

# ESSENTIALITY CERTIFICATE

I certify that MD. SLDIA NOOR is the father/mother/son/daughter of ALIZA INTERNATIONAL LTD who is suffering from ALIZA INTERNATIONAL LTD and that the medicines were essentially necessary for the prevention of serious deterioration in the condition of the patient. The medicines do not include any of the items of the list of inadmissible medicines and similar products.

CONSULTATION FEE (N.BURD)	1	Rs 500
TEST ECG	1	200
JUGULAR CATHETERIZATION	1	1650
HAEMODIALYSIS	1	2520
URINE PUMP	1	310
DO	1	310
DO	1	310
DO	1	310
DO	1	310
CATHETERIZATION	1	390
RULES TUBE	1	390
RADIAL ARTERIAL LINE	1	900
EMERGENCY INTUBATION	1	1040
BLOOD GROUPING & RH	1	150
CBP	1	350
URINE FOR MICROSCOPE	1	100
URINE FOR ROUTINE	1	100
BLOOD SUGAR (DEXTO)	1	100
DO	1	100
DO	1	100
DO	1	100
UREA	1	190
CREATININE	1	150
LEU	1	790
SODIUM	1	190
POTASSIUM	1	190
HBA1C	1	800
ABG	1	600
ABG	1	600
ABG	1	600
ABG	1	600
LIPID PROFILE	1	920
URINE - C/S	1	590
BLOOD - C/S	1	920
DO	1	920
HIV	1	580
HBS AG	1	310
HCV	1	580
TAB. XRAY - CHEST PA	1	430
BED SIDE DIG. XRAY	1	90
BED CHARGES (ICU)	1	450
REGISTRATION FEE	1	250
		26080

Signature of the Outlined Medical Attendant & Designation (Seal) **Dr. Pradyut Ranjan Bhuyan MD DNB**

I certify that I was not on leave or under suspension or on deputation for foreign services during the period of treatment referred to in the above essentiality certificate. **Consultant Neurologist Regd. No.- 14425**

Signature of the Outlined Medical Attendant & Designation (Seal)

**Dr. Pradyut Ranjan Bhuyan MD DNB**

I certify that my father/mother/son/daughter/mother-in-law/mother-in-law is dependent over me and for which the medicines are claimed.

**Consultant Neurologist Regd. No.- 14425**

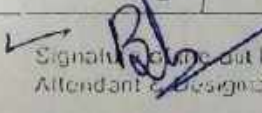
**MD SLDIA NOOR**



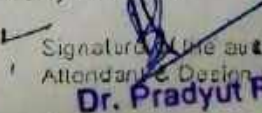
**ESSENTIALITY CERTIFICATE**

I certify that Sr/Smt. MD. SADIQ NOOR MD. SADIQ NOOR Not a father/mother/son/daughter/wife of  
 serving as ALZA INTERNATIONAL PVT LTD in the office of the  
 to for Unnao, Bhubaneswar has been under my treatment from 15.2.17  
 at my consulting room/residence of the patient/indoor/outdoor  
 Dispensary/Hospital/PHC and that the under-mentioned medicines were  
 essentially necessary for the prevention of serious deterioration in the condition of the patient.  
 The medicines do not include any of the items of the list of inadmissible medicines and similar pre-  
 pared - reimbursement of cost which is not payable to patient, Services and their family members.

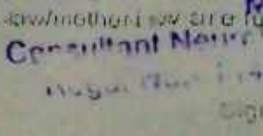
ATTENDANT FEE -	1	Rs 26,080.00
BED SHEET CHARGE -	1	90.00
do	1	310.00
MEDICINE - 3WAY CONNECTA -	1	310.00
3WAY CONNECTA - 10	1	84.00
INT-APRAPURA - 2.5	2	145.00
ATROMED - 1ml	3	252.56
MICARB - 25 ml	7	13.53
CAL CO - 10 ml	1	249.98
CATHETER MOUNT -	1	11.22
DEXTRAL - 25%	1	282.00
NEEDLE - 26-1/2	2	18.02
DYNARIX - 10	1	4.00
ECG ELECTRODES	10	310.00
ENDOTRACHEAL TUBES	1	220.00
GUERDAL AIRWAY - 2	1	222.00
GV SET	2	95.00
WORLDAL - 2 mg	4	212.00
NS - 100ml	1	1080.00
NS - 500ml	2	15.48
BAMINIVAN - 10ml	6	54.60
do - 50ml	2	132.00
do - 2ml	5	224.00
do - 5ml	4	50.00
PM LINE M/E	1	56.00
PATIENT IDENTIFICATION	1	176.00
POLYBUCTION SET	1	14.00
GLOVES - 7.5	3	310.00
TEGA DERM	2	147.00
VANKLON - 20	2	206.00
VENTILATOR CIRCUIT	1	240.00
3WAY CONNECTA 10	2	940.00
TEGA DERM	2	290.00
VANKLON - 20	1	206.00
MICARB - 25 ml	10	120.00
CANDID POWDER	1	357.00
LEE TEE CATHETER SET	6	108.00
3WAY CONNECTA PUMP	1	354.00
do	1	84.00
APRAPURA - 2.5	2	3393.79

  
 Signature of the authorized Medical Attendant (Designation) (Seal)  
**Dr. Pradyut Ranjan Bhuyan**  
**MD DNB**

I certify that I was not on leave or under suspension or on deputation or on secondment during the period of treatment referred to in the above essentiality certificate.

  
 Signature of the authorized Medical Attendant (Designation) (Seal)  
**Dr. Pradyut Ranjan Bhuyan**  
**MD DNB**

I certify that my father/mother/son/daughter/father-in-law/mother-in-law is a fully dependant over me for which the medicines are claimed.

  
 Signature of claimant  
**Md Sadiq Noor**



ESSENTIALITY CERTIFICATE

I certify that Dr. Pradyut Ranjan Bhuyan is a duly qualified and registered Medical Officer of the Government of Odisha, India. Dr. Pradyut Ranjan Bhuyan has been in charge of my treatment from 5.2.17 at my consulting room/residence of the patient/indoor/outdoor Dispensary/Hospital/PHC and that the under-mentioned medicines were essentially necessary for the prevention of serious deterioration in the condition of the patient. The medicines do not include any of the items of the list of non-essential medicines and similar preparations.

		Rs	33,933.79
COTTON - 500 gm.	1	300	
NETTOL - 10 ml	1	36	64
DEXTRASE - 25%	4	72	08
NALDEX - 26.5	5	10	
PAPANIL - 100 ml	1	333	
GLUCI - 10 ml	3	129	60
HAND CARE	6	69	60
HEXIDINE - 10 ml	1	40	70
HMB FILTER	1	375	
HUMAN GROWTH	1	140	70
9V. 107	4	424	
DELOMB 7	3	247	50
LATEX EXAM. GLOVES	20	189	
MUPIORB - CREAM	1	189	
NS - 100 ml	5	77	
NS - 500 ml	5	136	50
DMINI VAN - 100 ml	6	132	
do - 50 ml	5	560	
do - 2 ml	5	50	
do - 5 ml	6	84	
Pm LINES - ml	4	704	
PANTANG - 40	2	86	70
PED URIMETER	1	260	
GLOVES - 7.5	2	98	
STRAP - 1 ml - 40	4	26	
UNDER PAD	5	540	
3rd. ADRA - 1 ml	9	108	
TALCOPODITIC - 400	2	3682	
ZINC AM - 170	6	11700	
AN CARB - 25	8	285	60
NORDRAL - 2	8	2460	
GLOVES - 7.5	2	98	
AN CARB - 25	4	142	80
DIWALIX - 10 x 1	1	310	
MER SILK - 2.0	1	125	
NS - 100 ml	4	61	60
NS - 500 ml	4	109	20
LEDER CATH - 16	1	1315	
PRESSURE MONITOR	1	1570	
GLOVES - 7.5	1	49	
9th - 407 - 5. 100	3	108	
3WAY CONNECT	3	435	

Signature of Attending Medical Officer  
**Dr. Pradyut Ranjan Bhuyan**  
 MD DNB

I certify that I was not on leave or under suspension or on duty during the period of treatment referred to in the above essentiality certificate.

Signature of Consultant Medical Officer  
**Dr. Pradyut Ranjan Bhuyan**  
 MD DNB

I certify that my father/mother/son/daughter/father-in-law/mother-in-law are fully dependent on me for which the medicines are claimed.

**MD DNB**  
 Consultant Neurologist  
 Regd. No. - 14425

9.4.



# ESSENTIALITY CERTIFICATE

I certify that Sir/MD. CIDLA NROD  
 (Signature) serving as ALLI INTERNATIONAL (PVT) LTD  
 (Address) Bhubaneswar has been under my treatment from 5.2.17  
 at my consulting room/residence of the patient/indoor/outdoor  
 Dispensary/Hospital/PHC and that the under mentioned medicines were  
 essentially necessary for the prevention of serious deterioration in the condition of the patient  
 The medicines do not include any of the items of the list of inadmissible medicines and similar pro-  
 cedure, reimbursement of such expenses is not covered by the insurance policy.

9ND. ADREN - 1ml.	4	Rs. 108 =
BIGARB - 25	10	357 =
NEEDLE - 18	3	6 =
EXAM. GLOVE - 1	10	92 =
NOR DRAL - 2	10	270 =
NS - 500 ml	2	54 = 60
OMINIVAN - 50ml	1	112 =
2 - 2ml	4	40 =
PM LINAL - mlf	1	176 =
SYRINGE - 1ml/20	3	1950 =
OMINIVAN - 100	4	88 =
UNDERPADS -	4	432 =
3WAY CONNECTA	2	168 =
ADREN -	1	27 =
CPR SILEN - 8	4	733 = 44
NEEDLE - 18	5	10 =
DURAPORE - 2.5	1	391 = 67
EXAM. GLOVE	10	92 =
OMINIVAN - 50ml	4	448 =
UNDERPADS -	3	340 =
LEPANI L - 100ml	4	1332 =
NOR DRAL - 2	10	2700 =
HEPARIN - 2500	1	223 =
OMINIVAN - 100ml	5	110 =
COLIMONAL - 20LA	2	3476 =
COLY MONAL - 3	2	5158 =
ALCOHOL TUBING - 1/2	1	325 =
DIALYSE POLYCOSE	1	1250 =
DYNALIX	1	310 =
LOX - 2%	1	32 = 57
GLOVES - 7.5	2	98 =
TUBULAR CATHETER	1	3800 =
CORT - 5 - 100	2	72 =
DOMIN - 20	4	123 = 20
RYLES TUBE	1	48 =
NEEDLES - 26.5	2	4 =
ATROMED	1	18 = 04
DURAPORE - 5	1	283 = 33
MAYNAGE	2	36 =
ADREN -	2	54 =
		8792 = 09
	(-)	15,344 =
		72,598 =

Signature of Dr. Pradyut Ranjan Bhuyan  
 Attend & Designation (Seal) MD DNB

Consultant Neurologist  
 Regd. No. - 14425

I certify that I was not on leave or under suspension or on deputation during the period of treatment referred to in the above essentiality certificate.

Signature of Dr. Pradyut Ranjan Bhuyan  
 Attend & Designation (Seal) MD DNB

Consultant Neurologist  
 Regd. No. - 14425

I certify that my father/mother/son/daughter/other-in-law/mother-in-law/other-in-law over me for which the medicines are claimed

Signature of Md. CIDLA NROD

Signature of Dr. Pradyut Ranjan Bhuyan  
 MD DNB  
 Consultant Neurologist

Signature of Md. CIDLA NROD