Medi Assist

REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED

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

(To be Filled in block letters)

SECTION A

DETAILS OF PRIMARY INSURED:

a) Policy No : b) Sl. No/ Certificate no

c) Company / TPA ID (MA ID)No: COGNIZANT TECHNOLOGY SOLUTIONS

d) Name: RUDRAKSHULA MALLIKHARJUNA RAO

e)Address: D.NO-1-40 NELATURU MAIN ROAD
KAPILESWARAPURAM MANDAL EAST GODAVARI

City: MANDAPETA State: ANDHRA PRADESH

Pin Code: 533308 Phone No: 8123532599 Email ID:

SECTION B

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance: Yes ☑ No b) Date of commencement of first Insurance without break:

c) If yes, company name: Policy No.:

Sum insured (Rs.): d) Have you been hospitalized in the last four years since inception of the contract? Yes No Date:

Diagnosis:

f) If yes, company name: e) Previously covered by any other Mediclaim /Health insurance: Yes No

SECTION C

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: KUDAKA KANAKA MALLESWARI

b) Gender: Male Female ☑ c) Age years: 23 Months: d) Date of Birth: 20 07 1998

e) Relationship to Primary insured: Self Spouse ☑ Child Father Mother Other (Please Specify)

f) Occupation: Service Self Employed Home Maker ☑ Student Retired Other (Please Specify)

g) Address (if diffrent from above): D-NO-48-11-41 KOTHAPETA
PALAKOLLU PALAKOL WEST GODAVARI

City: PALAKOLLU State: ANDHRA PRADESH

Pin Code: 534260 Phone No: Email ID:

SECTION D

DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admited: SURYA PRAKASAM NURSING HOME

b) Room Category occupied: Day care Single occupancy ☑ Twin sharing 3 or more beds per room

c) Hospitalization due to: Injury Illness Maternity ☑ d) Date of injury / Date Disease first detected /Date of Delivery: 10 06 2021

e) Date of Admission: 10 06 21 f) Time: 01 30 g) Date of Discharge: 11 06 21 h) Time: 01 : 05

I) If injury give cause: Self inflicted Road Traffic Accident Substance Abuse / Alcohol Consumption I) If Medico legal Yes No

ii) Reported to Police iii. MLC Report & Police FIR attached Yes No j) System of Medicine:

SECTION E

DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed

i. Pre -hospitalization expenses Rs.

ii. Hospitalization expenses Rs.

iii. Post-hospitalization expenses Rs. 26337

iv. Health-Check up cost Rs.

v. Ambulance Charges: Rs.

vi. Others (code): Rs.

Total Rs. 26337

vii. Pre -hospitalization period: days

viii. Post -hospitalization period: days 9

b) Claim for Domiciliary Hospitalization: Yes ☑ No (If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed

i. Hospital Daily cash: Rs.

ii. Surgical Cash: Rs.

iii. Critical Illness benefit: Rs.

iv. Convalescence: Rs.

v. Pre/Post hospitalization Lump sum benefit: Rs.

vi. Others: Rs.

Total Rs.

Claim Documents Submitted - Check List:

- ☑ Claim form duly signed
- ☐ Copy of the claim intimation, if any
- ☑ Hospital Main Bill
- ☑ Hospital Break-up Bill
- ☐ Hospital Bill Payment Receipt
- ☑ Hospital Discharge Summary
- ☑ Pharmacy Bill
- ☐ Operation Theater Notes
- ☐ ECG
- ☐ Doctor's request for investigation
- ☐ Investigation Reports (Including CT / MRI / USG / HPE)
- ☐ Doctor's Prescriptions
- ☐ Others

SECTION F

DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.	29	10621		Hospital main Bill	24660
2.				Pre-hospitalization Bills: Nos	
3.				Post-hospitalization Bills: Nos	
4.	CH204	110621		Pharmacy Bills	1677
5.					
6.					
7.					
8.					
9.					
10.					

SECTION G

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN: CRIPM1808F b) Account Number: 27230150912

c) Bank Name and Branch: ICICI BANK LIMITED HARLUR ROAD

d) Cheque / DD Payable details: e) IFSC Code: ICIC0002723

SECTION H

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealent 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: 03 07 2021 Place: Nelaturu Signature of the Insured: R. Mallik R

(IMPORTANT: PLEASE TURN OVER)

CLAIM FORM - PART B

TO BE FILLED 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 form in lieu of PART A

(To be Filled in block letters)

DETAILS OF HOSPITAL (SECTION A)

a) Name of the hospital: SURYA PRAKASAM NURSING HOME

a) Hospital ID: 340517aD1D

c) Type of Hospital: Network: ☐ Non Network: ☐ (if non network fill section E)

c) Name of the treating doctor: C. UMA SARMA

e) Qualification: M.B.B.S., D.G.O

f) Registration No. with State Code: 10987

g) Phone No. 08814222024

DETAILS OF THE PATIENT ADMITTED (SECTION B)

a) Name of the Patient: KUDAKA KANAKA MALLESWARI

b) IP Registration Number:

c) Gender: Male ☐ Female ☑

d) Age: Years 23 Months

e) Date of birth: 20 07 98

f) Date of Admission: 10 06 21

g) Time: 01 30

i) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☑

h) Date of Discharge: 11 06 21

j) Time: 01 05

k) If Maternity: i) Date of Delivery: 10 06 21 ii) Gravida Status:

l) Status at time of discharge: Discharge to home ☑ Discharge to another hospital ☐ Deceased ☐

m) Total claimed amount:

DETAILS OF AILMENT DIAGNOSED (PRIMARY) (SECTION C)

a) ICD 10 Codes / Description

i. Primary Diagnosis:

ii. Additional Diagnosis:

iii. Co-morbidities:

iv. Co-morbidities:

b) ICD 10 PCS / Description

i. Procedure 1:

ii. Procedure 2:

iii. Procedure 3:

iv. Details of Procedure:

c) Pre-authorization obtained: Yes ☐ No ☑

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, attach reports)

iii. If Medico legal: Yes ☐ No ☑

iv. Reported to Police: Yes ☐ No ☑

v. FIR No.

vi. If not reported to police give reason:

CLAIM DOCUMENTS SUBMITTED - CHECK LIST (SECTION D)

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

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

a) Address of the Hospital: SURYA PRAKASAM NURSING HOME, Punyamanmayapeta

City: Palakollu

State:

Pin Code: 534260

b) Phone No. 08814222024

c) Registration No. with State Code: 10927

d) Hospital PAN:

e) Number of inpatient beds:

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

iii. Others:

DECLARATION BY THE HOSPITAL (SECTION F)

(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, our right to claim under this claim shall be forfeited.

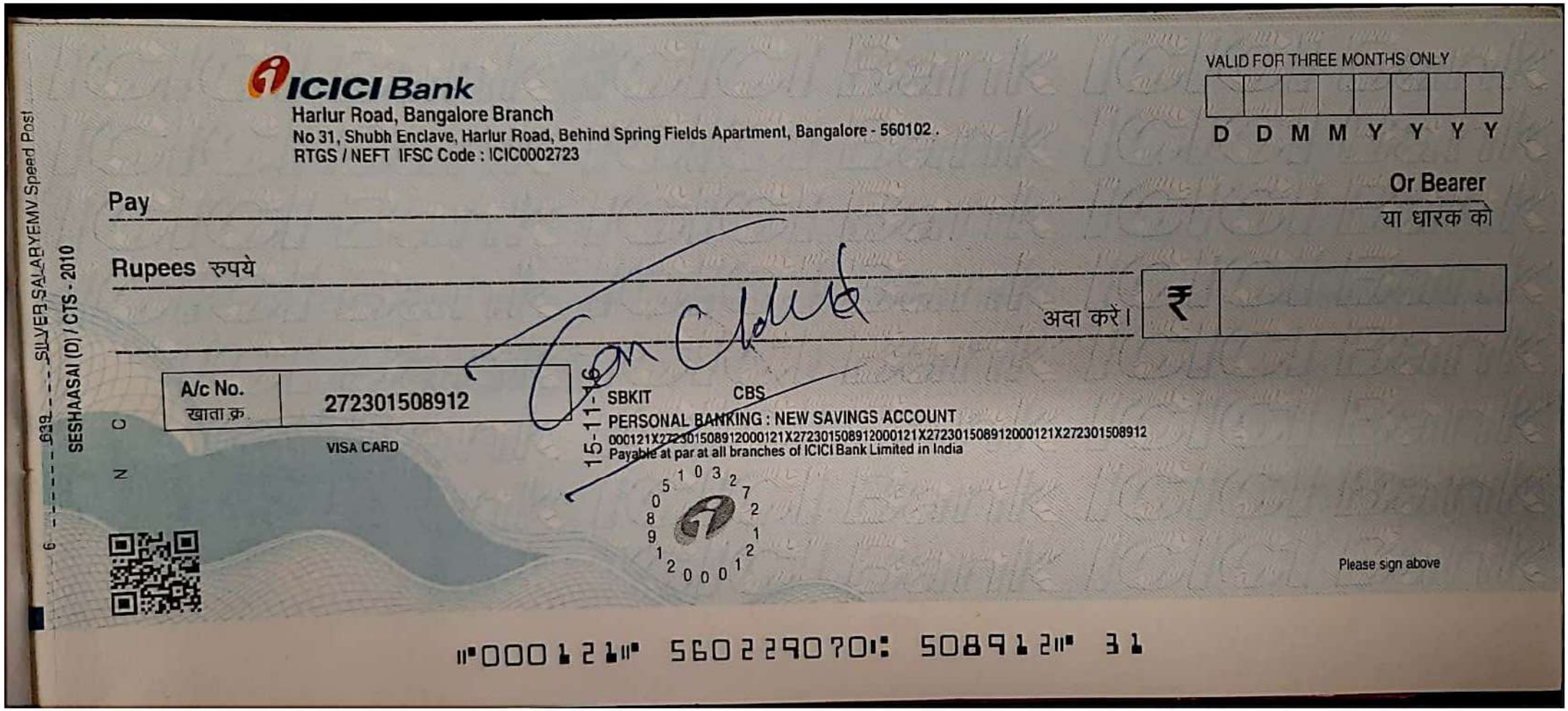
Date: 03 07 21

Place: Palakollu

Dr. Challa Uma Sarma,
Regd. No: 10927 M.B.B.S., D.G.O.
SURYAPRAKASH NURSING HOME,
PALAKOL - 534 260. W.G. Dt. (A.P.)

Signature and Seal of the Hospital Authority

Dr. Challa Uma Sarma, Regd. No: 10927 M.B.B.S., D.G.O. SURYAPRAKASH NURSING HOME, PALAKOL - 534 260. W.G. Dt., (A.P.)



ICICI Bank
Harlur Road, Bangalore Branch
No 31, Shubh Enclave, Harlur Road, Behind Spring Fields Apartment, Bangalore - 560102 .
RTGS / NEFT IFSC Code : ICIC0002723

VALID FOR THREE MONTHS ONLY
D D M M Y Y Y Y

Pay
Or Bearer
या धारक को

Rupees रुपये
अदा करें।
₹

A/c No. खाता क्र. 272301508912
VISA CARD

15-11-16
SBKIT CBS
PERSONAL BANKING : NEW SAVINGS ACCOUNT
000121X272301508912000121X272301508912000121X272301508912000121X272301508912
Payable at par at all branches of ICICI Bank Limited in India

Please sign above

SESHAASAI (D) / CTS - 2010 SILVER SALARYEMV Speed Post

"000121" 560229070": 508912" 31


భారత ప్రభుత్వం
Government of India
రుద్రాకుల మల్లికార్జున రావు
Rudrakshula Mallikarjuna Rao
పుట్టిన తేదీ/DOB: 18/08/1990
పురుషుడు / Male
8611 5751 2473


ఆధార్
చిరునామా: S/O: సత్య సాయిబాబు
1-40, మెయిన్ రోడ్
కపిలేశ్వరపురం మండలం, నేలటూరు
నేలటూరు, తూర్పుగోదావరి
ఆంధ్ర ప్రదేశ్, 533308
Address: S/O: Satya Saibabu, 1-40, main road, kapileswarapuram mandalam, Nelaturu, Nelaturu, East Godavari, Andhra Pradesh, 533308
8611 5751 2473
1947
1800 300 1947
help@uidai.gov.in
www
www.uidai.gov.in

భారత ప్రభుత్వం
GOVERNMENT OF INDIA

కుడక కనక మల్లేశ్వరి
Kudaka Kanaka Malleswari

పుట్టిన సంవత్సరం/Year of Birth: 1998
స్త్రీ / Female

6289 2239 4244

ఆధార్ - సామాన్యుని హక్కు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: D/O గంగాధరరావు,
డోర్ నెంబర్ 48-11-4/1,
కొత్తపేట,
పాలకొల్లు,
పాలకొల్లు,
పశ్చిమ గోదావరి,
ఆంధ్ర ప్రదేశ్,
534260

Address: D/O Gangadhararao,
48-11-4/1, KOTHA PETA,
Palakollu, Palakol, West
Godavari, Andhra Pradesh,
534260

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

పి.బి. బాక్స్ నెం. 1947,
బెంగుళూరు-560001

Dr. (Mrs.) C. Uma Sarma, M.B.B.S., D.G.O.
Regd. No. 10927
Dr. C.M. Sarma, M.B.B.S., D.Ortho.,P.G.Dip.in Diabetology
Regd. No. 10583
PALAKOL - 534 260, ☎ (H) 08814 - 223024. Dt.11-06-2021

℞

DISCHARGE SUMMARY

NAME: Mrs.K.Malleswari, AGE : 23Years SEX : Female

ADDRESS : W/o.Mr.R Mallikarjuna Rao, IP No : U-06-068/2021.

Obstetric History ; G-1,P-1,L-1,A-0

COURSE IN THE HOSPITAL :Patient took regular antenatal checkups in Surya Prakasam Nursing home Admitted with labor pains on 10-06-2021.She gave birth to the male baby after episiotomy on 10 -06-2021.
Post natal period was uneventful. Both mother and baby are healthy at the time of discharge.
This is her 1st delivery.

DATE OF ADMISSION : 10-06-2021.(0 1.30 am)

DATE OF DELIVERY : 10-06-2021.(04.05 am)

DATE OF DISCHARGE : 11-06-2021.(01.05pm).

ADVICE ON DISCHARGE : Regular checkup monthly for 3 months.
Tab. Riconia One/day
Syp. Hepp forte.

CONSULTANT with Qualification : Dr.C.Uma Sarma., MBBS.,DGO.
Obstetrician & Gynecologist.

Registration Number is : 10927

HOSPITAL REGISTRATION NO ; 3405/2010

Dr. C. Uma Sarma,
Regd. No. 10927 M.B.B.S., D.G.O.
Dr.C.Uma Sarma
SURYAPRAKASH NURSING HOME,
PALAKOL - 534 260. W.G. Dt. (A.P.)

No. 27/2021 **Bill Cum Receipt** Date. 11/06/2021

SURYA PRAKASAM NURSING HOME

Dr. (Mrs.) C. Uma Sarma
M.B.B.S., D.G.O.
Regd. No. 10927
Obstetrician & Gynecologist.

Dr. C. Mallikarjuna Sarma
M.B.B.S., D.Ortho., P.G. Dip. in Diabetology
Regd. No. 10583
Diabetic Foot Care Specialist.

Rangamannar Peta, **PALAKOL - 534 260**

Patient Name. Mrs. K. Mallikarjuna W/o Mr. K. Mallikarjuna

Age. 23 Sex. F Room No. A I.P. No. U-06-068/2021

Adm. on. 10/06/21 1.30 PM Discharged on 11/06/21 1.05 PM

		Rs.	Ps.
1. Obstetrician Fee	:	20,000	00
2. Anesthetist's Fee	:	—	
3. Theatre Charges	:	—	
4. Room Rent	:	1400	00
5. Nursing Charges	:	3200	00
6. Emergency Bed Charges	:		
7. Oxygen Charges	:		
8. Medicine Charges	:		
9. Other Charges	:		
Total :		24,600	00

(Rupees Twenty four Thousand six hundred only)

Dr. Challa Uma Sarma,
Regd. No: 10927
Signature

SURYAPRAKASH NURSING HOME
PALAKOL - 534 260. W.G. DT. (A.P.)

SRINIDHI MEDICALS

1341-34, RANGAMANNAR PETA, PALAKOL
ANDHRA PRADESH
Phone: 08814-223024

TAX BILL

GSTIN 37AADHC6698D1Z4
DL No.20 AP/05/02/2021-15072
DL No.21 AP/05/02/2021-15073

Bill Date 10-06-2021
Bill No. CH-2041
Payment mode CASH

Patient Name : K.MALLESWARI
Sex :
Age :
Phone :
Address :
Ref.Doctor :

Sl.	Product Description	HSN	MFR	Batch	Exp.Date	QTY	Rate	Taxable	GST%	Amount
1	COTTON			200/20	11/11/2023	1	222.00	198.21	12	222.00
2	GAUZE			604/20	11/11/2023	1	187.00	166.96	12	187.00
3	KIT KATH 18			04643G	10/10/2025	1	136.00	121.42	12	136.00
4	D5 500ML			0A90381	10/10/2023	1	34.06	30.41	12	34.06
5	BUSCOGAST			0320033	11/11/2023	3	11.65	31.20	12	34.95
6	EPIDOSIN 1ML			PIGAM67	11/11/2022	3	21.60	57.85	12	64.80
7	KLIK CLAMP			GRM20K50	10/10/2024	1	33.00	29.46	12	33.00
8	LOX 2% 30 ML			KM144012	12/12/2022	1	32.50	29.01	12	32.50
9	DISPOVAN 10 ML			113054NC2	1/1/2026	1	9.00	8.03	12	9.00
10	DISPOVAN 2 ML			112025NC2	2/2/2026	3	4.50	12.05	12	13.50
11	SURGICAL SPIRIT 100ML			2012572	8/8/2022	1	50.00	44.64	12	50.00
12	TRUGUT CH 1 SN4246			A200797	11/11/2025	1	159.00	141.96	12	159.00
13	GLOVES 7 SIZE					1	78.00	78.00	0	78.00
14	EASY FIXY					1	40.00	40.00	0	40.00
15	I/V SET			21B23M8101	1/1/2024	1	145.00	145.00	0	145.00
16	SANTIZKLEAN 100 ML			0205128	4/4/2022	1	75.00	66.96	12	75.00
17	INJEK			1255059	11/11/2021	1	21.20	21.20	0	21.20
18	EVATOCIN 1 ML			0697	1/1/2023	2	19.50	34.82	12	39.00
19	CLAVAM 625 TAB			20442954		1	200.00	178.57	12	200.00
20	BEPLEX FORTE			10010P	3/3/2023	0	35.35	17.68	0	17.68

SRINIDHI MEDICALS

13-1-34, RANGAMANNAR PETA, PALAKOL
ANDHRA PRADESH
Phone: 08814-223024

TAX BILL

GSTIN 37AADHC6698D1Z4
DL No.20 AP/05/02/2021-15072
DL No.21 AP/05/02/2021-15073

Bill Date 10-06-2021
Bill No. CH-2041
Payment mode CASH

Patient Name : K.MALLESWARI Sex : Age : Phone :
Address : Ref.Doctor :

Sl.	Product Description	HSN	MFR	Batch	Exp.Date	QTY	Rate	Taxable	GST%	Amount
21	FUSIGEN OINT			BFO30007	4/4/2023	1	85.80	85.80	0	85.80
					TOTALS:		1677.48	1539.29	138.21	1,677.49

-: TAX BREAKUP :-

TAX%	Sales(Incl.)	GST/Tax
0	387.68	0.00
12	1289.81	138.21

CGST Total : 69.10
SGST Total : 69.10
Total (Incl.Tax) : 1,677.49
Bill Total (Rounded) ₹ 1,677.00

Rupees One Thousand Six Hundred Seventy Seven Only.

Registered Pharmacist

Wish you speedy recovery..!

Dr. Chaitanya Lakshmi
Regd. No: 10927 M.B.B.S., D.G.O.
SURYAPRAKASH NURSING HOME,
PALAKOL - 534 260. W.G. Dt. (A.P.)

FORM VII [see rule 6]
GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT
DISTRICT REGISTERING AUTHORITY

* * * *

CERTIFICATE OF RENEWAL OF ALLOPATHIC PRIVATE MEDICAL CARE ESTABLISHMENT

1. Application No. and Date : **497/08.02.2016**
2. Original file number of Registration authority : **164/2010,dated:13.09.2010**
3. Date of issue of the certificate of Registration : **16.09.2010**
4. Date of expiry of the certificate of Registration : **15.09.2015**
5. Date of renewal of the certificate of Registration : **16.09.2015**
6. Renewal of certificate of Registration valid up to : **15.09.2020**
7. **This to certify that M/s SURYA PRAKASAM NURSING HOME ,Run By. Dr. C.Mallikarjuna Sarma MBBS., Regd.No.10583, Ranganamannarpeta, Palakole, WEST GODAVARI DISTRICT** is herby registered under the provisions of **A.P. Allopathic Private Medical Care Establishments (Registration and Regulation) Act**, 2002, to provide following medical care services :

I) BASIC II)SPECIALITY

8. This renewal of Registration shall be in force for a period of 5 (five) years from the date of issue.
9. This Certificate shall be produced whenever it is required to the officer authorized by the Registration authority.
10. The Establishment shall not rent, lend, sell transfer or otherwise close down the without obtaining prior permission of the registration authority.
11. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.
12. The Establishment shall not violate the provisions of A.P. Allopathic Private Medical Care Establishments Registration and Regulation Act, 2002 as amended from time to time and the rules made there under.
13. This Certificate of subject to the conditions and the provisions of the A.P. Allopathic Private Medical Care Establishments Registration and Regulation Act, 2002.

LEGAL EXPERT
Authorised Member of
District Registering
Authority, (E.G.DT.)

Authorised (MA) Member of
District Registering Authority
West Godavari, Eluru

Dist. Registering Authority &
Dist. Medical & Health Officer
W.G Dist., ELURU

Dr. (Mrs.) C. Uma Sarma, M.B.B.S., D.G.O.
Regd. No. 10927
Dr. C.M. Sarma, M.B.B.S., D.Ortho., P.G.Dip.in Diabetology
Regd. No. 10583
PALAKOL - 534 260, ☎ (H) 08814 - 223024.

10-11-20

℞

To
Vipul Med corp
To whomsoever it may concern

Sub. Regarding the submission of updated Hospital registration.

Sir, To bring to your notice.

Now the District Hospital registration procedure is made as like online 3 months approximately.

But till now the online services are not streamlined and many are not knowing renewal.

The authorities may make it many times for getting the renewal certificate.

Weeks for getting the renewal certificate.

The rest of the certificate are enclosed

Thanking you

SURYAPRAKASH NURSING HOME
Ranganayakulu
PALAKOL

Dr. C. Uma Sarma
Regd No. 10927 M.B.B.S., D.G.O.
SURYAPRAKASH NURSING HOME
PALAKOL - 534 260

A.P.POLLUTION CONTROL BOARD
REGIONAL OFFICE, ELURU

D.No. 22B-3-2,
Kaanukolanivaari Street,
Powerpet Railway Station Road,
Power Pet, Eluru - 534 003
Phone : 08812 - 249668.

S. Venkateswarlu,
ENVIRONMENTAL ENGINEER

Authorization. No.BMW/WGPKL-50/PCB/RO-ELR/2019- **Dt. .10.2019.**

BMWM AUTHORISATION

(Rule 10 of the Bio Medical Waste Management Rules, 2016)

Whereas in pursuance of the application of **M/s. Surya Prakash Nursing Home, Rangamanarpet, Palakol,West Godavari District** seeking Authorisation under Bio-Medical Waste (Management & Handling) Rules 2016, is received by this office on **25.09.2019**. After careful scrutiny of the application and verification report of the inspecting officer, this Authorisation for generation, segregation and safe-disposal of Bio-Medical Waste is issued to **M/s. Surya Prakash Nursing Home, Rangamanarpet, Palakol, West Godavari District.**

This authorisation is valid up to **31.05.2023** for Operating **Hospital (HCE)** for the Beds strength of **10** with following Bio-Medical Waste generation:

Type of Waste category	Quantity permitted for handling (Kg/day)
Yellow	0
Red	2.5
White (Translucent)	0.5
Blue	0.5

This Authorization is subject to the provisions of the Environment Protection Act, 1986 and the Rules' and orders made there under and further subject to the terms and conditions incorporated in the schedule A, B enclosed to this order.

Sd/-
ENVIRONMENTAL ENGINEER

To
M/s. Surya Prakash Nursing Home,
Rangamanarpet,Palakol,
West Godavari District.

Phone. 08814 223024.

Copy submitted to The Joint Chief Environmental Engineer, A.P.Pollution Control Board, Zonal Office, Visakhapatnam for information.

Dr. Challa Uma Sarma,
Regd. No. 10927 M.B.B.S., D.G.O.
SURYAPRAKASH NURSING HOME,
PALAKOL - 534 260. W.G. Dt., (A.P.)

Signature valid

आयकर विभाग

INCOME TAX DEPARTMENT

सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA

MALLIKARJUNA RAO

SATYASAIBABU RUDRAKSHULA

18/08/1990

Permanent Account Number

CRIPM1808F

Signature

05022015