



INDIAN INSTITUTE OF TECHNOLOGY GANDHINAGAR
Research & Development Office

No Dues Certificate

Date:-

Name of Employee	YOGESH KUMAR SAHU		
Designation	JRF (Junior Research Fellow)		
Personal Contact No.	8085725799		
Personal Email-Id	yogeshsahu210799@gmail.com		
Correspondence Address	Near Farhada Road Kosrangi, Raipur , Chhattisgarh , 493225		
Project No.	RES/DST/EE/P0067/1920/0053		
Duration of Appointment	From: To: 17.03.2023		
Date of Resignation/ Termination (if applicable)	15.12.2022 23/12/2022		
If re-employed, Project No.			
Bank Account No.	3769075629	IFSC	CBIN0280807

S. No.	* Deptt/Section/Unit	Details of Dues, if any	Date	Sign/Name of the person certifying
1.	Project Investigator	No dues	26/12/2022	Nihar Patel (Nihar Patel)
2.	Hostel In-charge	No dues	26/12/2022	Shanti Darganwar
3.	Computer Centre	No dues	26/12/2022	for S.D
4.	Central Library	No dues	26/12/2022	XPS
5.	Health Centre	No dues	26/12/2022	Wiliams
6.	Department			
7.	ID Cell	No dues	26/12/2022	A. Malprasad
8.	Hospitality Section			
9.	R&D Office			
10.	Account Section			
11.	IWD Section	No dues	26/12/2022	C. J. Patel
12.	MM Section	No dues	26 Dec 2022	B. Patel
13.	Signature of Project employee :			Yogesh

* Location of various sections is overleaf



INDIAN INSTITUTE OF TECHNOLOGY GANDHINAGAR

, India

Phone : +917923951116,

OPD PRESCRIPTION

Patient Name : Mr. JAISINGH PAL - 22 Y 3 M 14 D / Male	Patient Id : 22310020
Referred By : None	Visit Date : 27/12/2022 /
Doctor : Dr. K V MEHTA	Mobile no : 8805836345
Address : F-331,	

Vitals

0 Kgs

Present Complaint

cold
cough
fever
throat pain

RBS - 117 mg/dl.] 12.45 PM
Temp - 98.4 F] one electrical given.

RX

External Medication

BP - 150/100

Name	Strength	Dosage	Duration	Total
1 TAB MOX CV 625	1-1-	5		10
2 SYP ASTHAKIND DX	1-1-1	5		1
3 TAB DOLO 650	FOR FEVR	1-1-1	3	10
4 CAP SOLVIN VAPOCAPS	FOR MARCH STEAM	1-0-1	5	10

KV Mehta
Dr. K V MEHTA
Medical Consultant



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India

Phone : +917923951116.

OPD PRESCRIPTION

Patient Name : Mr. JAISINGH PAL - 22 Y 3 M 14 D / Male
Referred By : None
Doctor : Dr. DEEPA SHAH
Address : F-331,

Patient Id : 22310020
Visit Date : 27/12/2022 /
Mobile no : 8805836345

Vitals

0 Kgs

Present Complaint

giddiness
sore throat
fever
cough
cold

HAT - Negative

Rx

External Medication

Name	Strength	Dosage	Duration	Total
1 CONTINUE SAME TREATMENT				0
2 Tab MONTEMAC L	0-0-1		10 days	10
3 SYRup FEBREX PLUS TAB	1-0-1		5 DYAS	1
4 SUSPENSION BETADINE GARGLE 50ML	1-1-1		1	1

Electrol powder

Dr. DEEPA SHAH
Medical Consultant

DD

Better Reports through
Better Understanding
of Techniques.



Sankalp

PATHOLOGY LABORATORY

Shop No. - 4, Ashok Plaza Shopping Centre, Nr. Maitri Avenue, Opp. Mirch Masala Hotel, Sabarmati-Koba Highway,
Motera. Ph. : 99254 71275, 93282 79039

Timing: Monday to Saturday : 8 am to 10 pm • Sunday : 8 am to 9 pm

Patient Name : Jaisingh Pal

Age/Sex : /Male

Referred by : Dr. K.V.MEHTA

Date : 02/01/2023

HAEMOGRAM

<u>Blood Count:</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
<u>Haemoglobin</u>	: 15.1	gm%	M: 13.5 - 18 F: 12 - 16
<u>Total W.B.C Count</u>	: 10,400	/cu.mm.	4,000 to 10,000
<u>Differential Count</u>	:		
Polymorphs	: 72	%	60 - 70
Lymphocytes	: 25	%	20 - 40
Eosinophils	: 02	%	01 - 04
Monocytes	: 01	%	02 - 06
Basophils :	: 00	%	00 - 01
<u>Blood Indices</u>	:		
P.C.V.	: 46.5	%	M-42-52 F 36-48
M.C.V.	: 82.3	fL	82 to 98
M.C.H.	: 26.7	pg	26 to 34
M.C.H.C.	: 32.5	g/dl	32 to 37
<u>Smear Study</u>	:		
RBCs	:	Normochromic normocytic.	
Platelets	:	Normal & Adequate in Number.	
Parasites	:	No Malarial Parasite are seen.	
<u>Platelet Count</u>	: 2,36,000	/cu.mm.	1,50,000 to 4,50,000

Thanks for Reference

Mr. Ajit singh Gogia
D.M.L.T.
(M) 99254 71275

Dr. Ashish J. Mandlik
M.D. (Patho.)

GREATER RELIABILITY THROUGH LATEST TECHNOLOGY



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OPD PRESCRIPTION

Patient Name : Mr. JAISINGH PAL - 22 Y 3 M 14 D / Male Patient Id : 22310020
Referred By : None Visit Date : 02/01/2023 /
Doctor : Dr. K V MEHTA Mobile no : 8805836345
Address : F-331, ...

Vitals

Present Complaint

cough
fever

0 Kgs

Investigation

cbc

RX

External Medication

Name	Strength	Dosage	Duration	Total
1 TAB MOX CV 625	1-1-	5		10
2 SYP ASTHAKIND DX	1-0-1	5		10
3 TAB MUCOLITE	1-0-1	5		10
4 TAB DOLO 650	Fever	1-1-1	3	10
5 CAP SOLVIN VAPOCAPS	- <i>MASAL</i> <i>STEM</i>	1-0-1	5	10
6 TAB FDSON	1-0-0	5		5
7 TAB SPORLAC DS	0-1-0	5DAYS		5
8 Tab MONTEMAC L	0-0-1	5		5

Dr. K V MEHTA
Medical Consultant



चिकित्सा केंद्र
भारतीय प्रौद्योगिकी संस्थान गांधीनगर
पालज, गांधीनगर 382 355, गुजरात, भारत

MEDICAL CENTRE
INDIAN INSTITUTE OF TECHNOLOGY GANDHINAGAR
Palaj, Gandhinagar 382 355, Gujarat, India

Office : +91 79 2395 1116
Emergency : +91 70 6979 5000
E-mail : medical@iitgn.ac.in
Website : www.iitgn.ac.in

OPD PRESCRIPTION

Date: 4/1/23

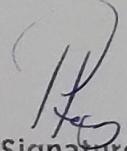
Patient's Name: Mr. Jaysingh Age: _____

Details: 22/3/2020

1. Medicines Prescribed:

		Complaints
	Paracetamol 1	
T.	AUDIEF (200) 1-0-0	cough, + throat
T.	Spulec DS 0-1-0	congestion.
T.	Rhison (20) 0-0-1	
T.	Antitox (7T) 1-0-7	x 3 Dose.
T.	Ciprofloxacin 1-0-7	
Amoxicillin + Rulgent		
0-0-7		

2. Investigations Advised:


Signature of Doctor