

OPR - 31026

Dtd: 16-8-25

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 employee

(IN BLOCK LETTER) LAKSHMI RANTA GHOSH, Ex. M.Q.C.

(i) Whether married or unmarried Yes, married.

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

2. Division in which posted Al 20, QEWING, FCG, MSD, BHAB, 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 Rs.	Dept. allow. Rs.	DA Rs.	HRA Rs.	CCA Rs.	Total Rs.
2920/-					16454/-

4. Place of Duty at 20, QEWING, FCG, MSD, BHAB, WB, at the time of retirement.

5. Actual residential Address 132/3/1, Bishnupur Rd, Port-Berhampore, MSD, Pin 742101,

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

SATIKATA GHOSH, Wife.

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

Details of the amount claimed

MEDICAL ATTENDANCE :-

(a) Fees for consultation, indicating -

1) Dr. RAUSHIR GHOSH, MD (medicine), F.R.C.P., F.I.A.E.P. M.R.C.P. - 2) Dr. S. R. Choudhury, M.B.B.S (card)

(b) The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached 1) Mediflopa, BHAB, MSD.

2) Berhampore City Hospital Pvt. Ltd, OPD-3. 3) 01-10-2024. MS (orthos).

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

(1) ~~Rs. 70/-~~ (2) Rs. X. (3) Rs. X. (4) Rs. X.

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

X

(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.

1) At the consulting room.

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

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

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

X

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

X

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

X

HOSPITAL TREATMENT

X

CONSULTATION WITH SPECIALIST

Consulted to Specialist or a Medical Officer other than the medical attendant indicating.

X

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

X

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

X

(iii) Whether consultation was had at the hospital at the con-

X

The Claim submitted is genuine

Lakshmi Kanla Chosha
Signature of Applicant

9. Total Amount claimed Rs. 8616/- (Rs. Eight thousand Six hundred Sixteen only)
 10. List of enclosures
 5) M. Iocard-2 (1) Prescription-2 (2) certificate A-2
 6) A.R.R. of PRMS-1 (3) Cash memo-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 Chosha
Signature of the Employee & Designation (Name & Section)
EX-M&C, Feg, MSD, BH&B, QC Sec.

Ph./Intercom No. M-8670826847

Bank A/c. No. 11176155566

Name and Address of Bank SBB, ADD-BHB
By. MSD.

Duration : From 01-10-24 To 31-12-24

Date : 31-12-2024

TO BE FILLED IN BY THE APPLICANT

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

Name of Disease : DysLI PEMIA OSTEOPATHY

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.	A 0000477 Dt. 01.10.24	TAB-DEPRAN FORTE PREGAZYL-M TAB-ZEM TAB-REKOO-20 MG ROSAVE F TAB. TAB-DEPRAN FORTE TAB-ZEM 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 Berhampore, MSD.	1) By Dr. RAUSHIK BHATTACHARYA, MD (Medicine) FACP, FRCP, MRCP.
2.	A 0000472 Dt. 01.11.24	TAB-DEPRAN FORTE PREGAZYL-M	20	439.80		
3.	A 0000491 Dt. 01.12.24	TAB-DEPRAN FORTE PREGAZYL-M	30 20	919.50 439.80		
4.	A 0000493 Dt. 01.12.24	CAP. B10 D3 REM - CARTIGEN FORTE	30 10	762.30 409.00		2) By Dr. SOHEL RANA CHANDHURY, MBBS, M.A.S., 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



(3)

ডাঃ কৌশিক ঘোষ

এম.ডি. (মেডিসিন), এফ.আর.সি.পি. (এডিন)
 এফ.আর.সি.পি. (গ্লাসগু, ইউ.কে.) এফ.এ.সি.পি. (ইউ.এস.এ)
 এম.আর.সি.পি. (আয়ারল্যাণ্ড)
 আসেসিয়েট প্রফেসর মুশিদাবাদ মেডিকাল কলেজ
 অ্যাপিলিয়েশনঃ
 মেধার অফ ইউরোপিয়ান সোসাইটি অফ এন্ডোক্রিনোলজি
 আসেসিয়েশন অফ ফিজিসিয়ান অফ ইণ্ডিয়া
 ফেলো অফ ইন্টেন্সিভ কেয়ার অফ মেডিসিন (এফ.আই.সি.এম. মেডিভারসাইটি)

Name Shikha Ghosh Age 65yr/f Date 1 JUL 2024

BW 71.9kg

TUO.

GRAD.

OSTEOPOROSIS

dry & hyper.

BP. 150/60 mmHg

Hb 11.5
 1 chot
 Psysic.

30/06/2024:

FB (1) Wt 20 kg
 FBS 94 mg/dl
 UA 5.1 TSH 2.9 mU/L

urine f. RENs

Pn 2-25/401

2 usuf 0/1

> DBA

Gulf 4/10 diffused
 Lab test result
 FBS 94 mg/dl TSH 2.9 mU/L

1. Retro Ovimo Paediu.

- 1. Recent 20 JDAC → 3 month
- Th. Depran Forte + n.s
- Up fregazil M. → ① → 6 month
- Rescue F(5) OD PC → Com.
- Drive 60 once wky → 8 wks.
- Idrophex kit as directed → 4 month
- Lerodant at n.s → 1m

Rivotril 0.5 1b n.s.

T.C.A Ammonium i NF, LF, V.A, FRS

DBA 45

Usg. WIA.

IF ANY EMERGENCY PLEASE CONTACT NEAREST HOSPITAL

নাম লেখানোর জন্য স্থায়ী করুন - Mobile: 74074 42508, 83730 66886

P.T.O.

- 1 OCT 2024

USA/ W/A

cystic int. bld.

urine

leuc.

small micturated
electrolyte left kidney
post void

urine test now

is on-off

disease
polyuria

b.p. 100/64

3/27

DExA $\frac{3/27}{T_{Scr} - 1.5}$

T score -1.3 - 09/24

BW 72kg

A
Reptile urology

Q. Ornithopedia

Reptiles excretal

o T_u Renal 20 OD A.R. \rightarrow 2 mm

o T_u Depress F.R. \times 6 months
OD at A.S

Ep. Regurgitation \rightarrow D \times day

✓ T_u No urine F(-)

OD at A.S \rightarrow day

T_u Cerv. OD PC

T_u Cerv. A.R. H A.S \rightarrow 2 mm

T_u Nucleus going $\frac{100}{50}$ $\frac{50}{50}$

(h)

T.C.A

6 months

RF, TRS

W.M.L.

Self affecting

Lakshmi Kanki

Bx - M (D), P (G) H (B)

$\overline{T_{Scr}, F.R.}$, PFT

W.M.L., MS

TAX INVOICE**MUKTI PHARMACY**

94/4,BISHNUPUR ROAD,BEHAMPORE,MURSHIDABAD

IN:19ARHPM9757C1ZC

L.No:

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

Phone:

Mobile:9735095037

Email :

BERHAMPORE- 742101, West Bengal

INVOICE No :		A-0000417				Date : 01/10/24			TIME: 20:50			
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	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

Hiranmoy Mondal

MUKTI PHARMACY94/4, Bishnupur Road
Berhampore, Murshidabad

Mob.-9735095037

Paid by me
 Lashmi Kanta Ghosh
 Ex-M.Q.C., Reg, M.S.D.

Hiranmoy Mondal

MUKTI PHARMACY94/4, 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

TAX INVOICE

MUKTI PHARMACY

N:19ARHPM9757C1ZC

No:

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

94/4,BISHNUPUR ROAD,BEHAMPORE,MURSHIDABAD

BERHAMPORE- 742101, West Bengal

Phone:

Mobile:9735095037

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.B.B.S., F.R.C.P., M.B.B.S.

Hiranmay Mondal
Lakshmi 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

94/4, BISHNUPUR ROAD, BEHAMPORE, MURSHIDABAD

IN:19ARHPM9757C1ZC

L.No:

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

Phone:

Mobile:9735095037

Email :

BERHAMPORE- 742101, West Bengal

INVOICE No :

A-0000491

Patient :

SHIKHA GHOSH

Address

BERHAMPORE

Date : 01/12/24

TIME: 20:34

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	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 - MLC, Raj, MBD

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

Karshik 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 SHIRISHA GHOSH,
 Father/Mother/Son/Wife/Daughter of Shri LAKSHMI KANTA GHOSH, Ex-M.Q.C.,
 Employed in the office of the food Corporation of India at 10, Q.C Wing, Berhampore,
Murshidabad, WB, at the time of Retirement.
 1. I Dr. KAUSHIK GHOSH, M.D(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. REKOOL 20MG	194.70	10.	

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

- (e) That the patient is /was suffering from "DYSLIPIDEMIA OSTEOPATHY" 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: ✓
- (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 Chowdhury) or specialist consultations.
- (i) That the patient did not require hospitalisation: ✓

(2)

- (j) Certified that Dr. SOHEL RANA CHOWDHURY, MBBS (Cal), MS (ORTHO) K BHS
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: 3.1.2024

Regd. No. 63287

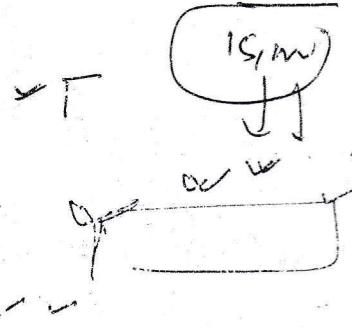
(N.B.: Certificates not applicable should be struck off Certificate © must be filled in by the Medical
Office himself)

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

11.01.2014

19ARHP
W
B. D.

Ary



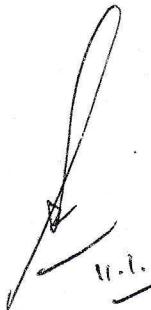
Fuc

= Continue Same MEDICINE

= Tab WINZEST ✓ PLUS PRINERVE L.

Input
well

= R/A 12hr



self affected
Laxatives don't work
formulas progress

TAX INVOICE

MUKTI PHARMACY

N19ARHPM9757C1ZC

94/4, BISHNUPUR ROAD, BEHAMPORE, MURSHIDABAD

No.

.No.: 11124S-11125SB

Phone:

Mobile: 9735095037

Email :

BERHAMPORE - 742101, West Bengal

INVOICE No :

A-0000493

Date : 01/12/24

TIME: 20:37

Patient :

SHIKHA GHOSH

DOCTOR : DR. SQHEL 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 - M.D.S, Reg, M.S.
 Dr. S. R. Chowdhury

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

Sohel Rana Chowdhury

10.12.25

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

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



Sohel Rana Chowdhury

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

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

শুক্ৰবাৰ বন্ধ
Friday Closed

SIGNATURE OF A
QUALIFIED PERSON
& O.E.

TOTAL

654.00

● 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. 80 CAP. B10 D3 FEM - 762-30 7.

3.

8.

4.

9.

5.

10.

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

Signature: Diterately i Ambar Sarker

Date: 23-11-2024 to 31-12-2024
but to be continued

- (e) That the patient is /was suffering from
and is /was under my treatment from 23-11-2024 to 31-12-2024.
- (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(O.C.),

Employed in the office of the food Corporation of India at XO, QEWING, Berhampore,

Mirshidabad, WB, at the time of treatment.

1. I Dr. SOHEL RANA CHONDHURY, MBBS(Cal), MS(ORTHO), M.B.H.S 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-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. 30 TAB. CARTIGEN FORTE - 1063-00	6.		
2. 30 CAP. B10D3 FEM - 762-30	7.		
3.	8.		
4.	9.		
5.	10.		

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

Degenerative Osteoarthritis of Ankle & Heel,

(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

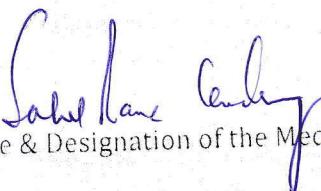
(g) That the X-ray, Laboratory tests etc. for which an expenditure of Rs. X
(Rupees X was incurred were undertaken on my advice at Government Hospital /private clinic.

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

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

(2)

- (j) Certified that Dr. X Was consulted by the patient on my advise 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: 31/12/2024

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)