manch-20 may-20	Avac of state & 31/1/10
Manicocate cla	lewre 2) residence
DO TO THE WAY THE	ents Submined by the Co.
Hame of the Patient	Swatz Samikshya Sahoolemlestipi Daughter of Sanjaya kumar Sakoolem
Relation Name of the LP 91	Daughter of Sanjaya Kumar Sakoo
Insurance No. 0 14 91	4402259594 IMO.
Name of Hospital/Dispensary attached;-	AllMS Bhubaneswarehid Nagar, BBSP
Copy of e-Pehechan Card/TIC:-	
Disease:-	Thalassemia Majox, Spleenatory
Name of Treating Hospital:-	AllMs, Bhubaneswar
Period of Treatment:-	22.12.2020 to 11.01.2021
Referred/Direct Admission:-	Reffered by ESI Dispensory Saheed Magar
Identification of patient by treating Physician on Photo Copy of e-Pehechan Card/TIC in case of direct admission.	
Eligibility Certificate Covering Treatment Period.	Attached
Eligibility Certificate of Parents from Branch Manager, BO, ESIC (in case of Parents Treatment)	
Essentiality Certificate dully signed by Treating Physician:-	Attached
Statement I & II Signed by J-D-cum-Supdt /Supd. or IMO, I/c.	
Undertaking in Non-Judicial Stamp Paper:-	AA
Final Bill of Treating Hospital in case of Indoor Treatment:-	
Original Bills with Prescriptions, Tax Invoice with Money Receipts / Original Discharge Certificate:-	Attached
Bank details with IFSC Code:-	Attached
Death Certificate in case of death of IP:-	NA.
Legal Hair Certificate in case of death of IP:-	AM
No objection Certificate from Children above 18 years, in Affidavit.	
Amount Claimed by IP:-	RS. 6203.00
Amount suggested for sanction by Hosp./ Dispensary as per CGHS Rate Contract:-	R.S. 6203.00
Amount recommended for sanction:-	R.S. 6203.00