan 40mg → (2)
T. montic LC → (2)
T. vermic kind 12mg → (2)
Syp. TOSSOR 100ml → (1)
T. malideus 650 → (3)
T. Ecospin 150mg → (1)
T. Storras 40mg → (2)
T. netrosare 150 mg → (2)

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 205.
Tiruchengode Tk, Namakkal Dt, Tamilnadu

CPT-O

- steam inhaler → ①
- Respirometer → ①
- 20h ventcon → ①
- Easy fix → ①
- iv set → ①
- PPE non coated → ①
- N95 mask → ①
- Bed sheet & pillow cover → ①

✓ DR. Asthma Research

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 205.
Thiruchengode Tk, Namakkal Dt, Tamilnadu

Patient Name : Mr. Yaswathi

Patient ID : 128053 Lab No :

Age / Sex : 23 Y / M Ref. by Dr. : Dr. Chitharanuswari

Sample Collection Date : 5/5/2021 Time :

HEMATOLOGY

- Complete Blood Count (CBC)
- HB (Hemoglobin)
- Total WBC Count
- Platelet Count
- Bleeding time Clotting time
- Blood Grouping & RH Typing
- PT / INR APTT

SEROLOGY

- MP (card method)
- Typhi Dot M / Widal
- RA CRP ASO
- Dengue (IgG, IgM, Ns1)

URINE

- Urine Sugar / Acetone
- Urine Analysis
- Urine Pregnancy test

VIVEKANANDA MEDICAL CARE HOSPITAL,
 Elayampalayam - 637 205.
 Thiruchengode Tk, Namakkal Dist.

BIO - CHEMISTRY

- Sugar(F) (PP) (R)
- Urea
- Creatinine
- Uric Acid
- Lipid profile
- Liver Function Test (LFT)
- Electrolytes (Na+, K+, Cl)
- Ionized Calcium
- Bilirubin <^T
- HbA1c
- T3, T4, TSH
- FT3, FT4, TSH
- Calcium

OTHERS

- B1 RFT
B1 D-Dimers
B1 Ferritin
B1 LDH
B1 Tropones - I



CREDIT BILL

Bill No / Date	: 5372 / 05-05-2021 01:05	Doctor/ Dept	: Dr ARTHANAREESWARAN S / DEPARTMENT OF GENERAL MEDICINE
Registration No	: 128053	Patient Type	: GENERAL
Patient Name	: Mr.YASWANTH, 23 Y / Male		
Address	: kings residency, 29/1-3 sva extension street no-1, near bus stand, t.gode, namakkal , TIRUCHENGODE - PH : 9488257700		

S.NO	HEADER NAME	SERVICE NAME	AMOUNT
1	BIOCHEMISTRY	GLUCOSE – RANDOM	40.00
2	BIOCHEMISTRY	LIVER FUNCTION TEST (BILI T & D, AST, ALT ALK, TP, ALB, GLO, A/G)	1040.00
3	BIOCHEMISTRY	RENAL FUNCTION TEST	
4	HAEMATOLOGY	CBC (TC, DC, HB, RBC, PLT, RBC INDICES)	780.00
5	IMMUNOLOGY	D-DIMER	390.00
6	IMMUNOLOGY	FERRITIN	1040.00
7	IMMUNOLOGY	LDH	1040.00
8	IMMUNOLOGY	TROPONIN I	520.00
9	SEROLOGY	CRP (HIGH SENSITIVITY)	1040.00
			780.00

VIVEKANANDA MEDICAL CARE HOSPITAL
Elayampalayam - 637 205.
Thiruchengode Tk, Namakkal Dt, Tamilnadu



Tiruchengode, Namakkal D.t - 637205

Phone : 04288 224422, 7373 100100



CREDIT BILL

Bill No / Date : 5505 / 05-05-2021 15:49 Doctor/ Dept : Dr ARTHANAREESWARAN S / DEPARTMENT OF GENERAL MEDICINE
Registration No : 128053 Patient Type : GENERAL

Patient Name : Mr.YASWANTH, 23 Y / Male

Address : kings residency, 29/1-3 sva extension street no-1, near bus stand, t.gode, namakkal , TIRUCHENGODE - PH : 9488257700

S.NO	HEADER NAME	SERVICE NAME	AMOUNT
1	CARDIOLOGY	ECHO	1500.00
			Bill Amount 1500.00
OS Source	: GENERAL - FEVER CLINIC - 1500.000	Balance To Pay	1500.00
Bill Prepared By	: sown23 / 05-05-2021 15:49		For VMCH

Authorized Signatory

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 205.
Thiruchengode Tk, Namakkal Dt, Tamilnadu
Page 1 of 1



VIVEKANANDHA
MEDICAL CARE HOSPITAL



Patient Name : Mr. Sivaneswaran - 2348 MRD No : 128053

MEMO PAD / PRESCRIPTION PAD

Date : 5/5/21

ECHO

-

①

/

(Dr. Arthanateswaran)
VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 205
Tiruchengode T.k, Namakkal D.t, Tamilnadu

Tamilnadu

VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5387	
Bill Date	06-05-2021 07:40	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
1	3004	FABIFLU 200 MG TABLETS	1821034	03-23	8	271.43	12.00	304.00
2	0000	AZIDRAW 500MG TAB 500	CYW210	01-23	1	21.23	12.00	23.78
3	0000	XONE 1GM 1 GM INJECTION	2118013	09-23	2	107.46	12.00	120.36
4	90183290	10 ML OMNIVAN .10 ML	H06M82	07-25	2	39.29	12.00	44.00
5	30049039	PAN 40MG TAB 40 MG	2044290	05-23	2	16.43	12.00	18.40
6	0000	MONTEK LC TAB TABLETS	RPB0314	05-23	1	16.03	12.00	17.95
7	30049099	VERMIKIND 12 MG TABLETS	C3FHT01	09-23	2	66.52	12.00	74.50
8	0000	ECOSPRIN 150MG 150 MG	1301443	12-22	1	0.56	12.00	0.63
9	30049099	STORVAS 40MG TAB 40 MG	ABO928	11-21	1	18.88	12.00	21.15
10	30049099	NEFROSAVE TABS 150 MG	H0811	07-22	2	21.79	12.00	24.40
11	6210	PPE (70 GSM) NON COATED	MAY-21	05-25	1	571.43	5.00	600.00

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637205.
Thiruchengode Tk, Namakkal Dt, Tamilnadu

VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5387	
Bill Date	06-05-2021 07:40	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
12	6307	N95 MASK -HEAD STRAP	5-2021	05-25	2	95.24	5.00	100.00
13	3004	BED SHEET & PILLOW COVER	1004202	10-25	1	95.24	5.00	100.00

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 205.
Thiruchengode Tk, Namakkal Dt, Tamilnadu

Total No.of Medicines : 13

GST %	Price	CGST	SGST	Total
2.50+2.50	761.90	19.05	19.05	800.00
6.00+6.00	579.62	34.78	34.78	649.17

Total Value :	1,341.52
Total GST :	107.65
OutStandingAmt:	1,449.00
Grand Total :	₹0.00

POOVITHA P.

Billed By

Taken By

Checked By

Signature of Pharmacist





Patient Name :

Mr. Vaswanth

Age/Sex :

23y/lm

MRD No :

Date : 6/5/21

MEMO PAD / PRESCRIPTION PAD

Fabiflu (200mg) · Tab — ①

Tab · Azidow (500mg) — ①

Inj. Xone (1gm) — ②

10ml omnivan — ②

Pan (40mg) Tab — ②

Montek-Lc Tab — ①

Vermikind (15mg) — ②

Ecospin (150mg) — ①

Storvas (40mg) — ①

NefroSave Tab (150mg) — ②

PPE — ①

VIVEKANANDHA MEDICAL CARE HOSPITAL,

Elayampalayam 637 205.

Tiruchengode Tk. Namakkal Dt. Tamilnadu



VIVEKANANDHA
MEDICAL CARE HOSPITAL



Patient Name : Mr. Yadaventh

Age/Sex : 23y/m MRD No : 128053

MEMO PAD / PRESCRIPTION PAD

Date : 6/5/21

N-95 mask — (2)

Bed sheet & pillowcover — (1)



Dr. Arthanareeshwara,

~~VIVEKANANDHA MEDICAL CARE HOSPITAL,
Thiruchengode, Namakkal Dist, Tamilnadu
Tiruchengode, Namakkal D.t - 637205.~~



Patient Name : M.R. Vaswanth

Patient ID : 128053 Lab No : 5891

Age / Sex : 25y/M Ref. by Dr. : Arthanareeshwaraan

Sample Collection Date : 6/5/21 Time :

HEMATOLOGY

- Complete Blood Count (CBC)
- HB (Hemoglobin)
- Total WBC Count
- Platelet Count
- Bleeding time Clotting time
- Blood Grouping & RH Typing
- PT / INR APTT

SEROLOGY

- MP (card method)
 - Typhi Dot M / Widal
 - RA CRP ASO
 - Dengue (IgG,IgM, Ns1)
- D IL-6
D RFT*

URINE

- Urine Sugar / Acetone
- Urine Analysis
- Urine Pregnancy test
- Urine Culture

BIO - CHEMISTRY

- Sugar(F) (PP) (R)
- Urea
- Creatinine
- Uric Acid
- Lipid profile
- Liver Function Test (LFT)
- Electrolytes (Na⁺,K⁺,Cl⁻) *CO₂*
- Ionized Calcium
- Bilirubin <^T_D
- HbA1c
- T3, T4, TSH
- FT3, FT4, TSH
- Calcium *total*

*D Glucose random
OTHERS*

*VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 205.
Thiruchengode Tk. Namakkal Dt. Tamilnadu*





CREDIT BILL

Bill No / Date : 5891 / 06-05-2021 13:48

Doctor/ Dept : Dr ARTHANAREESWARAN S / DEPARTMENT OF GENERAL
MEDICINE
Patient Type : GENERAL

Registration No : 128053

Patient Name : Mr.YASWANTH, 23 Y / Male

Address : kings residency, 29/1-3 sva extension street no-1, near bus stand, t.gode, namakkal ,TIRUCHENGODE - PH : 9488257700

S.NO	HEADER NAME	SERVICE NAME	AMOUNT
1	BIOCHEMISTRY	BILIRUBIN TOTAL DIRECT INDIRECT	250.00
2	BIOCHEMISTRY	CALCIUM-TOTAL	200.00
3	BIOCHEMISTRY	CREATININE	100.00
4	BIOCHEMISTRY	ELECTROLYTES (NA+,K+,CL-, CO2)	400.00
5	BIOCHEMISTRY	GLUCOSE – RANDOM	40.00
6	BIOCHEMISTRY	INTERLEUKIN 6 (IL6)	1300.00
7	BIOCHEMISTRY	LIVER FUNCTION TEST (BILI T & D, AST, ALT ALK, TP, ALB, GLO, A/G)	1040.00
8	BIOCHEMISTRY	RENAL FUNCTION TEST	780.00
9	BIOCHEMISTRY	UREA	100.00
10	BIOCHEMISTRY	URIC ACID	175.00
11	HAEMATOLOGY	CBC (TC, DC, HB, RBC, PLT, RBC INDICES)	390.00



VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5568	
Bill Date	07-05-2021 09:26	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
1	3004	FAVIHOPE 400 MG TABLETS	FV21009	03-22	4	250.00	12.00	280.00
2	0000	AZITHRAL 500 MG TAB 500	8001503	10-22	1	21.23	12.00	23.78
3	0000	XONE 1GM 1 GM INJECTION	2118013	09-23	2	107.46	12.00	120.36
4	30019091	CRITIPYRINE 60 MG	007C	03-23	2	1209.52	5.00	1270.00
5	0000	LIMCEE 500MG CHEWTAB	SAJA010	03-22	2	2.73	12.00	3.06
6	0000	ZINCOLIFE. TAB TABLETS	J1GKT00	02-22	2	7.13	12.00	7.98
7	30049039	PAN 40MG TAB 40 MG	2144025	06-23	2	16.43	12.00	18.40
8	0000	MONTEK LC TAB TABLETS	RPB0314	05-23	1	16.03	12.00	17.95
9	30049099	VERMIKIND 12 MG TABLETS	C3FHT01	09-23	2	66.52	12.00	74.50
10	0000	ECOSPRIN 150MG 150 MG	1301443	12-22	1	0.56	12.00	0.63
11	30049099	STORVAS 40MG TAB 40 MG	EMX004	06-22	1	18.88	12.00	21.15

VIVEKANANDHA PHARMACY
 Elayampalayam - 637205.
 Thiruchengode Tk. Namakkal, Tamilnadu

1970-1971
1971-1972
1972-1973

VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5568	
Bill Date	07-05-2021 09:26	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
12	30049099	NEFROSAVE TABS 150 MG	H0811	07-22	2	21.79	12.00	24.40
13	6210	PPE (70 GSM) NON COATED	MAY-21	05-25	1	571.43	5.00	600.00
14	6307	N95 MASK -HEAD STRAP	5-2021	05-25	2	95.24	5.00	100.00
15	3004	BED SHEET & PILLOW COVER	MMM	05-25	1	128.57	5.00	135.00

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637205.
Thiruchengode Tk. Namakkal Dt. Tamilnadu

Total No.of Medicines : 15

GST %	Price	CGST	SGST	Total
2.50+2.50	2,004.76	50.12	50.12	2,105.00
6.00+6.00	528.76	31.73	31.73	592.21

Total Value :	2,533.52
Total GST :	163.69
OutStandingAmt:	2,697.00
Grand Total :	₹0.00

SRIDEVI P
Billed By

Taken By

Checked By

Signature of Pharmacist



Patient Name :

Age / Sex : 23y / m MRD No : 128053

MEMO PAD / PRESCRIPTION PAD

Date : 7/5/21

Favi hope (400mg) Tab — ②

Tab . Azithral (500mg) — ①

Inj . Xone (1gm) — ②

Tab . Cnitipynine — ②

Lunicee (500mg) — ②

Zincolife (tab) — ②

Dan (40mg) tab. — ②

Tab . montek - LC — ①

Tab . vermikind — ②

Ecosprin (150mg) tab. — ①

Storvas (40mg) Tab. — ①

VIVEKANANDA MEDICAL CARE HOSPITAL,

Elayampalayam - 637205.

Thiruchengode Tk. Namakkal Dt. Tamilnadu

WICHITA FALLS TEXAS
TUESDAY MAY 19TH 1942
BY THE STAFF OF THE WICHITA FALLS



VIVEKANANDHA
MEDICAL CARE HOSPITAL



Patient Name : mr. Yashwanth Age/Sex : 23y/m MRD No : 128053

MEMO PAD / PRESCRIPTION PAD

Date : 7/5/21

Nefro save Tab → ①

PPE → ①

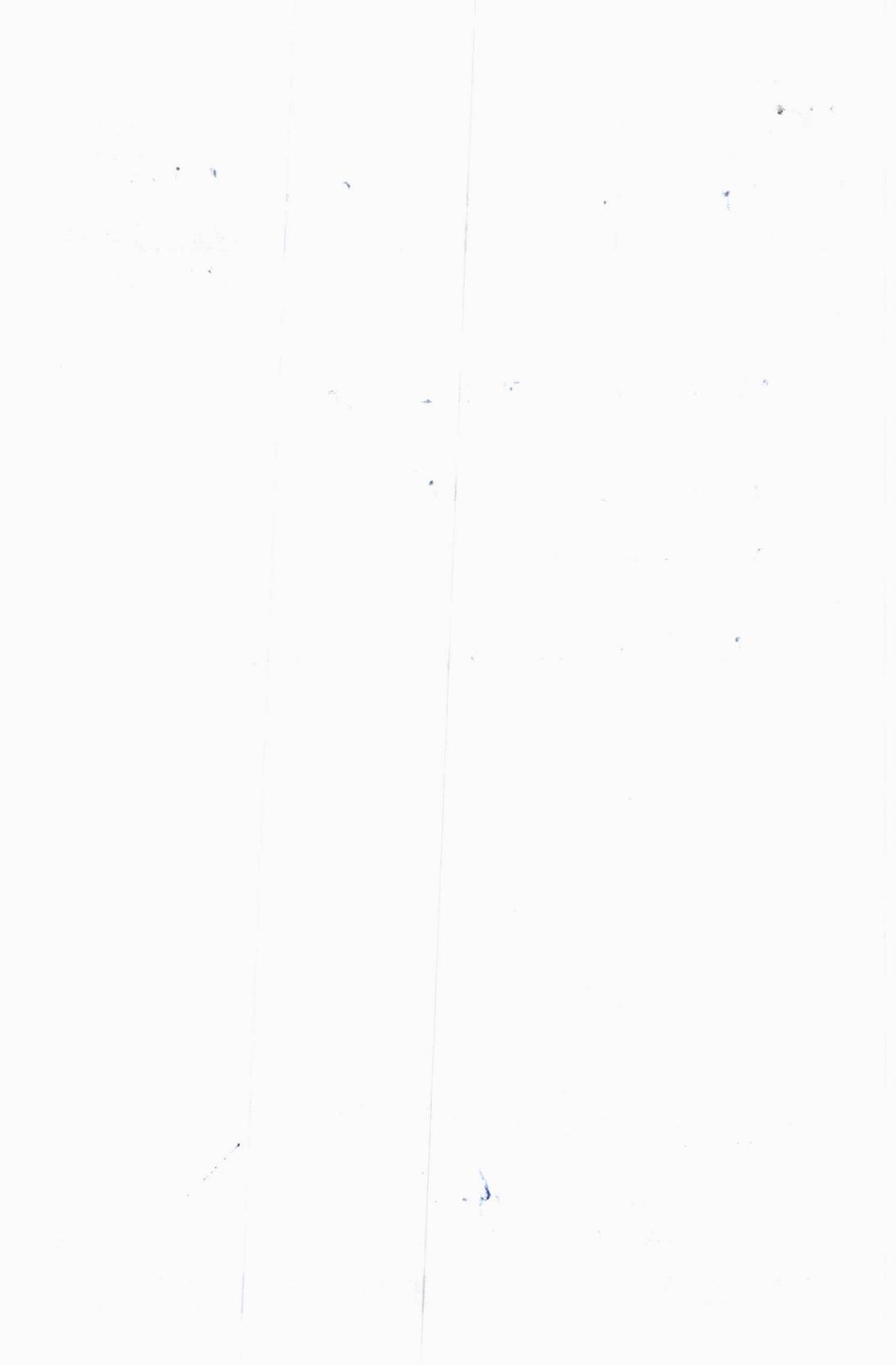
N-95 mask → ②

Bed sheet & pillow cover → ①



Dr. Arthanarshwara.

VIVEKANANDHA MEDICAL CARE HOSPITAL,
Elayampalayam - 637 215.
Tiruchengode Tk, Namakkal Dt, Tamilnadu



VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5742	
Bill Date	08-05-2021 05:58	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
1	3004	FAVIHOPE 400 MG TABLETS	FV21009	03-22	4	250.00	12.00	280.00
2	0000	AZITHRAL 500 MG TAB 500	8001503	10-22	1	21.23	12.00	23.78
3	0000	XONE 1GM 1 GM INJECTION	2118013	09-23	2	107.46	12.00	120.36
4	0000	LARINOX 60MG INJ 60 MG	242017	11-23	2	1193.71	5.00	1253.40
5	0000	LIMCEE 500MG CHEWTAB	SAJA010	03-22	2	2.73	12.00	3.06
6	0000	ZINCOLIFE. TAB TABLETS	J1GKT00	02-22	2	7.13	12.00	7.98
7	30049039	PAN 40MG TAB 40 MG	2144025	06-23	2	16.43	12.00	18.40
8	0000	MONTEK LC TAB TABLETS	RPB0535	05-23	1	16.03	12.00	17.95
9	30049099	VERMIKIND 12 MG TABLETS	C3FHT01	09-23	2	66.52	12.00	74.50
10	0000	ECOSPRIN 150MG 150 MG	0400797	12-22	1	0.56	12.00	0.63
11	30049099	STORVAS 40MG TAB 40 MG	SICO646	05-23	1	19.23	12.00	21.54

VIVEKANANDHA MEDICAL CARE HOSPITAL,
Elayampalayam - 637205.
Thiruchengode Tk. Namakkal Dt. Tamilnadu

VIVEKANANDHA PHARMACY

ELAYAMPALAYAM, TIRUCHENGODE-637205

Phone : +(91)-4288-224477

D.L. No. SLN/7745/20,21 TIN. No. GST No. 33AERPK9548L1ZP

DEPARTMENT OF PHARMACY

Outstanding Bill

Bill No	5742	
Bill Date	08-05-2021 05:58	
Reg.No	Reg No :128053	
Pat.Name	Mr YASWANTH	
Doc.Name	Dr.ARTHANAREESWARAN S (DEPARTMENT OF GENERAL MEDICINE)	
Src.Name	FEVER CLINIC PHARM-GENERAL	

S. No	HSN	Description	Batch	Exp.dt	Qty	Price	GST%	Amount
12	30049099	NEFROSAVE TABS 150 MG	H0811	07-22	2	21.79	12.00	24.40
13	90183290	10 ML OMNIVAN .10 ML	N07M82	11-25	2	39.29	12.00	44.00
14	6210	PPE (70 GSM) NON COATED	6210	05-25	1	571.43	5.00	600.00
15	6307	N95 MASK -HEAD STRAP	5-2021	05-25	2	95.24	5.00	100.00
16	3004	BED SHEET & PILLOW COVER	210502	04-25	1	133.93	12.00	150.00
17	9020	FACE SHIELD (AKH) MASK &	12345	05-25	1	66.96	12.00	75.00

VIVEKANANDA MEDICAL CARE HOSPITAL,
Elayampalayam - 637205.
Thiruchengode Tk, Namakkal Dt, Tamilnadu

Total No.of Medicines : 17

GST %	Price	CGST	SGST	Total
2.50+2.50	1,860.38	46.51	46.51	1,953.40
6.00+6.00	769.29	46.16	46.16	861.60

Total Value :	2,629.67
Total GST :	185.33
OutStandingAmt:	2,815.00
Grand Total :	₹0.00

SRIDEVI P
Billed By

Taken By

Checked By

Signature of Pharmacist

