

OPD-31026

Dtd. 16-8-23

Form No. 811

Form of Application for Claiming Refund of Medical Expenses incurred in connection with the Medical Attendance and/or treatment of Officers/Staff of the Food Corporation of India and their Families.

(N.B. :- Separate form should be used for each patient)

1. Name & Designation of the employed
(IN BLOCK LETTER) LAKSHMI KANTA GHOSH, Ex. M/OC.

(i) Whether married or unmarried Yes, married.

(ii) if married, the place where wife/husband is employee Nowhere employed, but housewife.

2. Division in which posted At 20, QEWing, FCY, MSD, BHB, WB, at the time of retirement.

3. Pay of the employee as defined in the Fundamental Rules, and any other emoluments, which should be shown separately.

Pay	Dept.	DA	HRA	CCA	Total
Rs.	allow.	Rs.	Rs.	Rs.	Rs.
29020					16454

4. Place of Duty At 20, QEWing, FCY, BHB, MSD, WB, at the time of retirement.

5. Actual residential Address 132/3/1, Bishampur Rd, Post-Berhampore, MSD, Pin 742001.

6. Name of the patient and his/her relationship to the employee (N.B. :- In the case of children, father, mother, state age also) SANKHA GHOSH, Wife.

7. Place at which patient fell ill At my residence.

Details of the amount claimed

MEDICAL ATTENDANCE :-

(a) Fees for consultation, indicating :-

(b) The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached

1) Dr. RAUSHIR GHOSH, MD (medicine), FRCP, F.A.C.P. M.R.C.P. 2) Dr. S. R. Choudhury, MBBS (ent) MS (ortho).

(c) The number and dates of consultation and the fee paid for each consultation.

(d) The number and date of injections and the fee paid for each injection.

(e) Whether consultation and/or injections were had at the hospital and the consulting room of the Medical Officer or at the residence of patient.

(f) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating :-

(g) The name of the hospital or laboratory where the tests were undertaken, and

(h) Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.

i) At the consulting room.

2) At Berhampore city hospital Pvt. Ltd. (room OPD-3)

Cost of medicine purchased from the market (List of the medicines, cash memos, and the essentiality certificate should be attached)

1) Rs. 6071.00

2) Rs. 1825.00

Cash memos, prescriptions and certificate attached.

HOSPITAL TREATMENT ☒

CONSULTATION WITH SPECIALIST

Form used by Specialist or a Medical Officer other than the authorized medical attendant indicating

(a) The name and designation of the Specialist in Medical Officer consulted and the hospital to which attached.

(b) Nos. and dates of consultations and the fee charged for each consultation.

(c) Whether consultation was had at the hospital at the consulting room of the Specialist or a Medical Officer or at the residence of patient.

The Claim submitted is genuine

Lakshmi Kanla Chosh,
Signature of Applicant

9. Total Amount claimed Rs. 8616/- (Rs. Eight thousand Six hundred Sixteen only)
10. List of enclosures 5) M. I. Card-2 (1) Prescription-2 (2) Certificate A-2
6) A.F.R. of PRMS-1 (3) cash memos-5 (4) Prolonged disease certificate-1

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that statements in this application are true to best of my knowledge and the person for whom expenses were incurred is wholly dependent upon me.

Lakshmi Kanla Chosh

Signature of the
Employee &
Designation
(Name & Section)

Ex-MRCC, Fe9,
MSD, BHB, QC Sec.

Date: 31-12-2024.

TO BE FILLED IN BY THE APPLICANT

Treatment for: Self/Wife/Son/Daughter/Mother/Father

Ph./Intercom No. M-8670826847

Bank A/c. No. 11176155566

Name and Address of Bank. SB9, ADD-BHB

Name of Disease: DYSLEPHEMIA OSTEO ARTHRITIS
Duration: From 01-10-24 To 31-12-24.

DETAILS OF MEDICINES PURCHASED

Sl. No.	Cash Memo No. & Dt.	Name of Medicines (IN BLOCK LETTERS)	Qty.	Price Rs. P.	Shop from which purchased	Remarks
1.	A0000417 Dt. 01.10.24	TAB. DEPRANFORTE PREGAZYL-M TAB. LEM TAB. REKOL-20MG ROSAVE F5 TAB. TAB. DEPRANFORTE TAB. LEM PREGAZYL-M	30 80 1PH 15 15 30 1PH 30	919.50 629.70 545.00 194.70 319.05 919.50 545.00 659.70	MUKTI Pharmacy Borhamphre, MSD.	1) By Dr. KAUSHIK GHOSH, MD (Medicine) FACP, FRCP, MRCP.
2.	A0000472 Dt. 01.11.24	TAB. DEPRANFORTE TAB. LEM PREGAZYL-M	30 1PH 30	919.50 545.00 659.70		
3.	A0000491 Dt. 01.12.24	TAB. DEPRANFORTE PREGAZYL-M	30 20	919.50 439.80		
4.	A0000493 Dt. 01.12.24	CAP. BIOD3 FEM - CARTIGEN FORTE	30 10	762.30 409.20		2) By Dr. SOHEL RANA CHOWDHURY, MBBS (Gen.), M.S. (ORTHO).
5.	A-52907. Dt. 01.12.24	CARTIGEN FORTE	20	654.00	SPANDAN BHB, MSD.	

FOR OFFICE USE

1. Consultation/Diet
2. Injections/Medical Advice etc.
3. Nursing & accommodation
4. Confinement, operation etc.
5. X-ray, Pathological Test etc.
6. Cost of medicines

PASSED

Rs. (Rupees.) FOR

Asstt.

Manager (Accounts)

Asstt. General Manager (A/cs)

Debit

Officer Cat. I/Officer Cat. II

15.982

Officers/Staff/Retired

5.150 'B' / 5.150 'C'

Staff Cat. III/Staff Cat. IV

16.982

Received the sum of Rs.

Stamp
Revenue

MEDIFLORA

Dr. Kaushik Ghosh

M.D. (Medicine), F.R.C.P. (Edin)
F.R.C.P. (Glasgow, U.K.), F.A.C.P. (USA)
M.R.C.P. (Ireland)
Associate Professor Murshidabad Medical College
Affiliation:
Member of European Society of Endocrinology
Association of Physician of India
Fellow of Intensive Care of Medicine
(F.I.C.M. Medversity)
Regd. No. - 63237 (WBMC)

117, Pilkhana Road Ranibagan
(Beside Durga Mandir)
Berhampore, Murshidabad



ডাঃ কৌশিক ঘোষ

এম.ডি. (মেডিসিন), এফ.আর.সি.পি. (এডিন)
এফ.আর.সি.পি. (গ্লাসগো, ইউ.কে.) এফ.এ.সি.পি. (ইউ.এস.এ)
এম.আর.সি.পি. (আয়ারল্যান্ড)
অ্যাসোসিয়েট প্রফেসর মুর্শিদাবাদ মেডিক্যাল কলেজ
অ্যাক্রিফিলিয়েশন:
মেম্বর অউ ইউরোপিয়ান সোসাইটি অফ এন্ডোক্রিনোলজি
অ্যাসোসিয়েশন অফ ফিজিসিয়ান অফ ইন্ডিয়া
ফেলো অফ ইনটেনসিভ কেয়ার অফ মেডিসিন (এফ.আই.সি.এম, মেডিক্যালসিটি)

Name: Shikha Ghosh Age: 65 Sex: F Date: 1 JUL 2024

Dr. Kaushik Ghosh
Reg. No. 63237
M.D. (Med) M.R.C.P.
M.R.C.P.S; F.A.C.P; F.R.C.P.
Associate Prof Of Medicine

Sw 7.9g
GAD.
Osteoporosis
depression

Sp. 10mm
60
MAH-HC
I chad
Pyr...

30/06/2024:-
26
WUA 20
20.9
FMS 94
UAS-1
134 2930
urine PEMS
for 2-24/4/21
25/10/19
2 DEXA

Self admitted
for 2-24/4/21
for 2-24/4/21
for 2-24/4/21

Ref: Ovlno Paedior
1. Ravel 20 ODAC x 3mon
2. Depren Forte x 6mon
at n.s
Up Pregabalin
x 6mon
ADN
1. Rosave F(5) ODPC x 1mon
Drive box once wky x 8wks
2. Idvofrak kit as directed x 4mon
1. Levodopa M at n.s x 1m
2. Rivotril 0.5 1b at n.s
1. C.A 4mon
2. DEXA 45
UAS-1 W/A

IF ANY EMERGENCY PLEASE CONTACT NEAREST HOSPITAL

নাম লেখানোর জন্য যোগাযোগ করুন Mobile: 74074 42508, 83730 66886

P.T.O.

- 1 OCT 2024

USU/ W/A

Cystic in both
w/ w/

Levan.

• Smaller maintained
ectopic left kidney
Post void
residual urine

no on-off

diffuse
soddy

Sp. 100 if

DEXA 3/22
T_{score} -1.5

T_{score} -1.3 - 09/24

BW 72.1

A

Ref to urology.

2. Orinopredin

Regular exercise

• T_u Renal w/ OD at 2m

• T_u Depress Falc
OD at H.S

Sp. heparin M. x ① x low

✓ T_u Roxane F(1)
OD at H.S x low

T_u Cera ODPC x 3 months

T_u Levofloxacin H.S x 2m

T_u Nuloxin 90mg H.S x 5

①

T_u A

6 months

Ref. TRS

W/ w/

T_u Fw PFT

W/ w/ NE, MS

Self affected,
Lakshmi Kanth
By - M/2/25, 8/2/25

TAX INVOICE

MUKTI PHARMACY

94/4, BISHNUPUR ROAD, BEHAMPORE, MURSHIDABAD

Phone:

Mobile: 9735095037

Email:

IN: 19ARHPM9757C1ZC

L.No:

D.L.No.: 11124S-11125SB

BERHAMPORE- 742101, West Bengal

INVOICE No: A-0000417
 Patient: SHIKHA GHOSH
 Address: BERHAMPORE

Date: 01/10/24

TIME: 20:50

DOCTOR: DR. KAUSHIK GHOSH

Sales Person:-

QTY	PRODUCT NAME	SHD	HSN	PACK	MFG	BATCH	EXPIRY	MRP	DISC%	AMOUNT	CGST	SGST
30	DEPRAN FORTE TAB 15'S		3004	15 TAB	INTA	K2400900	04/26	459.75	0.00	919.50	6.00	6.00
30	PREGAZIL M		3004	10'S	*DEF	5853	12/24	209.90	0.00	629.70	6.00	6.00
1	CCM TAB		3004	1 PH	GLAX	509	03/25	545.00	0.00	545.00	6.00	6.00
15	REKOOL 20MG TAB		3004	15 TAB	ALEM	616	05/26	194.70	0.00	194.70	6.00	6.00

Rupees Two Thousand Two Hundred Eighty Nine Only.

CGST(@ 6% on Rs. 2043.66)

* => Taxable (@ 6% on Rs. 2043.66)

Goods once sold will no be taken back

Take medicine as per Doctor advice

Please bring our Bill while return medicine

TOTAL 2288.90
 DISC -0.10
 CGST 0.00
 SGST 0.00
 OTH. ADJ 0.00
 NET AMT 2289.00

Subject to BERHAMPORE Jurisdiction

E.& O.E

For MUKTI PHARMACY

Hirannoy Mondal
MUKTI PHARMACY
 94/4, Bishnupur Road
 Berhampore, Murshidabad
 Mob.-9735095037

Paid by me
Lakshmi Kanta Ghosh
Ex-M (Qe), Reg, MSD.

Kaushik Ghosh
Dr. Kaushik Ghosh
 Reg. No. 63237
 M.D. (Med) M.R.C.P.
 M.R.C.P.S. F.A.C.P. F.R.C.P.
 Associate Prof Of Medicine

TAX INVOICE

MUKTI PHARMACY

N:19ARHPM9757C1ZC

94/4, BISHNUPUR ROAD, BEHAMPORE, MURSHIDABAD

Phone:

Z.No:

Mobile: 9735095037

D.L.No.: 11124S-11125SB

BERHAMPORE- 742101, West Bengal

Email :

INVOICE No :

A-0000472

Date : 01/11/24

TIME: 20:59

Patient :

SHIKHA GHOSH

DOCTOR :

DR. KAUSHIK GHOSH

Address

BERHAMPORE

Sales Person :-

QTY	PRODUCT NAME	SHD	HSN	PACK	MFG	BATCH	EXPIRY	MRP	DISC%	AMOUNT	CGST	SGST
15	ROSAVE F5 TAB		3004	15 TAB	ALEM	377	03/26	319.05	0.00	319.05	6.00	6.00
30	DEPRAN FORTE TAB 15'S		3004	15 TAB	INTA	K2400900	04/26	459.75	0.00	919.50	6.00	6.00
1	CCM TAB		3004	1 PH	GLAX	629	12/25	545.00	0.00	545.00	6.00	6.00
30	PREGAZIL M		3004	10'S	*DEF	1508	01/26	219.90	0.00	659.70	6.00	6.00

Rupees Two Thousand Four Hundred Forty Three Only.

CGST(@ 6% on Rs. 2181.47)

* => Taxable (@ 6% on Rs. 2181.47)

Goods once sold will no be taken back

Take medicine as per Doctor advice

Please bring our Bill while return medicine

TOTAL 2443.25

DISC 0.25

CGST 0.00

SGST 0.00

OTH. ADJ 0.00

NET AMT 2443.00

Subject to BERHAMPORE Jurisdiction

E.& O.E

For MUKTI PHARMACY

Paid by me
Lakshmi Kanta Ghosh
Ex-M(Sc), Reg, MBB

Hiranmay Mondal
MUKTI PHARMACY
 94/4, Bishnupur Road
 Berhampore, Murshidabad
 9735095037

Kaushik Ghosh
Dr. Kaushik Ghosh
 Reg. No. 63237
 M.D. (Med) M.R.C.P.
 M.R.C.P.S; F.A.C.P; F.R.C.P
 Associate Prof Of Medicine

TAX INVOICE

MUKTI PHARMACY

N:19ARHPM9757C1ZC

94/4, BISHNUPUR ROAD, BEHAMPUR, MURSHIDABAD

Phone:

L.No:

Mobile:9735095037

O.L.No.:11124S-11125SB

BERHAMPORE- 742101, West Bengal

Email :

INVOICE No :

A-0000491

Date : 01/12/24

TIME: 20:34

Patient :

SHIKHA GHOSH

DOCTOR :

DR.KAUSHIK GHOSH

Address

BERHAMPORE

Sales Person :-

QTY	PRODUCT NAME	SHD	HSN	PACK	MFG	BATCH	EXPIRY	MRP	DISC%	AMOUNT	CGST	SGST
30	DEPRAN FORTE TAB 15'S		3004	15 TAB	INTA	K2401153	05/26	459.75	0.00	919.50	6.00	6.00
20	PREGAZIL M		3004	10 'S	*DEF	41508	01/26	219.90	0.00	439.80	6.00	6.00

Rupees One Thousand Three Hundred Fifty Nine Only.

CGST(@ 6% on Rs. 1213.66)

* => Taxable (@ 6% on Rs. 1213.66)

Goods once sold will no be taken back

Take medicine as per Doctor advice

Please bring our Bill while return medicine

TOTAL 1359.30

DISC 0.30

CGST 0.00

SGST 0.00

OTH. ADJ 0.00

NET AMT 1359.00

Subject to BERHAMPORE Jurisdiction

E.& O.E

For MUKTI PHARMACY

Hiranmay Mondal

Paid by me
 Lakshmi Kanta Ghosh
 Ex- MCB, P&S, M&D

MUKTI PHARMACY

94/4, Bishnupur Road
 Berhampore, Murshidabad

Mob.-9735095037

Kaushik Ghosh
 Dr. Kaushik Ghosh
 Reg. No. 63237
 M.D.(Med) M.R.C.P.
 M.R.C.P.S. F.A.C.P. F.R.C.P.
 Associate Prof Of Medicine

THE FOOD CORPORATION OF INDIA

ZONAL OFFICE: 10A MIDDLETON ROW, KOLKATA-700 071

CERTIFICATE- "A"

(To be completed in the case of patient who is not admitted in Hospital)

Certified granted to Shri/Smt/Kumari SHIRHA GHOSH,
 Father/Mother/Son/Wife/Daughter of Shri LAKSHMI KANTA GHOSH, Ex-M. (AC),
 Employed in the office of the food Corporation of India at 20, QC Wing, Berhampore,
Mussidabad, WB, at the time of Retirement.

1. I Dr. KAUSHIK GHOSH, MD (medicine), FRCP, FACP, MRCP, hereby certify:

(a) That I charged and received Rs. 700/- (Rupees Seven hundred only)
 for Consulting on (1) 01-10-2024 (2) X (3) X
 at my consulting room/at the residence of the patient.

(b) That I charged and received Rs. X (Rupees X) for
 Administering intra-muscular/intravenous injections on X at
 any consulting rooms /at the residence of the patient.

(c) That the injections administered was/were not for immunising of the prophylactic purpose.

(d) That the patient has been under my treatment at my consulting room in -side the hospital
 hours and that under mentioned medicine prescribed by me in this connection were essential for the
 recovery prevention on serious deterioration in the condition of the patient. The medicines are not
 stocked in the dispensary/Govt. hospital for supply to private patient and do not include proprietary
 preparations for which cheaper substances of equal therapeutic value are available for preparations
 which are primarily foods, toilets or disinfectants.

Name of the Medicine	Price	Name of the Medicine	Price
Rs.	P.	Rs.	P.
1. 15 TAB. ROSAVE F ₅ -	319.05	6.	
2. 90 TAB. DEPRAN FORTE	2758.50	7.	
3. 80 CAP. PREGAZILM -	1729.20	8.	
4. 2 PH. TAB. CCM -	1090.00	9.	
5. 15 TAB. REKOL 20MG	194.70	10.	

Total RS. 6091.00 (RO) (Rs. Six thousand ninety one only).

(e) That the patient is /was suffering from "DYSLIPEMIA OSTEO ARTHRITIS"
 and is /was under my treatment from 01-10-2024 to 31-12-2024
but to be continued.

(f) That the patient is /was not given pre-natal treatment: X

(g) That the X-ray, Laboratory tests etc. for which an expenditure of Rs. X
 (Rupees X) was incurred were undertaken on my advice at Government Hospital /private clinic.

(h) That referred the patient to Dr. ORTHOPAEDIC (Dr. Sohel Rana choudhury)
 or specialist consultations.

(i) That the patient did not require hospitalisation: X

(2)

- (j) Certified that Dr. SOHEL RANA CHOWDHURY, M.B.B.S. (Cal.), M.S. (Ortho.) WBHS
Was consulted by the patient on my advice and the consultation was essential for the speedy
recovery of the patient.
- (k) Certified that the case was ~~not~~ one of the prolonged treatment.
- (l) That the patient has reasonable chance of recovery if he is treated as an out-patient.
- (m) That the treatment in excess of the prescribed period of ten days was essential for the
recovery of the patient.
- (n) That the mixture/powder could not be dispensed in the hospital. I authorised to purchase
from the Chemist.

Kaushik Ghosh

Signature & Designation of the Medical Officer

Place Berhampore,
Date: 31-12-2024

Regd. No. 63287

(N.B.: Certificates not applicable should be struck off Certificate © must be filled in by the Medical
Office himself)

Dr. Kaushik Ghosh
Reg. No. 63237
M.D.(Med) M.R.C.P.
M.R.C.P.S; F.A.C.P; F.R.C.P.
Associate Prof Of Medicine



BERHAMPORE CITY HOSPITAL PVT. LTD.

87797840530 / 8373058407

Quality Care Closer to Home

E-mail: berhamporecityhospital@gmail.com

2 Chaitanyalaya Sengupta Pathana, Berhampore, Murshidabad, PIN-742407 (W.B.) • www.berhamporecityhospital.com

Patient Name : MRS SHIKHA GHOSH
CONSULTANT : DR. SOHEL RANA CHOWDHURY
Referred By :
Address :

DR. SOHEL RANA CHOWDHURY

MB BS, CAL MS (ORTHO), VMBHS

REG NO. 63521

CONTACT NO : 9239976188

DATE- 24/12/20	AGE- 66yr	HEIGHT-	PULSE-
TIME-	SEV- F	WEIGHT-	BP-

H/O. T.H. P.S.O.

Body WEIGHT.

Go Pain in

Adv

Both knee pain

AMBULATORY

LAP

Plenty of good work.

Degeneration
Lumbar Spinal Cord

NORMAL LIGHT WALKING.

Both Degeneration

WARN Compression here times day

of lower part of

Apply ANTI-INFLAMMATORY

muscle

Myospaz 1 tab 3 times / day

NO H/O

Nuropro 160 mg 3 times / day

T2DM

CARTIEN FORT 1 tab OD x 12 months

H7N

H/O Hypertension

Stop Cap. Bi ODs from OD x 12 months

Self managed
Lactulose 15ml 3 times
EX-M (80) 100 (110)
LCA

Avoid squatting go sitting cross-legged posture
12 months 3w

SERVICE

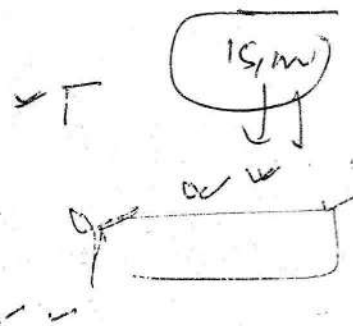
Doctor's OPD & Surgery (Gynaecology, Paediatric, Ortho, ENT, Uro, Neuro, General Medicine & IVF Care),

CT SCAN (96 Slices), USG, Colour Doppler Study, Digital X-Ray, Pathology, Echo-Cardiography, Anomaly Scan (2D/4D), F.N.A.C., PAP, Histopathology, HSG, ECG etc.

ICU/ HDU/ NICU, DIALYSIS, MODULAR OT, 24X7 EMERGENCY, PHARMACY (24X7) & AMBULANCE (24X7).

11.07.2017

Adm



(FUC)

= CONTINUE SAME MEDICINE

= TAB WINZEST PLUS PRINERVE LC

Thymol
wel

OD x 8 1 ml

= R/A 12hr

11.7.

Self affected
Laxman's Kanla Asha
Ex - M (2017) Reg 1083

TAX INVOICE

MUKTI PHARMACY

N:19ARHPM9757C1ZC

94/4, BISHNUPUR ROAD, BEHAMPUR, MURSHIDABAD

Phone:

Mobile: 9735095037

No.:

No.: 11124S-11125SB

BERHAMPORE- 742101, West Bengal

Email:

INVOICE No :

A-0000493

Date : 01/12/24

TIME: 20:37

Patient :

SHIKHA GHOSH

DOCTOR :

DR. SOHEL RANA CHOWDHURY

Address

BERHAMPORE

Sales Person :-

QTY	PRODUCT NAME	SHD	HSN	PACK	MFG	BATCH	EXPIRY	MRP	DISC%	AMOUNT	CGST	SGST
30	BIO-D3 FEM CAP		3004	15 TAB	MACL	2001	07/26	381.15	0.00	762.30	6.00	6.00
10	CARTIGEN FORTE		2106	10'S	PHAR	CFDM24022	06/26	409.00	0.00	409.00	9.00	9.00

Rupees One Thousand One Hundred Seventy One Only.

CGST(@ 6% on Rs. 680.62, @ 9% on Rs. 346.62)

* => Taxable (@ 6% on Rs. 680.62, @ 9% on Rs. 346.62)

Goods once sold will no be taken back

Take medicine as per Doctor advice

Please bring our Bill while return medicine

TOTAL 1171.30

DISC 0.30

CGST 0.00

SGST 0.00

OTH. ADJ 0.00

NET AMT 1171.00

Subject to BERHAMPORE Jurisdiction

E.& O.E

For MUKTI PHARMACY

paid by me
Lakshmi Kanta Ghosh
Ex - MCD, Reg, MSD

Hiranmay Mondal
MUKTI PHARMACY
94/4, Bishnupur Road
Berhampore, Murshidabad
Mob.-9735095037

Sohel Rana Chowdhury

1.01.24

Dr. S. R. Chowdhury
MBBS, MS, (Ortho)
Reg. No.-63521 (WBMC)

SPANDAN

CHEMISTS & DRUGGISTS

87/G/3, PILKHANA ROAD, RANIBAGAN
MURSHIDABAD
BERHAMPORE - 742101
G.S.T. NO. : 19ABBFS4320D1ZJ

Patients : SHIKHA GHOSH

ReferBy : SOHEL RANA CHOWDHURY Date: 01/12/2024

Add:

TIME 12:38:47 Bill No : A- 52907

QTY	PRODUCT NAME	HSN	PACK	MFG	BATCH	EXP.	MRP	DISC	AMOUNT	CGST	SGST
20	CARTIGEN FORTE +	3004	10'S	PHARME	CFDM24016	04/26	409.00	20%	818.00	9.00	9.00



Total 818.00 Disc. 164.00 SGST/CGST 99.82
Rupees Six Hundred Fifty Four Only.

Dr. S. R. Chowdhury
MBBS, MS, (Ortho)
Reg. No. 63521 (WBMC)

TOTAL MRP 818.00
Disc : 164.00
654.00

D.L. No. : 9600-S / 9601-SB
B.C.D.A. No. : MRD/1936

শুক্রবার বন্ধ
Friday Closed

SIGNATURE OF A
QUALIFIED PERSON
& O. E.

TOTAL

● GOODS ONCE SOLD WILL NOT BE TAKEN BACK. ● SUBJECT TO BERHAMPORE JURISDICTION ONLY. ● PLEASE CHECK YOUR MEDICINE BEFORE USE.

1. 30 TAB. CARTIGEN FORTE - 1063-00 6.
2. 30 CAP. BIOD3 FEM - 762-30 7.
3. 8.
4. 9.
5. 10.

Total RS. 1825-30 (RS. one thousand eight hundred twenty five only) - R.

- Delegation Osteopathy & Acupuncture
- (e) That the patient is /was suffering from
and is /was under my treatment from 23-11-2024 to 31-12-2024
but to be continued.
- (f) That the patient is /was not given pre-natal treatment : X
- (g) That the X-ray, Laboratory tests etc. for which an expenditure of Rs. X
(Rupees X
was incurred were undertaken on my advice at Government Hospital /private clinic.
- (h) That referred the patient to Dr. X
or specialist consultations.
- (i) That the patient did not require hospitalisation: X

THE FOOD CORPORATION OF INDIA

ZONAL OFFICE: 10A MIDDLETON ROW, KOLKATA-700 071

CERTIFICATE-"A"

(To be completed in the case of patient who is not admitted in Hospital)

Certified granted to Shri/Smt/Kumari SHIKHA GHOSH
 Father/Mother/Son/Wife/Daughter of Shri LAKSHMI KANTA GHOSH, Ex-M(OC),
 Employed in the office of the food Corporation of India at 20, Gokul, Berhampore,
Murshidabad, WB, at the time of retirement.
 I, Dr. SOHEL RANA CHOWDHURY, MBBS (CAL), MS (ORTH), NBHS hereby certify:-

(a) That I charged and received Rs. NIL (Rupees NIL)
 for Consulting on (1) 23-11-2024 (2) (3)
 at my consulting room/at the residence of the patient.

(b) That I charged and received Rs. X (Rupees X) for
 Administering intra-mascular/intravenous injections on X at
 any consulting rooms /at the residence of the patient.

(c) That the injections administered was/were not for immunising of the prophylactic purpose.

(d) That the patient has been under my treatment at my consulting room in -side the hospital hours and that under mentioned medicine prescribed by me in this connection were essential for the recovery prevention on serious deterioration in the condition of the patient. The medicines are not stocked in the dispensary/Govt. hospital for supply to private patient and do not include propriety preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toileis or disinfectants.

Name of the Medicine	Price	Name of the Medicine	Price
Rs.	P.	Rs.	P.
1. 30 TAB. CARTIGEN FORTE - 1063-00	6.		
2. 30 CAP. BIOD3 FEM - 762-30	7.		
3.	8.		
4.	9.		
5.	10.		

Total Rs. 1825-30 (Rs. one thousand eight hundred and twenty five only) - R.O

(e) That the patent is /was suffering from Dysentery, Osteoarthritis & Ankle Sprain,
 and is /was under my treatment from 23-11-2024 to 31-12-2024
but to be continued.

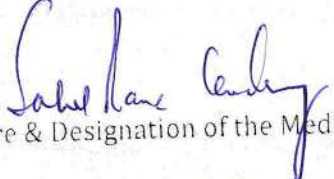
(f) That the patent is /was not given pre-natal treatment: X

(g) That the X-ray, Laboratory tests etc. for which an expenditure of Rs. X
 (Rupees X) was incurred were undertaken on my advice at Government Hospital /private clinic.

(h) That referred the patient to Dr. X
 or specialist consultations.

(i) That the patient did not require hospitalisation: X

- (j) Certified that Dr.^x.....
Was consulted by the patient on my advice and the consultation was essential for the speedy recovery of the patient.
- (k) Certified that the case was ~~not~~ one of the prolonged treatment.
- (l) That the patient has reasonable chance of recovery if he is treated as an out-patient.
- (m) That the treatment in excess of the prescribed period of ten days was essential for the recovery of the patient.
- (n) That the mixture/powder could not be dispensed in the hospital. I authorised to purchase from the Chemist.


Signature & Designation of the Medical Officer

Place Berhampore,
Date: 31-12-2021

Regd. No. Dr. S. R. Chowdhury
MBBS, MS, (Ortho)
Reg. No.-63521 (WBMC)

(N.B.: Certificates not applicable should be struck off Certificate © must be filled in by the Medical Office himself)