

**MedSave Health Insurance TPA Limited
Claim Process Sheet**

United India Insurance Company Limited – FAMILY MEDICARE POLICY

Claim No.: 20241007B0070337030

Report Date : 30/10/2024 6:48:48 PM

**Claim Score Recommendation: Least
Complex**

**Intimation Date : Monday,
October 7, 2024**

**REIMBURSEMENT FILE(
HOSPITALISATION CLAIM
)**

File No.	20241007B007RH39097	Policy No.	1803002823P107768650
Proposer Name	VIJAY M.SAMANI	Card No.	52011023091648M
Policy From : 13/10/2023	Policy To : 12/10/2024	Emp. Category / 1803002823P107768650000000103	Floater Policy -
Patient Name / Contact No.	SHYAMA /9979891647		
Policy Type	Retail / Proposer Policy-Renewal		Joining Date -
Admin. Date	7/10/2024	Member Inception Date	13/10/2023
Discharge Date	11/10/2024	Relation-Gender-Age	Daughter-2 - Female - 24 .
Claimed Amount	162106	Hospital Name	BHAILAL AMIN GENERAL HOSPITAL - C001B007C0476 Address: BHAILAL AMIN MARG, GOWRA - VADODARA [] Network Hospital - NON PPN Patient IPID / UHID No (As per Hospital Document) - 39051
Previous Policy Details	1803002822P106687192	Policy Inception Date	13/10/2022

Sum Assured	C.B Percentage	C.B Amount	Threshold Limit	Total Sum Insured	Balance *	OPD Limit	OPD Balance
500000	0	0		500000	500000	0	

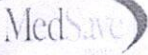
File Intimated By : HITESH S Scan/Upload Date :	Intimated Date :7/10/2024 11:45:23 AM Last Doc. Received Date: 30/10/2024	Bill Submission Date : 11/10/2024 Intimation Batch No. : 20241030B00718	System Date. : 30/10/2024 1:57:44 PM Patient Contact No. : 9979893647
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Reimbursement Intimation

File No.	Name	Int. Date	Admin. Date	Dis. Date	Claim Amt.	Cashless App. Amt.	Hospital	Remarks	Manual Cashless
20241007B007RH39097	SHYAMA	7/10/2024 11:45:23 AM	7/10/2024	11/10/2024	162106		BHAILAL AMIN GENERAL HOSPITAL	PLS CHECK ICD CODE	

For Auditors : File Checked By

CHQ No.:-	CHQ DT :-	CHQ AMT :-
A/c No. - Bank Name - CHQ in Favour - VIJAY M.SAMANI IFC CODE -		Email ID -



CLAIM INTIMATION NO. 202410073007RH 39092

REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED
The issue of this Form is not to be taken as an admission of liability

Date: 25/10/2024

DETAILS OF PRIMARY INSURED:

a) Policy No. 1003002623P10376650 b) SI No/ Certificate no. 2623P10376650
c) Company / TPA ID (MA ID) No: UNITED INDIA INSURANCE CO. LTD D-01 VADODRA
d) Name: DR VITAY MEHANI
e) Address: A1304 DAKSHINAM CENTRAL PARK NR SURTA PAUSAGE HOTEL
VADODRA
City: VADODRA State: GUJARAT
Pin Code: 390020 Phone No: 9999893643 Email ID:

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: A11
e) Previously covered by any other Mediclaim / Health Insurance Yes No
f) If yes, company name:

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: DR SHYAMA VIJAY MEHANI
b) Gender: Male Female c) Age years: Months: 28-11-1998
d) Date of Birth: 28-11-1998
e) Relationship to Primary insured: Self Spouse Child Father Mother Other (Please Specify) DAUGHTER
f) Occupation: Service Self Employed Home Maker Student Retired Other (Please Specify) STUDENT
g) Address (if different from above):
City: Pin Code: Phone No: Email ID: AS ABOVE

DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted: BHAIJAL AGRI GENERAL HOSPITAL
b) Room Category occupied: Day care Single occupancy Twin sharing 3 or more beds per room ORCHID SINGLE
c) Hospitalization due to: Injury Illness Maternity d) Date of injury: Date Disease first detected: Date of Delivery:
e) Date of Admission: 07-10-24 f) Time: 11:30 AM g) Date of Discharge: 11-10-24 h) Time: 11:30
i) If injury give cause: Self inflicted Road Traffic Accident Substance Abuse / Alcohol Consumption Medication Yes No
j) Reported to Police i. MLC Report & Police FIR attached Yes No j) System of Medicine:

DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed:
i. Pre-hospitalization expenses Rs. 148932/-
ii. Post-hospitalization expenses Rs. 013134/-
iii. Ambulance Charges Rs.
iv. Pre-hospitalization period: days
v. Claim for Domiciliary Hospitalization: Yes No (If yes provide details in annexure)
vi. Details of Lump sum / cash benefit claimed:
Hospital Daily cash Rs.
Critical Illness benefit Rs.
Pre/Post hospitalization Lump sum benefit Rs.
vii. Hospitalization expenses Rs. 148932/-
viii. Health-Check up cost Rs.
ix. Others (code) Rs. 013134/-
x. Total Rs. 162106/-
xi. Post-hospitalization period: days
xii. Surgical Cash Rs.
xiii. Convalescence Rs.
xiv. Others Rs.
xv. Total Rs. 162106/-
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 / MRI / USG
 Doctor's Prescription
 Others

DETAILS OF BILLS ENCLOSED:

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

AS PER LET ATTACHED
H/W
RS 162106/-

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN: AJPSP2649D b) Account Number: 0191010023262
c) Bank Name and Branch: BARILOR BARODA KOTHI BRACH BARODA 390001
d) Cheque No Payable details: 000037 e) IFSC Code: BARBOK0THIK

DECLARATION BY THE INSURED:

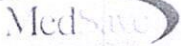
I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement 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: 25-10-2024 Place: VADODRA Signature of the Insured: [Signature]

(IMPORTANT: PLEASE TURN OVER)

SECTION A
SECTION B
SECTION C
SECTION D
SECTION E
SECTION F
SECTION G
SECTION H





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.

BHAILAL AMIN GENERAL HOSPITAL
Bhailal Amin Marg, Gorwa,
BARODA - 390 003

(To be filled in block letter)

DETAILS OF HOSPITAL

- a) Name of Hospital: **BAASH**
- b) Hospital ID: _____
- c) Type of Hospital: _____ Network: _____ Non Network (if non network section E): _____
- d) Name of the treating doctor: **Dr. Monika Jain**
- e) Qualification: _____
- f) Registration No. with State Code: _____
- g) Phone No: _____

SECTION A

DETAILS OF THE PATIENT ADMITTED

- a) Name of the Patient: **Shyamma Samdani**
- b) IP Registration Number: _____
- c) Gender: _____ Male: _____ Female:
- d) Age: Year **25** Months: _____
- e) Date of Birth: _____ Date of Admission: **07/10/24** Time: **11:30 AM**
- f) Date of Discharge: **11/10/2024** Time of Admission: **11:30 AM** Emergency: Planned: _____ Day Care: _____ Maternity: _____
- g) If Maternity: _____ Date of Delivery: _____ Grade of status: _____
- h) Status at time of discharge: Discharge to home Discharge to another hospital Deceased

SECTION B

DETAIL OF AILMENT DIAGNOSED (PRIMARY)

- a) ICD 10 Codes: **(4)** Description: **Sided cauterization cyst** ICD 10 Codes: _____ Description: **Lap. Removal of (4) side Complicated Ovarian cyst**
- i) Primary Diagnosis: _____ Procedure 1: _____
- ii) Additional Diagnosis: **SIP Laproscopic Ovarian Cystectomy** Procedure 2: _____
- iii) Co-morbidities: _____ Procedure 3: _____
- iv) Co-morbidities: _____ Details of Procedure: _____
- c) Present ailment is a complication of PED? Yes Yes No i) (If Yes, Specify Details): _____
- d) Pre-authorization obtained: _____ No e) Pre-authorization Number: _____
- f) If authorization by network hospital not obtained, give reason: _____
- g) Hospitalization due to Injury: Yes No i) (If Yes, give cause): _____ ii) (If Yes, Attach Report): _____
- h) If injury due to substance abuse/ alcohol consumption, Test Conducted to establish this: Yes No i) (If Yes, Attach Report): _____ ii) Medical Legal: Yes No
- v) FIR no: _____ w) If not reported to police (give reason): _____

SECTION C

CLAIM DOCUMENTS SUBMITTED - CHECKLIST

- Claim Form Duly Signed
- Original Pre-authorization request
- Copy of 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 report
- CT/MR/USG/HPE investigation report
- Doctor's reference slip for investigation
- ECG
- Pharmacy bills
- MLC report & Police FIR
- Original death summary from hospital where applicable
- Any other, please specify

SECTION D

(IMPORTANT PLEASE TURN OVER)

DETAILS IN CASE OF NON NETWORK HOSPITAL

a) Address of Hospital:										
City					State					
Pin Code			b) Phone No			c) Registration No				
d) PAN		e) Number of Inpatient beds			f) Facilities available in the hospital i) OT			Yes No ii) ICU		Yes No
iii) Other										

SECTION E

DECLARATION BY THE INSURED

(PLEASE READ VERY CAREFULLY)

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact, 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 or treated 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 present hospitalization claim, if any.

Date

11/10/2024

Place

11/10/2024

Signature of the insured

BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.

SECTION F

DECLARATION BY THE HOSPITAL

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our my 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. This signature of the insured is taken on this form after Claim Form is fully filled up by us.

SECTION G

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	MR	VIJAY	MOHANLAL	SAMANI
Maiden Name (If any*)				
Father / Spouse Name*	MR	MOHANLAL	LXMIDAS	SAMANI
Mother Name*				
Date of Birth*	12-10-1968			
Gender*	<input checked="" type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code _____)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			



2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence* _____
 Tax Identification Number or equivalent (If issued by jurisdiction)* _____
 Place / City of Birth* _____ ISO 3166 Country Code of Birth* _____

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	_____	Passport Expiry Date	____-____-____
<input type="checkbox"/> B- Voter ID Card	_____		
<input type="checkbox"/> C- PAN Card	AJPP52649D		
<input type="checkbox"/> D- Driving Licence	_____	Driving Licence Expiry Date	____-____-____
<input type="checkbox"/> E- UID (Aadhaar)	239516330785		
<input type="checkbox"/> F- NREGA Job Card	_____		
<input type="checkbox"/> Z- Others (any document notified by the central government)	_____	Identification Number	_____
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	_____	Identification Number	_____

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)
 (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified
 Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others _____
 Simplified Measures Account - Document Type code _____

Address
 Line 1* A-704 DARSHANAM CENTRAL PARK
 Line 2 NR-SURYA PALACE HOTEL
 Line 3 SAYAJIGUNJ City / Town / Village* YADODARA
 District* VADODARA Pin / Post Code* 390026 State / U.T Code* _____ ISO 3166 Country Code* _____

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details

Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person

Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

Guardian of Minor

Assignee

Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date --
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date --
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : --

Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

INSTITUTION DETAILS

Name
Code

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)
 Same as Current / Permanent / Overseas Address details

Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 District* _____ Pin / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)

(Off) _____ Tel. (Res) _____ Mobile **91 9979893647**
 FAX _____ Email ID _____

3. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date : **24-10-2024** Place : **VADODARA**  Signature / Thumb Impression of Applicant

Annexure B1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available)* _____

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

_____ _____ _____ _____ _____

(If KYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number _____ Passport Expiry Date ____-____-____

B- Voter ID Card _____

C- PAN Card _____

D- Driving Licence _____ Driving Licence Expiry Date ____-____-____

E- UID (Aadhaar) _____

F- NREGA Job Card _____

Z- Others (any document notified by the central government) _____ Identification Number _____

S- Simplified Measures Account - Document Type code ____ Identification Number _____

2. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date : ____-____-____ Place : _____ Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date ____-____-____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name _____

Code _____



कोठी शाखा, बड़ौदा - ३९०००१
KOTHI BRANCH, BARODA - 390001
RTGS / NEFT IFSC CODE : BARB0KOTHIX

जारी की गई तारीख से तीन माह के लिए वैध / VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

CBS

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बचत खाता SAVINGS ACCOUNT

D D M M Y Y Y Y

Pay

or Bearer

या धारक को

Rupees रुपये

FOR Insurance PURPOSE

अदा करें

₹

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730000

खा. सं.
No.

01910100023262

26232000101910

ORIGINAL CHQ VERIFIED

समन श्यामा

SAMANI SHYAMA
SAMANI VIJAY

SB/2023/UF

भारत की सभी शाखाओं पर सममुल्य पर देय
Payable at par at all branches in India

KOTHI

Please sign above

⑈000037⑈ 390012017⑈ 023262⑈ 31



समर्थता
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओળખ प्राधिकरण
Unique Identification Authority of India

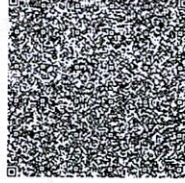
नामंकन क्रम संख्या / Enrollment No.: 0000/00438/27336

To
सामाणी विजय
Samani Vijay
SAMANI VIJAYBHAI,
A-704 DARSHANAM CENTRAL PARK,
NR. SURYA PALACE HOTEL, SAYAJIGUNJ,
VTC. Vadodara,
PO: Akota,
District: Vadodara,
State: Gujarat,
PIN Code: 390020,
Mobile: 9979893647

161395361



MG613953611FI



आपनो आधार नंबर / Your Aadhaar No. :

2395 1633 0785

मारो आधार, मारी ओળખ



भारत सरकार
Government of India



आधार

Issue Date : 05/08/2013




सामाणी विजय
Samani Vijay
जन्म तारीख / DOB : 12/10/1968
पुरुष / Male

2395 1633 0785

मारो आधार, मारी ओળખ

फिलन जेन 21111111

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER
AJPPS2649D



नाम /NAME
VIJAY MOHANLAL SAMANI

पिता का नाम /FATHER'S NAME
MOHANLAL LAXMIDAS SAMANI

जन्म तिथि /DATE OF BIRTH
12-10-1968

हस्ताक्षर /SIGNATURE
Vijay Mohanlal Samani

आयकर आयुक्त, बड़ौदा
COMMISSIONER OF INCOME-TAX, BARODA

विजय मोहन लखमिदास

<u>Sl. No</u>	<u>DATEY BILLING</u>	<u>BILLING DATE</u>	<u>ISSUED BY</u>	<u>TOWARDS</u>	<u>AMOUNT</u>
(1)	25/04/24	12-9-24	BHAJAL AMIN GENERAL HOSPITAL	REGISTRATION LFT CONSULTATION	0700=00
(2)	18/09/24	11/06/24	KAREEMBAVO DIAG. MOETIC CENTRE	U.I.G OF PAWES	1200=00
(3)	03/10/24	25/05/24	B.O. OF HOSPITAL	FOLLOW UP	0600=00
(4)	00/2	01.10.2024	ALKHAR HEALTH CARE THERAPY	CBC-CA-125	1500=00
(5)	3/24	01-10-2024	FARAADUNTI DIAG. MOETIC PRE. CENTRE	U.I.G PAWES (PAC)	1400=00
(6)	24008100	11/10/2024	BHAJAL AMIN GENERAL HOSPITAL	HOSPITAL AMT BILL	<u>148932=00</u>

3/10/24 @ Rev.	2300206651	5000/-	
11/10/24 @ Rev.	2300206654	98932/-	
(7)	25/10/221 11/10/24	FOLLOW UP	600=00
(8)	24200700 11/10/24	MEDICINES	124=00
	16059	MEDICINES	1752=00
(9)	16136 11/10/24	FOLLOW UP	0600=00
(10)	25/10/263 23/10/24	FOLLOW UP	2740=00
(11)	24200700 16055 23/10/24		1855=00
(12)	24200700 16037 23/10/24		

GRAND TOTAL 162106/00



भारत सरकार
Government of India



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओળખ प्राधिकरण
Unique Identification Authority of India

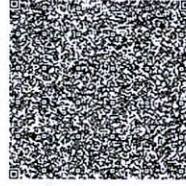
नामंकन क्रम संख्या / Enrollment No.: 0000/00438/27336

To
सामाणी विजय
Samani Vijay
SAMANI VIJAYBHAI,
A-704 DARSHANAM CENTRAL PARK,
NR. SURYA PALACE HOTEL, SAYAJIGUNJ,
VTC. Vadodara,
PO: Akota
District: Vadodara,
State: Gujarat,
PIN Code: 390020,
Mobile: 9979893647

161395361



MG613953611FI



आपनी आधार नंबर / Your Aadhaar No. :

2395 1633 0785

मारी आधार, मारी ओળખ



भारत सरकार
Government of India



आधार

Issue Date : 05/08/2013



सामाणी विजय
Samani Vijay
जन्म तारीख / DOB : 12/10/1968
पुरुष / Male

2395 1633 0785

मारी आधार, मारी ओળખ

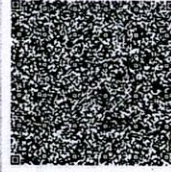
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
KMEPS1244G



नाम / Name
SHYAMA VIJAYBHAI SAMANI

पिता का नाम / Father's Name
VIJAY MOHANLAL SAMANI

जन्म की तारीख /
Date of Birth
28/11/1998

KMEPS
हस्ताक्षर / Signature

09082018

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER
AJPPS2649D



नाम /NAME
VIJAY MOHANLAL SAMANI

पिता का नाम /FATHER'S NAME
MOHANLAL LAXMIDAS SAMANI

जन्म तिथि /DATE OF BIRTH
12-10-1968

हस्ताक्षर /SIGNATURE

Vijay Mohanlal Samani

Vijay Mohanlal Samani
आयकर आयुक्त, बड़ोदा

COMMISSIONER OF INCOME-TAX, BARODA



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

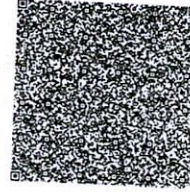
Enrollment No.: 0000/00610/12741

To
Samani Shyama
Vijay Samani,
A-704, Darsanam Central Park, Near Hotel surya Palace,
Sayaji Ganj,
VTC: Vadodara,
PO: Akota,
District: Vadodara,
State: Gujarat,
PIN Code: 390020,
Mobile: 7096399166

185161703



MH851617037FL



आपका आधार क्रमांक / Your Aadhaar No. :

4334 6796 0502

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार



Aadhaar no. issued: 12/08/2013

Samani Shyama
DOB : 28/11/1998
Female

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

4334 6796 0502

मेरा आधार, मेरी पहचान



FAMILY MEDICARE POLICY

Policy Number	1803002823P107766650	Previous Policy No.	1803002823P106687192
Name/ID	MR VIJAY M.SAMANI / 1757535762		
Tel.(O)		Tel.(R)	
Email	VIJAYTRADEBS.BARODDA@GMAIL.COM	Fax	
Business/Occupation	None	Mobile	9979893647
Period Of Insurance	From 00:00hrs of 13/10/2023 To 24/00hrs of 12/10/2024		
Policy Type	Individual Basis		

Coinsurance: UJIC 180300 : 100%

Insured Details

Sl no	Insured Name	Age/Gender	ABHA ID	Relation	Occupation	Pre-Existing Disease /Condition declared	Nominee Name	Nominee Relation
1	VIJAY M.SAMANI	55/M		Self	Self Employed	None	VIBHA	Spouse
2	VIBHA	49/F		Spouse	Housewife	None	VIJAY	Spouse
3	SHYAMA	24/F		Daughter	Student	None	VIJAY	Father
4	KRISHNA	19/F		Daughter	Student	None	VIJAY	Father

Optional Cover & Premium Details

Sl no	Insured Name	Sum Insured(₹)	Base Cover Premium(₹)	Restoration of SI Premium(₹)	Hospital Daily cash Limit/Day(₹)	Hospital Daily Cash Limit/policy(₹)	Hospital Daily cash Premium(₹)	Maternity Exp. & New Born Baby Cover Premium(₹)	Pre-Existing Disease/Condition loading(₹)	Inception Date of first policy
1	VIJAY M.SAMANI	500,000.00	14,391.00	75.00	500.00	5,000.00	400.00	Not Opted	Nil	08/10/2014
2	VIBHA	500,000.00	11,524.00	25.00	500.00	5,000.00	300.00	Not Opted	Nil	08/10/2014
3	SHYAMA	500,000.00	4,584.00	15.00	500.00	5,000.00	300.00	Not Opted	Nil	08/10/2014
4	KRISHNA	500,000.00	4,584.00	15.00	500.00	5,000.00	300.00	Not Opted	Nil	08/10/2014

Total Basic Premium(₹)	35,083.00
Add Hospital Daily Cash Premium(₹)	1,300.00
Add Maternity Expenses/ New Born Baby Cover Premium(₹)	0.00
Add Restoration of SI Premium(₹)	130.00
Less PED Loading(₹)	0.00
Less Family Discount(₹)	1,585.90
Less No Claim Discount(₹)	3,364.95
Less Online Discount(₹)	0.00

Premium:	31,562.00
CGST(9%)	2,841.00
SGST(9%)	2,841.00
Stamp Duty:	1.00
Total:	37,244.00
Receipt Number:	10118030023108759598
Receipt Date:	08/10/2023

Agent Name	ROSHANI V DAVE	Agent/Broker Code	AGI0059688
Business Associate Name	RAJESH B DAVE	Business Associate Code	BAS24730

Customer GST /UIN No.:	997133	Office GST No.:	24AAACU5552C32N
SAC Code:		Invoice No. & Date:	2823110766850 & 04/10/2023
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.
Anti Money Laundering Clause- In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.

Date of Proposal and Declaration: 13/10/2023
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 1 VADDODARA 180300 on this 04th day of October, 2023.

For and On behalf of
United India Insurance Co. Ltd.



Authorised Signatory,
Underwritten By - JUG32267 (DO UW CUM CASHIER)

311
410

POLICY NO.: 1803002823P107768650
 UIN: UJHLIP22070V042122

Details of TPA:
 Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA/ID	MEDSAVE HEALTH INSURANCE TPA LIMITED / TPA00001		
Address	F-701A, LADO SARAI, MEHRAULI, NEW DELHI - 110030, Pin Code : 110030, Fax No : 91-11-29521067		
Toll Free number	011-71221234 / 1800120111234		
Contact Details	For Claim Intimation	For Cashless approval	For Grievances
	011-71221234 / 1800120111234	011-71221234 / 1800120111234	011-71221234 / 1800120111234
Telephone Numbers	1800120111234 / info@medsave.in		
Email IDs	info@medsave.in / support@medsave.in / info@medsave.in		

UNITED INDIA INSURANCE COMPANY LIMITED

INDIVIDUAL FAMILY MEDICARE POLICY
 UIN: UJHLIP22070V042122
 POLICY NO.: 1803002823P107768650



Details of Previous Policies

Insurer Name	Policy No.	Period From	Period To	Sum Insured(₹)
UNITED INDIA INSURANCE CO.LTD.	1803002822P106687192	13/10/2022	12/10/2023	4000000

Details of Migrated Policies

Insurer Name	Policy No.	Member Name	Period From	Period To	Sum Insured(₹)
UJIC	1805002822P1066985517	VIJAY N.SAMANI	13/10/2021	12/10/2022	1000000
UJIC	1805002822P1066985517	VIBHA	13/10/2021	12/10/2022	1000000
UJIC	1805002822P1066985517	SHYAMA	13/10/2021	12/10/2022	1000000
UJIC	1805002822P1066985517	KRISHNA	13/10/2021	12/10/2022	1000000

Details of TPA
 Please contact the following TPA for details of benefits, cashless approvals, etc. from the start of the policy.

Name of TPA/ID	1106, 1107, 1108 TPA PRIVATE LTD, IDA000019
Address	1106, 1107, 1108 TPA Private Ltd, Tower 2, 1st floor, 1106, 1107, 1108, EPID Area, Whitefield.
Contact Details	Registration Number: 1106, 1107, 1108 For Cashless Approval: 18004250251/DBS-46267018 For Grievances: 18004250251/DBS-46267018 For General Enquiries: 18004250251/DBS-46267018 Email IDs: info@udhhealthipa.com



UNITED INDIA INSURANCE COMPANY LIMITED
REGD. & HEAD OFFICE: No.24, WHITES ROAD, CHENNAI-600014
FAMILY MEDICARE POLICY

I. PREAMBLE

This Policy is a contract of insurance issued by UNITED INDIA INSURANCE COMPANY (hereinafter called the COMPANY) to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the Schedule (hereinafter called the 'Insured Persons'). This Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to:

- the receipt of full premium;
- disclosure to information norm including the information provided in the Proposal Form by the Insured on behalf of him/herself and all persons to be Insured which is incorporated in the policy and is the basis of it, and
- the terms, conditions and exclusions of this Policy.

II. OPERATIVE CLAUSE

If during the Policy Period the Insured Person(s) is required to be hospitalized for treatment of an illness or injury at a Hospital/Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, Reasonable and Customary Medical Expenses towards the Coverage mentioned hereunder. In the event of an accident or incident further that, any amount payable under the Policy shall be subject to the terms of coverage [including any limits/sub-limits, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

III. COVER TYPE

The Policy provides cover on an Individual or Family Floater basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule, is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the Insured as specified in the Policy Schedule and Our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule.

IV. DEFINITIONS

A. Standard Definitions

- ACCIDENT** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- ANY ONE ILLNESS** will be deemed to mean continuous period of illness and concludes relapse within 45 days from the date of discharge from the Hospital / Nursing Home where treatment has been taken.
- CASHLESS FACILITY** means the facility provided by the Insurer or TPA on behalf of the Insured, where the payments for the cost of treatment under the Policy shall be made directly to the Hospital/Day Care Centre, as approved directly made to the network provider by the Insurer to the extent permitted by the Policy terms and conditions, are conditional.
- CONDITION PRECEDENT** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.
- CONGENITAL ANOMALY** refers to a condition(s) which is present since birth, and which is abnormal with reference to the structure or position.
 - Internal Congenital Anomaly - which is not in the visible and accessible parts of the body
 - External Congenital Anomaly - which is in the visible and accessible parts of the body
- CO-PAYMENT** means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- DAY CARE CENTRE** means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - Has qualified nursing staff under its employment,
 - Has qualified Medical Practitioner(s) in employment,
 - Has a fully equipped operation centre of its own where surgical procedures are carried out,
 - Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- DAY CARE TREATMENT** means medical treatment, and/or surgical procedure which is:
 - undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
 - which would have otherwise required a hospitalisation of more than twenty-four hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- DEDUCTIBLE** is a cost sharing requirement under a Health Insurance Policy. It is the amount of the Sum Insured for a specified rupee amount in case of indemnity policies and for a specified number of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.
- DENTAL TREATMENT** means a treatment related to teeth or structures supporting teeth including examinations, fillings, crowns, bridges, dentures, orthodontics and surgery.
- DISCLOSURE TO INFORMATION** means the disclosure of any material fact which is necessary for the Insurer to assess the risk. The policyholder shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation.
- EMERGENCY CARE** means management for an illness or injury which results in symptoms which occur

POLICY NO.: 1805002821P106985517

46,591.00 Premium
4,193.00 CGST(9%)
4,193.00 SGST(9%)
1.00 Stamp duty
54,977.00 Total
10118050021107653887 Receipt Number
13/10/2021

PAYMENT DETAILS

Total Basic Premium 53,341.00
Road Ambulance Premium 400.00
Daily Cash Premium 1,200.00
Add PFD Loading 0.00
Less Family Discount 2,367.95
Less No Claim Discount 5982
Less Online Discount 0.00

INTERMEDIARY DETAILS

Agent Name : ROSHANI V DAVE
Agent Code : AGI0059688
Mobile/Landline Number/Email : 9016348204
Development Officer Name : MR. R. B. DAVE
Development Officer Code : 24730

Customer GST/UIN No. : 24AAACU5552C3ZN
SAC Code : 997133
Amount Subject to Reverse Charges-NIL
Invoice No. & Date : 28211106985517 & 13/10/2021

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in/>
Date of Proposal and Declaration: 13/10/2021
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO 3 VADODARA on this 11th day of October, 2021.

For and On behalf of
United India Insurance Co. Ltd.

Affix Policy Stamp Here

Authorised Signatory
Underwritten By - JAG32055 (DO UNDERWRITER)

WHAT TO DO IN THE EVENT OF A CLAIM?

If a claim arises under this Policy, kindly contact the TPA mentioned here. Notice or communication in respect of claim or for any other reason to be given to TPA as per Notification Clause (6.7 (A)) in the Policy Wordings.
Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA mentioned here.

Anti-Money Laundering Clause: In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 1 lakh, the Insured will comply with the provisions of AML policy of the Company. The AML policy is available in all our operating offices as well as on the Company's website.

Details of TPA

Name of TPA/ID : Vipul MedCorp Insurance TPA Pvt. Ltd. / TPA000026
Address : 515, Udyog Vihar, Phase 5, Gurgaon - 122016 (Haryana), Pin Code : 122016, Fax No : 1800 102 7477
Toll Free number : 1800 102 7477
Contact Details : For General Enquiries : 0124-4833900 For Cashless approval : 0124-4833900 For Claim Intimation : 0124-4629879
Telephone Numbers : info@vipulmedcorp.com cashless@vipulmedcorp.com @vipulmedcorp.com
Email IDs : info@vipulmedcorp.com

Individual Health Insurance Policy Schedule
UIN: UIIHLIP21114V032021

POLICY NO.: 1805002821P106985517



Scan this QR code to obtain details about your policy.

United India Insurance Company Limited
Registered Office: 24 Whites Road, Chennai, 600 0 14
IRDAI Reg. No. 545
Website: <http://www.uil.co.in>

POLICY DETAILS

Policyholder Name : MR VIJAY M.SAMANI
Policyholder ID : 1757535762
Policy No. : 1805002821P106985517
Previous Policy No. : 1805002820P107712242
Period of Insurance : From 00:00 hrs of 13/10/2021 To Midnight on 12/10/2022

YOUR CONTACT INFORMATION

Address : VIJAY TRADERS, 3, SHREE RAJ APTT, PRATAP RD, BARODA
Tel (O/R) : VADODARA
Mobile : GUJARAT-390001
Fax : 9979893647
E-Mail :
Business/Occupation : None

DETAILS OF INSURED PERSONS

Insured Name	Age	Gender	Relation	Occupation	Nominee Name	Nominee Relation	PEDS declared	Inception Date of first policy
VIJAY M.SAMANI	53	Male	Self	Unemployed	KAUSHA(VIBHA)	Spouse	None	08/10/2004
VIBHA	47	Female	Spouse	Unemployed	VIJAY	Spouse	None	08/10/2004
SHYAMA	22	Female	Daughter	Unemployed	VIJAY	Father	None	08/10/2004
KRISHNA	17	Female	Daughter	Unemployed	VIJAY	Father	None	08/10/2004

SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured	Domiciliary Hospitalisation Limit	Road Ambulance Cover	Daily Cash Cover
VIJAY M.SAMANI	Gold	1,000,000.00	50,000.00	Opted	Opted
VIBHA	Platinum	1,000,000.00	50,000.00	Opted	Opted
SHYAMA	Platinum	1,000,000.00	50,000.00	Opted	Opted
KRISHNA	Platinum	1,000,000.00	50,000.00	Opted	Opted

PREMIUM BREAK DOWN

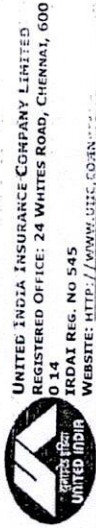
Insured Name	Base Cover Premium	Optional Cover Premium	Loading for PEDS	Family Discount	Total Annual Premium
VIJAY M.SAMANI	23,505.00	400.00	0.00	1,175.25	23,904.00
VIBHA	18,020.00	400.00	0.00	675.75	17,744.25
SHYAMA	5,908.00	400.00	0.00	221.55	6,086.45
KRISHNA	5,908.00	400.00	0.00	295.40	6,012.60

Individual Health Insurance Policy Schedule
UIN: UIIHLIP21114V032021

426
600



Scan this QR code to obtain details about your policy.



UNITED INDIA INSURANCE COMPANY LIMITED
REGISTERED OFFICE: 24 WHITES ROAD, CHENNAI, 600
014
IRDAI REG. NO 545
WEBSITE: [HTTP://WWW.UIC.CO.IN](http://www.uic.co.in)

POLICY DETAILS

Policyholder Name : MR VIJAY M.SAMANI
 Policyholder ID : 1757535762
 Policy No. : 1805002820P107112242
 Previous Policy No. : 1805002819P109206032
 Period of Insurance : From 00:00 hrs of 13/10/2020 To Midnight on 12/10/2021

YOUR CONTACT INFORMATION

Address : VIJAY TRADERS, 3, SHREE RAJ APTT. PRATAP RD. BARODA
 VADODARA
 GUJARAT-390001

Tel (O/R) :
 Mobile : 9979893647
 Fax :
 E-Mail :
 Business/Occupation : None

DETAILS OF INSURED PERSONS

Insured Name	Age	Gender	Relation	Occupation	Nominee Name	Nominee Relation	PEDS' declared	Inception Date of first policy
VIJAY M.SAMANI	52	Male	Self	Unemployed	KAUSHHA (VIBHA)	Spouse	None	08/10/2004
VIBHA	46	Female	Spouse	Unemployed	VIJAY	Spouse	None	08/10/2004
SHYAMA	21	Female	Daughter	Unemployed	VIJAY	Father	None	08/10/2004
KRISHNA	16	Female	Daughter	Unemployed	VIJAY	Father	None	08/10/2004

SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured (₹)	Domiciliary Hospitalisation Limit (₹)	Road Ambulance Cover	Daily Cash Cover
VIJAY M.SAMANI	Gold	1,000,000.00	50,000.00	Opted	Opted
VIBHA	Platinum	1,000,000.00	50,000.00	Opted	Opted
SHYAMA	Platinum	1,000,000.00	50,000.00	Opted	Opted
KRISHNA	Platinum	1,000,000.00	50,000.00	Opted	Opted

PREMIUM BREAK DOWN

Insured Name	Base Cover Premium (₹)	Optional Cover Premium (₹)	Loading for PEDS (₹)	Family Discount (₹)	Total Annual Premium (₹)
VIJAY M.SAMANI	23,505.00	400.00	0.00	1,175.25	23,904.00

Individual Health Insurance Policy Schedule
UIN: UIIHLIP21114V032021

660
152

DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI
MRNO / IPNO : 23248580 / 39051
Gender/Age : Female / 25 Years 10 Months 10 Days
Admission Date : 07/10/2024 11:38 am
Discharge Date : 11/10/2024 11:30 am
Patient's Address : A-704, DARSHANAM CENTRAL PARK
Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU
Room / Bed No. : Orchid Single / 2
Admt. Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
Type of Discharge : Normal Discharge

Final Diagnosis :-

LEFT SIDED OVARIAN CYST
S/P LAPAROSCOPIC OVARIAN CYSTECTOMY

Chief Complaint with origin, duration & progress :-

A 25-year-old Female patient presented with complaint of heavy flow since 6 months and dysmenorrhea and was advice for Ovarian Cystectomy.
So the patient was admitted at BAGH for further management.

Past & Personal History :-

Not Significant

Examination on Admission :-

General Examination: No pallor, icterus, oedema, lymphadenopathy, clubbing, cyanosis
Physical Examination: Temp: Normal, Pulse: 82/Min, RR: 16/Min, BP: 107/70mmHg
RBS: 99mg/dL, SpO2:97%
Systemic Examination: R/S: AE Clear, CVS: S1S2 Normal, CNS: Conscious oriented P/A: Soft.

Operative Procedure:-

On 09/10/2024 Laparoscopic removal of left sided Complicated Ovarian cyst was done under G/A by Dr. Monika Jani.

Hospital Course :-

Patient came with above mentioned history and was shifted from ER / Triage to ward, evaluated for the same, found to have left Ovarian cyst, planned for procedure. All necessary blood investigations were done. Reference of Dr. Atul Jani (MD Physician) done for pre operative medical fitness.
On 09/10/2024 Laparoscopic removal of left sided Complicated Ovarian cyst was done under G/A by Dr. Monika Jani.
Patient was treated with IV fluids, antibiotic, antacids & other supportive medications.
Patient is haemodynamically stable and hence is now discharged with following advice and medications.

Treatment Given :-

IV Fluids
Inj. Supacef 750mg in 100ml NS IV TDS
Inj. Pantocid 40mg IV BD
Inj. PCM 1gm IV TDS
Inj. Diclofenac 75mg /100ml NS SOS
Inj. Nalbuphine 10mg / 100ml NS IV SOS
Inj. Perinorm 10mg IV SOS
Tab. Ceftum 500mg BD
Tab. Pantocid 40mg BD
Tab. Combiflam TDS
And other supportive treatment.

Condition on Discharge :-


BHAILAL AMIN GENERAL HOSPITAL
Bhailal Amin Marg, Gorwa,
BARODA - 390 003.

DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI
MRNO / IPNO : 23248580 / 39051
Gender/Age : Female / 25 Years 10 Months 10 Days
Admission Date : 07/10/2024 11:38 am
Discharge Date : 11/10/2024 11:30 am
Patient's Address : A-704, DARSHANAM CENTRAL PARK
Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU
Room / Bed No. : Orchid Single / 2
Admt. Doctor Name : Dr. Monika Jani, Obstetrics and
Gynaecology
Type of Discharge : Normal Discharge

Haemodynamically Stable

Dietary Advice :-

Full Diet

Advised On Discharge :-

To collect Surgical biopsy report from BAGH Lab.

Allergies : Ondansetron

When and how to obtain Urgent Care :-

To Report in Emergency Department of the BAGH in case of Following Symptoms:-
Bleeding at the surgical site
Increase in pain
Fever

In case of emergency contact 080 6970 7070 / (0265) 677 6222


BHAILAL AMIN GENERAL HOSPITAL
Bhailal Amin Marg, Gorwa,
BARODA - 390 003.

DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI
 MRNO / IPNO : 23248580 / 39051
 Gender/Age : Female / 25 Years 10 Months 10 Days
 Admission Date : 07/10/2024 11:38 am
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 Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU
 Room / Bed No. : Orchid Single / 2
 Admt. Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
 Type of Discharge : Normal Discharge

Consultant Involved :-

Dr. Monika Jani
 Dr. Atul Jani

Investigations:-

Lab test done
 Hb-11 -->9.7
 Total counts-6810--> 8440
 Platelet-637000 -->506000
 Na+ 139, k+ 3.5
 PT-INR 14.67/1.09, Blood Group: O Positive
 RBS- 84, Creatinine- 0.52
 HIV, HCV and HBsAg -non reactive
 Blood Group: O Positive
 Urine routine s/o RBC 0-1, Leucocyte 0-1, Epithelial cell 0-1

Surgical Biopsy Medium - 08/10/2024 (Report awaited)

Rest of the reports are attached with Annexure

Radiology Reports:-

X-ray chest done on 7/10/2024s/o Tiny nodule is seen in right lung base; rest of lung fields are clear. Both costophrenic sinuses appear clear

2D Echo done on 7/10/2024 s/o LVEF-60%, Trivial MR,TR.

CT Whole Abdomen with Contrast done on 07/10/2024 s/o Moderate size left ovarian cystic lesion observed with this lesion has multiloculated component along its posterolateral aspect which shows hyperattenuated contents / T2 shading effect on limited T2 weighted sequence. It likely represents endometriotic cyst. Left ureter passes left posterolaterally to the lesion. Splaying of adjacent small bowel loop observed. The sigmoid colon passes superior and medially to the lesion. Few hemorrhagic follicles in the right ovary favoring endometriotic cysts also observed. Small intensely enhancing lesion noted in the left adnexa which shows corresponding gross T2 hypointensity on limited MRI cuts - ? small broad ligament fibroid - ? endometrial deposit in the left ovarian parenchyma.

X-Ray Abdomen done on 10/10/2024 s/o Thin strip of free air is seen under dome of diaphragm-p/o pnemoperitoneum. No abnormally dilated bowel loops or air fluid level seen

BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.

Medications Advised :

Medicine Name	Generic Name	Frequency	Route	Days	Remarks
CEFTUM 500 MG	CEFUROXIME AXETIL	BD(10AM/10PM)	ORALLY	5	1--0--1
PANTOCID 40MG	PANTOPRAZOLE	BD(7AM/7PM)	ORALLY	5	1--0--1
COMBIFLAM	IBUPROFEN +	TDS(6-2-10)	ORALLY		1--1--1

Printed By : PRACHI.T

11/10/2024 11:59 AM

Created By : PRACHI.T

11/10/2024 11:30 am

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DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI
MRNO / IPNO : 23248580 / 39051
Gender/Age : Female / 25 Years 10 Months 10 Days
Admission Date : 07/10/2024 11:38 am
Discharge Date : 11/10/2024 11:30 am
Patient's Address : A-704, DARSHANAM CENTRAL PARK
Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU
Room / Bed No. : Orchid Single / 2
Admt. Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
Type of Discharge : Normal Discharge

Medications Advised :

Medicine Name	Generic Name	Frequency	Route	Days	Remarks
	PARACETAMOL				

Follow up Visit :

SNO.	DoctorNm	Visit Date	Followup days	Instructions
1	Dr. Atul Jani			
2	Dr. Monika Jani	16/10/2024	5	Suture removal

Follow up Visit :

Remarks : Please make sure that your unused medications are returned at the time of discharge, hospital will not be liable after 1 week.

Dr. Monika Jani, Obstetrics and Gynaecology
Consultant Doctor

Resident Medical Officer

BHAILAL AMIN GENERAL HOSPITAL
Bhailal Amin Marg, Gorwa,
BARODA - 390 003.
Mobile No.

Name of Gaurdian

Signature

Relation

Acknowledgement : I have read & understood the above instructions and I understand that it is important to follow these instructions

Note : Please get the Case-Summary signed from the Admitting Doctor before commencing the Advice on discharge. Please take prior appointment for consultation with the Doctors.

---This Summary is valid only if admitting doctor has signed---



BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI
Gender/Age : Female / 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No : 23248580
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
ACCOMODATION											
07/10/2024		Orchid (Single)				3400.00	1	340.00	0.00	0.00	3060.00
08/10/2024		Orchid (Single)				3400.00	1	340.00	0.00	0.00	3060.00
09/10/2024		Orchid (Single)				3400.00	1	340.00	0.00	0.00	3060.00
10/10/2024		Orchid (Single)				3400.00	1	340.00	0.00	0.00	3060.00
ACCOMODATION TOTAL:											12,240.00
OBSTETRICS AND GYNAECOLOGY											
09/10/2024	B0487674	Laparoscopic for Complicated ovarian Cyst (Dr.Monika Jani)	Monika Jani			35650.00	1	3565.00	0.00	0.00	32085.00
OBSTETRICS AND GYNAECOLOGY TOTAL:											32,085.00
CONSULTATION											
		Follow-up Visit Senior Consultants (07/10/2024 , 08/10/2024 , 09/10/2024 , 10/10/2024 , 10/10/2024 , 11/10/2024)	Monika Jani			650.00	8	520.00	0.00	0.00	4680.00
		First Visit Senior Consultants (07/10/2024)	Monika Jani			750.00	1	75.00	0.00	0.00	675.00
		First Visit Senior Consultants (07/10/2024)	Atul Jani			750.00	1	75.00	0.00	0.00	675.00
CONSULTATION TOTAL:											6,030.00
INVESTIGATIONS											
CARDIOLOGY											
07/10/2024	252083346	Echo Color Doppler	Girish Hirode			1940.00	1	194.00	0.00	0.00	1746.00
CARDIOLOGY TOTAL											1,746.00
LABORATORY											
07/10/2024	252083346	Surgical Workup				2000.00	1	200.00	0.00	0.00	1800.00
07/10/2024	252083346	Prothombin Time (PRT)				270.00	1	27.00	0.00	0.00	243.00
07/10/2024	252083346	Urine routine analysis (Auto)				130.00	1	13.00	0.00	0.00	117.00
08/10/2024	252083388	Surgical Biopsy Medium				1600.00	1	160.00	0.00	0.00	1440.00
10/10/2024	252085033	Electrolyte (Na+ and K+)				400.00	1	40.00	0.00	0.00	360.00
10/10/2024	252085033	CBC				280.00	1	28.00	0.00	0.00	252.00
LABORATORY TOTAL											4,212.00
RADIOLOGY											
07/10/2024	252083363	CT Whole Abdomen with Contrast				11480.00	1	1148.00	0.00	0.00	10332.00
07/10/2024	252083346	X-Ray Chest PA				490.00	1	49.00	0.00	0.00	441.00
10/10/2024	252085033	X-Ray Abdomen Standing				490.00	1	49.00	0.00	0.00	441.00
RADIOLOGY TOTAL											11,214.00
INVESTIGATIONS TOTAL:											17,172.00

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BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.



BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANT
Gender/Age : Female / 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No : 015-0297
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
SERVICES											
ANAESTHESIA											
08/10/2024	B0488575	Vein Flow Insertion By Anesthetist	BAGH Doctor			330.00	1	33.00	0.00	0.00	297.00
09/10/2024	B0487674	Anaesthesia Charges	Aanal Bhavik Shah			10695.00	1	1069.50	0.00	0.00	9625.50
10/10/2024	B0488575	Vein Flow Insertion By Anesthetist	BAGH Doctor			330.00	1	33.00	0.00	0.00	297.00
ANAESTHESIA TOTAL											10,219.50
BLOOD BANK											
11/10/2024	B0488482	Grouping and Cross matching				370.00	1	37.00	0.00	0.00	333.00
BLOOD BANK TOTAL											333.00
CT SCAN											
07/10/2024	B0486631	Standby in CT Scan for IV Contrast	Kesha Mankad			500.00	1	0.00	0.00	0.00	500.00
CT SCAN TOTAL											500.00
CARDIOLOGY											
07/10/2024	B0486391	ECG				330.00	1	33.00	0.00	0.00	297.00
CARDIOLOGY TOTAL											297.00
ICU AND WARD SERVICES											
07/10/2024	B0486691	RBS Charges				50.00	1	5.00	0.00	0.00	45.00
07/10/2024	B0488575	RBS Charges				50.00	1	5.00	0.00	0.00	45.00
ICU AND WARD SERVICES TOTAL											90.00
KITCHEN											
07/10/2024	B0486467	Lemon Juice				25.00	1	0.00	0.00	0.00	25.00
KITCHEN TOTAL											25.00
MEDICAL SERVICES											
08/10/2024	B0488575	Urinary Catheterization Per Procedure	BAGH Doctor			400.00	1	40.00	0.00	0.00	360.00
08/10/2024	B0487764	I.V. Drip (Per Day)				250.00	1	25.00	0.00	0.00	225.00
09/10/2024	B0487764	I.V. Drip (Per Day)				250.00	1	25.00	0.00	0.00	225.00
10/10/2024	B0488408	I.V. Drip (Per Day)				250.00	1	25.00	0.00	0.00	225.00
MEDICAL SERVICES TOTAL											1,035.00
OPERATION THEATER											
09/10/2024	B0487674	OT Charges				12478.00	1	1247.80	0.00	0.00	11230.20
09/10/2024	B0487674	Laproscope - Instrument Charges [Diagnostic]				8913.00	1	891.30	0.00	0.00	8021.70
OPERATION THEATER TOTAL											19,251.90
OTHERS											
09/10/2024	B0487674	Assisting Surgeon charges	Pragnesh Desai			8913.00	1	891.30	0.00	0.00	8021.70
11/10/2024	ADMCH	Service Charges				17864.00	1	0.00	0.00	0.00	17864.10
OTHERS TOTAL											25,885.80

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BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.



BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI
Gender : Female
Age : 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No : 015-0297
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
REGISTRATION SERVICE											
07/10/2024	B0488575	IP Registration Fees				300.00	1	30.00	0.00	0.00	270.00

REGISTRATION SERVICE TOTAL 270.00

SERVICES TOTAL: 57,907.20

PHARMACY AND CONSUMABLES

DIALYSIS

08/10/2024	24250160078506	Inj. SODIUM CHLORIDE 0.9% 100ML EASY PORT		2061876L	31/08/2027	47.09	6	0.00	0.00	0.00	282.54
08/10/2024	24250550002818	Inj. PANTOCID IV 40MG *		NPA00067	30/06/2026	56.50	1	0.00	0.00	0.00	56.50
08/10/2024	24250550002818	Inj. SODIUM CHLORIDE 0.9% 100ML EASY PORT		2061876L	31/08/2027	47.09	1	0.00	0.00	0.00	47.09
08/10/2024	24250550002818	Inj. EMESET 4MG-2ML *		4A00351.	30/06/2027	13.35	1	0.00	0.00	0.00	13.35
08/10/2024	24250160078649	Inj. SODIUM CHLORIDE 0.9% 100ML EASY PORT		2061876L	31/08/2027	47.09	2	0.00	0.00	0.00	94.18

DIALYSIS TOTAL 493.66

MEDICAL

07/10/2024	24250120000474	Inj. ULTRAVIST 50 ML [370 MG]		KT0LVJ5	31/10/2026	1102.00	2	0.00	0.00	0.00	2204.00
08/10/2024	24250550002818	Inj. SUGMADEX 200MG./2ML.		BI240098A	31/05/2026	1620.00	1	0.00	0.00	0.00	1620.00
08/10/2024	24250160078506	Inj. PARAPRIME 1000MG/100ML		24F06177T.*	31/05/2026	448.80	3	0.00	0.00	0.00	1346.40
08/10/2024	24250550002818	Inj. ROCUNIUM 100MG/10ML. (HR)		1958010 ,	30/04/2026	1325.00	1	0.00	0.00	0.00	1325.00
08/10/2024	24250160078506	Inj. SUPACEF 750 IM - I.V.		23K04317,	31/08/2025	236.70	2	0.00	0.00	0.00	473.40
08/10/2024	24250550002818	Inj. PARAPRIME 1000MG/100ML		24F06177T	31/05/2026	448.80	1	0.00	0.00	0.00	448.80
08/10/2024	24250550002818	Inj. SUPACEF 1.5GM		24K01106	28/02/2026	379.38	1	0.00	0.00	0.00	379.38
08/10/2024	24250550002818	Inj. DEXTOMID 50 (HR)		1257015,	28/02/2026	372.00	1	0.00	0.00	0.00	372.00
08/10/2024	24250160078506	Inj. POSIFLUSH 5 ML (NS-PFS) *		4143451	31/05/2027	61.00	6	0.00	0.00	0.00	366.00
08/10/2024	24250550002818	Inj. SODIUM CHLORIDE 0.9 W/V 500ML. EASY PORT		1067094L	31/08/2027	98.48	3	0.00	0.00	0.00	295.44
08/10/2024	24250160078507	Inj. SUPACEF 750 IM - I.V.		23K01809	28/02/2025	236.70	1	0.00	0.00	0.00	236.70
08/10/2024	24250550002818	Inj. SODIUM CHLORIDE 1000ML. EASY PORT		3060884J..	30/06/2027	110.30	2	0.00	0.00	0.00	220.60
08/10/2024	24250160078506	Inj. RINGER LACTATE EASY PORT 500ML.		1137076L	31/08/2027	72.75	2	0.00	0.00	0.00	145.50
08/10/2024	24250160078506	Inj. PANTODAC I.V. 40MG. *		GAQ0058	28/02/2026	56.50	2	0.00	0.00	0.00	113.00
08/10/2024	24250550002818	Inj. BUPITROY 0.5% 20ML (HR)		B12585..	28/02/2026	99.00	1	0.00	0.00	0.00	99.00
08/10/2024	24250160078506	Inj. DYNAPAR AQ 1ML. *		PA24057,	30/04/2026	39.61	2	0.00	0.00	0.00	79.22
08/10/2024	24250160078507	Inj. RINGER LACTATE EASY PORT 500ML.		1136413C.*	28/02/2027	72.75	1	0.00	0.00	0.00	72.75
08/10/2024	24250160078146	Inj. RINGER LACTATE EASY PORT 500ML.		1137076L	31/08/2027	72.75	1	0.00	0.00	0.00	72.75
08/10/2024	24250550002818	Inj. RINGER LACTATE EASY PORT 500ML.		1137076L	31/08/2027	72.75	1	0.00	0.00	0.00	72.75
08/10/2024	24250550002818	Inj. MCT - ROF 10ML. * (HR)		1353024 ,	31/01/2026	72.50	1	0.00	0.00	0.00	72.50
08/10/2024	24250550002818	Inj. FENTANYL CITRETE 2ML. * (HR)		27422408..	28/02/2027	46.95	1	0.00	0.00	0.00	46.95
08/10/2024	24250550002818	Inj. HEKORTIN 100MG		D24AN002*.	31/12/2025	46.90	1	0.00	0.00	0.00	46.90

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BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.





BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI
Gender/Age : Female / 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No : 0915-0297
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

MC 004 23248580-0037
 N-2021-0139
 SAFE OT

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
08/10/2024	24250160078506	Inj. RUBUPHINE 10 MG		22182228*	31/01/2025	45.00	1	0.00	0.00	0.00	45.00
08/10/2024	24250160078506	Inj. DNS 500ML.		1D241894	31/03/2027	42.80	1	0.00	0.00	0.00	42.80
08/10/2024	24250550002818	Inj. DYNAPAR AQ 1ML. *		PA24057.	30/04/2029	39.60	1	0.00	0.00	0.00	39.60
08/10/2024	24250550002818	Inj. BUTRUM 1 MG.		MPF242316,	30/11/2026	39.00	1	0.00	0.00	0.00	39.00
08/10/2024	24250550002818	Inj. WATER FOR 10 ML *		2235238	31/10/2026	3.22	4	0.00	0.00	0.00	12.88
08/10/2024	24250550002818	Inj. AVIL 2ML.		0423050	31/05/2026	6.16	1	0.00	0.00	0.00	6.16
08/10/2024	24250160078506	Inj. PERINOM 2 ML I.M - I.V. *		GE254017D.	31/01/2027	5.98	1	0.00	0.00	0.00	5.98
09/10/2024	24250160078649	Inj. PARAPRIME 1000MG/100ML		24F06177T.*	31/05/2026	448.80	3	0.00	0.00	0.00	1346.40
09/10/2024	24250160078649	Inj. SUPACEF 750 IM - I.V.		23K04317,	31/08/2025	236.70	3	0.00	0.00	0.00	710.10
09/10/2024	24250160078649	Inj. POSIFLUSH 5 ML (NS-PFS) *		4143451	31/05/2027	61.00	4	0.00	0.00	0.00	244.00
09/10/2024	24250160078792	Tab. CEFTUM 500 MG		GUTC24042,	31/07/2026	57.60	4	0.00	0.00	0.00	230.40
09/10/2024	24250160078792	Tab. PANTOCID 40MG *		GTF1776A	31/05/2027	12.53	15	0.00	0.00	0.00	187.95
09/10/2024	24250160078649	Inj. RINGER LACTATE EASY PORT 500ML.		1137076L	31/08/2027	72.75	2	0.00	0.00	0.00	145.50
09/10/2024	24250160078680	Inj. RINGER LACTATE EASY PORT 500ML.		1136413C..	28/02/2027	72.75	2	0.00	0.00	0.00	145.50
09/10/2024	24250160078649	Inj. PANTODAC I.V. 40MG. *		GAQ0058	28/02/2026	56.50	2	0.00	0.00	0.00	113.00
09/10/2024	24250160078792	Tab. COMBIFLAM *		1021102	31/01/2026	2.53	20	0.00	0.00	0.00	50.60
09/10/2024	24250160078680	Inj. DNS 500ML.		1D241894	31/03/2027	42.80	1	0.00	0.00	0.00	42.80
09/10/2024	24250160078649	Inj. DYNAPAR AQ 1ML. *		PA24057,	30/04/2026	39.61	1	0.00	0.00	0.00	39.61
10/10/2024	24250160079345	Inj. POSIFLUSH 5 ML (NS-PFS) *		4143451	31/05/2027	61.00	3	0.00	0.00	0.00	183.00
10/10/2024	24250160079345	Inj. DNS 500ML.		1D241894	31/03/2027	42.80	2	0.00	0.00	0.00	85.60
10/10/2024	24250160079345	Oint DULCOFLEX SUPPOSITORY ADULT *		SA24009,	28/02/2026	40.71	2	0.00	0.00	0.00	81.42
10/10/2024	24250160079345	Inj. RINGER LACTATE EASY PORT 500ML.		1137076L	31/08/2027	72.75	1	0.00	0.00	0.00	72.75
11/10/2024	24250160079803	Tab. CEFTUM 500 MG		GUTC24042,	31/07/2026	57.60	8	0.00	0.00	0.00	460.80
11/10/2024	24250160079664	Tab. CEFTUM 500 MG		GUTC24042,	31/07/2026	57.60	4	0.00	0.00	0.00	230.40
MEDICAL TOTAL 14,670.29											

SURGICAL

07/10/2024	24250120000474	EXTENSION TUBE SINGLE 150CM REF ZY5151 (BAYER MEDICAL)		234501	30/11/2028	385.00	1	0.00	0.00	0.00	385.00
08/10/2024	24250550002818	SKIN STAPLER APPOSECOVIDIEN35W		J4B3389LY.	31/01/2029	1190.00	1	0.00	0.00	0.00	1190.00
08/10/2024	24250550002818	VICRYL PLUS 1 VP 2826E		T3009 ,	31/08/2028	922.00	1	0.00	0.00	0.00	922.00
08/10/2024	24250550002818	VENTILATOR CIRCUIT COMBO (DRAEGER)		231127,	26/11/2026	880.00	1	0.00	0.00	0.00	880.00
08/10/2024	24250550002818	DISP. GLOVES MICRO OPTIC 6.5 POWDER FREE		240601041T,	30/06/2027	125.00	5	0.00	0.00	0.00	625.00
08/10/2024	24250160078506	ECO BATH TOWELETES (24 X 30 CM) 10 WIPES		EP88	31/08/2026	575.00	1	0.00	0.00	0.00	575.00
08/10/2024	24250550002818	YANKAUR SUCTION HANDLE ROMSON		G24F010518.	31/05/2029	532.00	1	0.00	0.00	0.00	532.00
08/10/2024	24250550002818	T.U.R.SET POLYMED		2412670-E .	30/04/2029	449.00	1	0.00	0.00	0.00	449.00

Print Date & Time : 11/10/2024 2:56 PM

Page 4 of 7

BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.





BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI
Gender/Age : Female / 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No : 015-0297
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
08/10/2024	24250160078506	UNDERPADS 60 X90 CM.[ACTIFIT] LARGE		04102024	31/12/2026	220.00	2	0.00	0.00	0.00	440.00
08/10/2024	24250550002818	URO FLOW URINE BAG ROMSONS		G24G050527.	30/06/2029	395.00	1	0.00	0.00	0.00	395.00
08/10/2024	24250550002818	DISP. GLOVES MICROPTIC 7 POWDER FREE (ANSELL)		240500611T..	31/05/2027	125.00	3	0.00	0.00	0.00	375.00
08/10/2024	24250160078146	I V SET (INTRAFIX SAFESET) 10CM (B.BRAUN)		24E17K8901..	31/05/2029	323.00	1	0.00	0.00	0.00	323.00
08/10/2024	24250550002818	DISP. GLOVES MICROPTIC 7.5 POWDER FREE (ANSELL)		240400391T	30/04/2027	125.00	2	0.00	0.00	0.00	250.00
08/10/2024	24250160078506	GLOVES NONSTERILE MEDIUM		24F9870,	31/05/2027	25.00	10	0.00	0.00	0.00	250.00
08/10/2024	24250160078146	HANDSHIELD RUB 100ML.		H5B/24-F001.	31/07/2027	250.00	1	0.00	0.00	0.00	250.00
08/10/2024	24250550002818	OXYGEN CATHATOR NASAL PRONGS [INTERSURGICAL]		72311857	30/09/2028	245.00	1	0.00	0.00	0.00	245.00
08/10/2024	24250550002818	CAMERA COVER		TSS06 ,	31/05/2027	235.00	1	0.00	0.00	0.00	235.00
08/10/2024	24250550002818	DISPOSABLE SYRINGE 10ML [BD]		2404507,	31/03/2029	31.00	7	0.00	0.00	0.00	217.00
08/10/2024	24250550002818	DISCOFIX WITH TUBING 100 CM		24D03D9042	30/04/2027	186.00	1	0.00	0.00	0.00	186.00
08/10/2024	24250160078506	DISPOSABLE SYRINGE 10ML [BD]		2405505	30/04/2029	31.00	6	0.00	0.00	0.00	186.00
08/10/2024	24250550002818	FOLEYS CATHETER 2 WAY NO.12		MYHP4179.	31/01/2028	174.00	1	0.00	0.00	0.00	174.00
08/10/2024	24250550002818	ELECTRODES DISPOSABLE		20624D.	31/12/2026	36.00	3	0.00	0.00	0.00	108.00
08/10/2024	24250550002818	GLOVES NON STERILE LARGE		24A6195E..	31/12/2026	25.00	4	0.00	0.00	0.00	100.00
08/10/2024	24250550002818	DISPOSABLE SYRINGE 10ML [BD] LEUVER LOCK		4146561...	31/05/2029	47.00	2	0.00	0.00	0.00	94.00
08/10/2024	24250550002818	POLYTHEN DRAPE 150 X 140 CM		65...	30/06/2027	91.00	1	0.00	0.00	0.00	91.00
08/10/2024	24250550002818	RYLES TUBE NO. 12		G230611138	31/05/2028	77.00	1	0.00	0.00	0.00	77.00
08/10/2024	24250550002818	DISP. GLOVES STERILE [NULIFE] NO 7.5		SMB3J23	30/09/2028	73.00	1	0.00	0.00	0.00	73.00
08/10/2024	24250550002818	DISPOSABLE GLOVES STERILE [NULIFE] NO 6		SMP1F24.	31/05/2029	73.00	1	0.00	0.00	0.00	73.00
08/10/2024	24250550002818	DISPOSABLE SYRINGE 5ML [BD]		4096378,..	31/03/2029	16.50	3	0.00	0.00	0.00	49.50
08/10/2024	24250550002818	DISP.PLASTIC APRON [HALF GOWN] SAFE LINE.		06092024	31/12/2026	20.00	2	0.00	0.00	0.00	40.00
08/10/2024	24250160078506	DISPOSABLE NEEDLE 18 X 1.5		4096264..	31/03/2029	6.50	6	0.00	0.00	0.00	39.00
08/10/2024	24250550002818	DISPOSABLE SYRINGE 5ML [L-LOCK]		4096398,..	31/03/2029	31.00	1	0.00	0.00	0.00	31.00
08/10/2024	24250550002818	TRANSOFIX		24A24A8141	31/01/2029	30.00	1	0.00	0.00	0.00	30.00
08/10/2024	24250550002818	DISPOSABLE SYRINGE 3 ML + 24 G 1 [BD]		4020245	31/01/2029	27.50	1	0.00	0.00	0.00	27.50
08/10/2024	24250550002818	DISPOSABLE SYRINGE 2ML [BD]		4158611	31/05/2029	12.00	2	0.00	0.00	0.00	24.00
08/10/2024	24250550002818	DISPOSABLE NEEDLE 18 X 1.5		4096264	31/03/2029	6.50	3	0.00	0.00	0.00	19.50
09/10/2024	24250160078649	GLOVES NONSTERILE MEDIUM		24F9870,	31/05/2027	25.00	10	0.00	0.00	0.00	250.00
09/10/2024	24250160078792	MICROPORE 2 (3M)		R04240508.	31/03/2029	246.00	1	0.00	0.00	0.00	246.00
09/10/2024	24250160078649	DISPOSABLE SYRINGE 10ML [BD]		2405505	30/04/2029	31.00	4	0.00	0.00	0.00	124.00
09/10/2024	24250160078649	DISPOSABLE NEEDLE 18 X 1.5		4096264..	31/03/2029	6.50	4	0.00	0.00	0.00	26.00
10/10/2024	24250160079345	VENFLON PRO SAFTY 22G. (BD)		4115027,	30/04/2027	485.00	2	0.00	0.00	0.00	970.00

Print Date & Time : 11/10/2024 2:56 PM

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BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 VARODA - 390 003.



BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI
Gender/Age : Female / 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No : 015-0297
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
10/10/2024	24250160079345	Q-SYTE 1.60 ML-15CM (BI-EXTENSION SET)		4183035	30/06/2027	629.00	1	0.00	0.00	0.00	629.00
10/10/2024	24250160079345	I V SET (INTRAFIX SAFESET) 10CM (B.BRAUN)		24G12K8902	31/07/2029	323.00	1	0.00	0.00	0.00	323.00
10/10/2024	24250160079345	TEGADERM I.V.1633		106925212..	31/05/2027	214.00	1	0.00	0.00	0.00	214.00
10/10/2024	24250160079345	GLOVES NONSTERILE MEDIUM		24F9870,	31/05/2027	25.00	6	0.00	0.00	0.00	150.00

SURGICAL TOTAL 12,892.50

PHARMACY AND CONSUMABLES TOTAL: 28,056.45

PHARMACY RETURNS

CENTRAL DRUG STORE


10/10/2024	24250120000474	PERINOM 2 ML I.M - I.V. *				-5.98	1	0.00	0.00	0.00	-5.98
10/10/2024	24250120000474	DNS 500ML.				-42.80	1	0.00	0.00	0.00	-42.80
10/10/2024	24250120000474	DISPOSABLE NEEDLE 18 X 1.5				-6.50	7	0.00	0.00	0.00	-45.50
10/10/2024	24250120000474	PANTODAC I.V. 40MG. *				-56.50	2	0.00	0.00	0.00	-113.00
10/10/2024	24250120000474	DYNAPAR AQ 1ML. *				-39.61	3	0.00	0.00	0.00	-118.83
10/10/2024	24250120000474	SODIUM CHLORIDE 0.9% 100ML EASY PORT				-47.09	4	0.00	0.00	0.00	-188.36
10/10/2024	24250120000474	DISPOSABLE SYRINGE 10ML [BD]				-31.00	7	0.00	0.00	0.00	-217.00
10/10/2024	24250120000474	RINGER LACTATE EASY PORT 500ML.				-72.75	3	0.00	0.00	0.00	-218.25
10/10/2024	24250120000474	POSIFLUSH 5 ML (NS-PFS) *				-61.00	7	0.00	0.00	0.00	-427.00
10/10/2024	24250120000474	UNDERPADS 60 X90 CM.[ACTIFIT] LARGE				-220.00	2	0.00	0.00	0.00	-440.00
10/10/2024	24250120000474	SUPACEF 750 IM - I.V.				-236.70	4	0.00	0.00	0.00	-946.80
10/10/2024	24250120000474	PARAPRIME 1000MG/100ML				-448.80	4	0.00	0.00	0.00	-1795.20

CENTRAL DRUG STORE TOTAL -4,558.72

PHARMACY RETURNS TOTAL: -4,558.72

Print Date & Time : 11/10/2024 2:56 PM

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BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.



BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI
Gender/Age : Female / 25 Y
Mobile No : 7096399166
Address : A-704, DARSHANAM CENTRAL PARK
Admitting : Dr.Monika Jani
Category : Reimbursement (United TPA)

MR No 015-0297
IP No : 39051
Bill No : 24008900
Bill Date : 11/10/2024 2:54 PM
Admission Date : 07/10/2024 11:38 AM
Discharge Date : 11/10/2024 12:03 PM
Billing Category : Single

Rupees in : ONE LAKH FOURTY EIGHT THOUSAND NINE HUNDRED AND THIRTY TWO ONLY
RUPEES ONLY

Gross Total : 160,826.00
CGST : 0.00
SGST : 0.00
MOU Discount : 11,893.90
Net Bill Amount : 148,932.00

Prepared By : PRITI.VANKAR



(IP No)



(Bill No)

Service Category : Exempted Healthcare Services *EXMPT - Exempted

PAN : AAATB1585B, SAC : 9993, GST : 24AAATB1585B1ZA

"Inadmissible Medicines & Consumable to be paid by patient"


 BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 BARODA - 390 003.





BHAILAL AMIN GENERAL HOSPITAL



Final Money Receipt

MR No.	: 23248580	IP No.	: 39051
Parent Name	: Ms. SHYAMA SAMANI	Receipt No	: 2300288954
Gender / Age	: Female / 25 Years 10 Months 10 Days	Receipt Date	: 11/10/2024 3:14 PM
Doctor Name	: Dr. Monika Jani, Obstetrics and Gynaecology	Mobile No.	: 7096399166
Address	: A-704, DARSHANAM CENTRAL PARK		

IP Advance

Amount of Rs. 98932/-

Payment Type	: NEFT
Amount	: 98932.00
Amount In Words	: Rupees Ninety Eight Thousand Nine Hundred and Thirty Two Only
	: 465143621406
Bank Name	: HDFC BANK

BHAILAL AMIN GENERAL HOSPITAL

Bhailal Amin & Co. (Authorised Signatory)

Printed By : SHIVANI.VERMA/10/2024 03:14 PM

Created By : SHIVANI.VERMA/10/2024 03:14 PM

📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003

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24/7 Emergency Services

FOR ALL YOUR HEALTHCARE NEEDS

080 69 70 70 70



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



Advance Money Receipt

IP No. : 23248580
 Patient Name : **Ms. SHYAMA SAMANI**
 Gender / Age : Female / 25 Years 10 Months 10 Days
 Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
 Address : A-704, DARSHANAM CENTRAL PARK

IP No. : 39051
 Receipt No : 2300286651
 Receipt Date : 07/10/2024 11:41 AM
 Mobile No. : 7096399166

Amount of Rs. 50000/-

IP Advance

Payment Type : Cash
 Amount : 50000.00
 Amount In Words : Rupees Fifty Thousand Only

Wani

BHAILAL AMIN GENERAL HOSPITAL
 Bhailal Amin Marg, Gorwa,
 VADODARA - 390 003.

(Authorised Signatory)

Created By : KHUSHBU.SONANI/10/2024 11:41 AM

Printed By : KHUSHBU.SONANI/10/2024 11:41 AM

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 🌐 www.baghospital.com



FOR ALL YOUR HEALTHCARE NEEDS
080 69 70 70 70

10/9/24

Shyama Samani

adv

USG pelvis

Myani
(Dr M. Jani)

1/10/24

Shyama Samani

adv

I

pelvic USG

II

CA - 125

Shyama



Cash Memo / Receipt

No.: 11009

Date: 10/0/2021

Karelibaug Diagnostic Centre

• Multislice Whole body CT scan
• CT Angiography • Sonography • Color Doppler • Digital X-Ray
3, Virnagar Society, Opp. Reliance Digital, Opp. Sbi & Kotak Mahindra Bank,
Vip Road, Karelibaug, Vadodara - 390018. Mo.: 91640 00417

Received with thanks from Suyamal Samrani
24416

1. C.T. Scan Charges ₹

2. C.T.Angiography Charges ₹

3. Sonography Charges pelvis ₹ 1200/-

4. Color Doppler Charges ₹

5. Digital X-RAY Charges ₹

6. Anesthetic Charges ₹

7. Other Charges ₹

TOTAL ₹ 1200/-

Rupees : one thousand
hundred

cash

For, Karelibaug Diagnostic Centre





BHAILAL AMIN GENERAL HOSPITAL

ESTD 1984



Hospital Bill

MR No : 23248580
 Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 10 Months 6 Days
 Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
 Category : General

Bill No. : 251054649
 Bill Date : 03/10/2024 11:56 AM
 Mobile No. : 7096399166

Description	Performing Doctor	Qty	Rate	Gross Amt
Subsequent Visit / Consultation	Dr. Monika Jani	1	600	600
		1	600	600
Net Amount :				600

Cash 600
 Amount In Words : Rupees six hundred Only

PAID

Printed By : NIMISHA 03/10/2024 11:56 AM
 PAN: AAATB1585B GST NO: 24AAATB1585B1ZA SAC: 1993

Created By : NIMISHA

Page 1 of 1



BHAILAL AMIN GENERAL HOSPITAL

Hospital Bill



MR No : 23248580
 Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 9 Months 16 Days
 Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
 Category : General

Bill No. : 251047171
 Bill Date : 12/09/2024 05:07 PM
 Mobile No. : 7096399166

Description	Performing Doctor	Qty	Rate	Gross Amt
OP Registration Fees		1	100	100
First Visit Consultants	Dr. Monika Jani	1	600	600
		2	700	700
Net Amount			700	700

Cash 700

Amount In Words : Rupees seven hundred Only

PAID

Printed By : NIMISHA 12/09/2024 05:08 PM
 PAN: AAATB1585B GST NO: 24AAATB1585B1ZA SAC: 1993

Created By : NIMISHA

Page 1 of 1



Spandan House, Basement,
Arpitanagar, Besides Shakti Farsan,
Ellorapark, Vadodara . 390023

Bill / Invoice

Invoice No. : 2 Date : 01-10-2024
Patient Name : SHYAMA SAMANI
Patient Age : 26 Gender : FEMALE
Referred By : DR. MONIKA JANI

Test / Profile	Amount
CBC, CA-125	1570.00

Total : 1570.00
Paid :
Due :

Payment Mode Cash / UPI Grand Total : 1,570.00

Amount chargeable Rs.: One Thousand Five Hundred Seventy Only

Subsequently you may collect hard copy from our centre during working hours.

BILLED BY : Receptionist



Dear Customer - You shall receive an SMS; as soon as your report/s is ready. Your report/s shall be e-mailed to your registered email address & we request you to please do check on your Spam/Junk folder; if not found in your Inbox.



PARAMOUNT DIAGNOSTIC & RESEARCH CENTRE - 2

(A UNIT OF PARAMOUNT CHARITY TRUST, REGN. NO. E-2469)

**X - RAY - USG - MAMMOGRAPHY - OPG - BMD - MOLICULAR BIOLOGY -
RADIOLOGY - PATHOLOGY - HISTOPATHOLOGY**

OPP. BRAMHAN SABHA HALL, PRATAP ROAD, DANDIA BAZAR,
VADODARA. PH : 0265-2423233, 6352734810

2024 - 25

3774

Date : 1/10/24
B

A

Received with thanks from : _____

Patient's Name : Shyama Samman's

Digital X ray / USG / Colour Doppler / Mammography : Rs. 1400/-

SMO
Pervis

Nursing, Medication &

Anesthesia Charges :

Rs. /

Total (A+B) : Rs. 1400/-

(Rupees in words) : Fourteen hundred only

SUBJECT TO VADODARA JURISDICTION ONLY.

For **PARAMOUNT DIAGNOSTIC & RESEARCH CENTRE - 2**

2



BHAILAL AMIN GENERAL HOSPITAL

ESTD 1966



Hospital Bill

MR No	: 23248580	Bill No.	: 251058221
Patient Name	: Ms. SHYAMA SAMANI	Bill Date	: 15/10/2024 11:13 AM
Gender / Age	: Female / 25 Years 10 Months 18 Days	Mobile No.	: 7096399166
Doctor Name	: Dr. Monika Jani, Obstetrics and Gynaecology		
Category	: General		

Description	Performing Doctor	Qty	Rate	Gross Amt
Subsequent Visit / Consultation	Dr. Monika Jani	1	600	600
		1	600	600
Net Amount			:	600

Cash 600
Amount In Words : Rupees six hundred Only

PAID

Printed By : PARIMALA.KUMAR 15/10/2024 11:13 AM
PAN: AAATB1585B GST NO: 24AAATB1585B1ZA SAC: 1993

Created By : PARIMALA.KUMAR

Page 1 of 1

📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003
🌐 www.baghospital.com



FOR ALL YOUR HEALTHCARE NEEDS
080 69 70 70 70



TAX Invoice - Original for Recipient

Bill No / Date : 24250570016136 / 15/10/2024
 Doctor Name : Dr.Monika Jani
 MR No : 23248580

Patient Name : Ms.SHYAMA SAMANI
 Gender/Age : Female , 25 Years 10 Months 18 Days
 Mobile No. : 7096399166
 Category : General

Pharmaceutical Item	HSN Code	Mfg.	BatchNo	Exp.Dt	SGST%	Amt	CGST%	Amt	Qty	MRP	Taxable Value
ENDOREG 2MG.	30033100	JGSP	NR01290A	30/04/2027	6	93.87	6	93.87	28	62.58	1564.50

RUPEES ONE THOUSAND SEVEN HUNDRED AND FIFTY TWO

DL No : GJ-VAD-161438, GJ-VAD-161439 Dt: 26-Dec-2018

For, Bhailal Amin General Hospital

Taxable Value : 1564.50
 Add SGST : 93.87
 Add CGST : 93.87
Total Bill Amount : 1752.00

"Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back". Original bill required for returns.

PAID
 AMIT DARI
 Pharmacist Signature



BHAILAL AMIN GENERAL HOSPITAL

ESTD. 1964



TAX Invoice - Original for Recipient

Patient Name : Ms.SHYAMA SAMANI
 Gender/Age : Female , 25 Years 10 Months 18 Days
 Mobile No. : 7096399166
 Category : General

Bill No / Date : 24250570016059 / 15/10/2024
 Doctor Name : Dr.Monika Jani
 MR No : 23248580

Pharmaceutical Item	HSN Code	Mfg.	BatchNo	Exp.Dt	SGST%	Amt	CGST%	Amt	Qty	MRP	Taxable Value
BECOSULES Z	30045039	PFIZ	2430009N..	30/06/2025	6	2.98	6	2.98	20	2.78	49.64
TONOFOLIC-Z *	30045010	UP	TT24099	30/04/2026	6	3.65	6	3.65	30	2.27	60.80
Taxable Value :											110.44
Add SGST :											6.63
Add CGST :											6.63
Total Bill Amount :											124.00

RUPEES ONE HUNDRED AND TWENTY FOUR ONLY
 DL No : GJ-VAD-161438, GJ-VAD-161439 Dt: 26-Dec-2018
 For, Bhailal Amin General Hospital

"Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back". Original bill required for returns.

[Signature]
 Pharmacist Signature

Place of Supply : GUJARAT
 PAN : AAATB1585B GST No : 24AAATB1585B1ZA

~~1777x2~~
(200000-100)

⇒ 100k



BHAILAL AMIN GENERAL HOSPITAL

ESTD 1944

Hospital Bill



MR No : 23248580
Patient Name : Ms. SHYAMA SAMANI
Gender / Age : Female / 25 Years 10 Months 26 Days
Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology
Category : General

Bill No. : 251061263
Bill Date : 23/10/2024 11:51 AM
Mobile No. : 7096399166

Description	Performing Doctor	Qty	Rate	Gross Amt
Subsequent Visit / Consultation	Dr. Monika Jani	1	600	600
		1	600	600

Net Amount : 600

Cash 600

Amount In Words : Rupees six hundred Only

PAID

Printed By : NIMISHA 23/10/2024 11:51 AM
PAN: AAATB1585B GST NO: 24AAATB1585B1ZA SAC: 1993

Created By : NIMISHA

Page 1 of 1



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1944



TAX Invoice - Original for Recipient

Patient Name : Ms.SHYAMA SAMANI
Gender/Age : Female , 25 Years 10 Months 26 Days
Mobile No. : 7096399166
Category : General

Bill No / Date : 24250570016815 / 23/10/2024
Doctor Name : Dr.Monika Jani
MR No : 23248580

Pharmaceutical Item	HSN Code	Mfg.	BatchNo	Exp.Dt	SGST%	Amt	CGST%	Amt	Qty	MRP	Taxable Value
BECOSULES Z	30045039	PFIZ	2430009N...	30/06/2025	6	5.955	6	5.955	40	2.78	99.29
ENDOREG 2MG.	30033100	JGSP	NR01290A	30/04/2027	6	140.805	6	140.805	42	62.58	2346.75

RUPEES TWO THOUSAND SEVEN HUNDRED AND FOURTY ONLY

DL No : GJ-VAD-161438, GJ-VAD-161439 Dt: 26-Dec-2018

For, Bhailal Amin General Hospital

Taxable Value : 2446.04
Add SGST : 146.76
Add CGST : 146.76
Total Bill Amount : 2740.00

"Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back". Original bill required for returns.

PAID

AVNI.P

Pharmacist Signature

Page 1 of 1

Place of Supply : GUJARAT

PAN : AAATB1585B GST No : 24AAATB1585B1ZA



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



TAX Invoice - Original for Recipient

Patient Name : Ms.SHYAMA SAMANI
Gender/Age : Female , 25 Years 10 Months 28 Days
Mobile No. : 7096399166
Category : General

Bill No / Date : 24250570017037 / 25/10/2024
Doctor Name : Dr.Monika Jani
MR No : 23248580

Pharmaceutical Item	HSN Code	Mfg.	BatchNo	Exp.Dt	SGST%	Amt	CGST%	Amt	Qty	MRP	Taxable Value
ENDOREG 2MG.	30033100	JGSP	NR01920A	30/04/2027	6	93.87	6	93.87	28	62.58	1564.50
TONOFOLIC-Z *	30045010	UP	TT24121	30/06/2026	6	7.295	6	7.295	60	2.27	121.61

Taxable Value : 1686.11

Add SGST : 101.17

Add CGST : 101.17

Total Bill Amount : 1888.00

RUPEES ONE THOUSAND EIGHT HUNDRED AND EIGHTY EIGHT ONLY

DL No : GJ-VAD-161438, GJ-VAD-161439 Dt: 26-Dec-2018

For, Bhailal Amin General Hospital

"Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back". Original bill required for returns.

PAID

AVNIP

Pharmacist Signature

Page 1 of 1

Place of Supply : GUJARAT

PAN : AAATB1585B GST No : 24AAATB1585B1ZA




Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 10 Months 10 Days
 MR No / Bill No. : 23248580 / 252083346
 Consultant : Dr. Monika Jani
 Location : Recovery - 2

Type / IPNO : IP / 39051
 Request No. : 271598
 Request Date : 07/10/2024 12:30 PM
 Collection Date : 07/10/2024 01:02 PM
 Approval Date : 07/10/2024 04:02 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	7.5		4.6 - 8.0
Specific Gravity	1.001		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---


 Dr. Ameet Soni
 MD (Path)



Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 10 Months 10 Days
 MR No / Bill No. : 23248580 / 252083346
 Consultant : Dr. Monika Jani
 Location : Recovery - 2

Type / IPNO : IP / 39051
 Request No. : 271587
 Request Date : 07/10/2024 12:30 PM
 Collection Date : 07/10/2024 12:47 PM
 Approval Date : 07/10/2024 05:35 PM

Surgical Workup

Test	Result	Units	Biological Ref. Range
Haemoglobin	11.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.82	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	34.8	%	36 - 46
Mean Corpuscular Volume (MCV)	72.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	22.8	pg	27 - 32
MCH Concentration (MCHC)	31.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	17.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.9	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.81	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	57	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	7	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.88	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.29	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.15	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.43	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	637	thou/cmm	150 - 410
Smear evaluation	Increased		
ESR	25	mm/1 hr	0 - 12
RBC Series	Hypochromia +, Microcytosis +, Anisocytosis +		
WBC Series			
WBC Series	As described, otherwise unremarkable		



Patient Name	: Ms. SHYAMA SAMANI	Type / IPNO	: IP / 39051
Gender / Age	: Female / 25 Years 10 Months 10 Days	Request No.	: 271587
MR No / Bill No.	: 23248580 / 252083346	Request Date	: 07/10/2024 12:30 PM
Consultant	: Dr. Monika Jani	Collection Date	: 07/10/2024 12:47 PM
Location	: Recovery - 2	Approval Date	: 07/10/2024 05:35 PM

Surgical Workup

Test	Result	Units	Biological Ref. Range
Malarial Parasite (MP)	Not Detected by Thin and thick smear examination		
Blood Group			
ABO system	O		
Rh system.	Positive		
Random Plasma Glucose			
Random Plasma Glucose	84	mg/dL	70 - 200
<i>(Done by Colorimetric - Glucose Oxidase peroxidase on Vitros 5600)</i>			
Creatinine			
Creatinine	0.52	mg/dL	0.6 - 1.1
<i>(Done by Twopoint Rate - Creatinine Aminohydrolase, IFCC-IDMS Standardized on Vitros 5600)</i>			
Estimate Glomerular Filtration rate	More than 60		
<i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>			
HIV combi screening			
HIV combi screening	Non-Reactive		
<i>(Method : Done by CLIA based method on automated immunoassay Vitros 5600)</i>			
<i>Note / remark : The HIV combi screening on e 411 Cobas is intended for qualitative determination of HIV - 1 p24 antigen and antibodies to HIV , including group O and HIV 2. It is 4th. Generation assay. Its clinical sensitivity claimed to be 99.8 % and specificity 99.42 % , in manufacturers performance evaluation. However, before firm clinical opinions are made when it is clinically desirable, confirmatory tests are recommended. A Negative test result does not exclude the possibility of exposure to or infection to AIDS. Repeatedly reactive samples must be confirmed according to recommendation by PCR based assay.)</i>			
Hepatitis B Surface Antigen (HBsAg)			
Hepatitis B Surface Antigen (HBsAg)	Non-Reactive		
<i>(Method : Done by CLIA on automated immunoassay Vitros 5600)</i>			
<i>Note / remark : The HBsAg screening on e 411 Cobas is intended for qualitative determination of hepatitis B surface antigen. The assay is designed in order to detect multitudes of its mutants. Its clinical sensitivity claimed to be 100 % and specificity 99.98 % , in manufacturers performance evaluation</i>			
Hepatitis C virus (HCV) Antibody			
Hepatitis C virus (HCV) Antibody	Non-Reactive		
<i>(Method : Done by CLIA based method on automated immunoassay Vitros 5600)</i>			
<i>Note / remark : Anti HCV screening on e Vitros 5600 is intended for qualitative determination of Antibodies to hepatitis C virus. The assay uses peptides and recombinant antigens representing core, NS3 and NS4 proteins for the determination of anti HCV antibodies. For diagnostic purposes, the results should always be assessed in conjunction with the medical history, clinical examination and other findings. Due to long time period from infection to seroconversion, negative anti HCV test result may occur during early infection. The detection of anti HCV antibodies indicates a present or past infection with hepatitis C virus, but does not differentiate between acute, chronic or resolved infection. Its clinical sensitivity claimed to be 99.72 % and specificity 99.58 % , in manufacturers performance evaluation.)</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1984

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. SHYAMA SAMANI
Gender / Age : Female / 25 Years 10 Months 10 Days
MR No / Bill No. : 23248580 / 252083346
Consultant : Dr. Monika Jani
Location : Recovery - 2

Type / IPNO : IP / 39051
Request No. : 271587
Request Date : 07/10/2024 12:30 PM
Collection Date : 07/10/2024 12:47 PM
Approval Date : 07/10/2024 05:35 PM

Surgical Workup

--- End of Report ---

Dr. Ameet Soni
MD (Path)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 10 Months 10 Days
 MR No / Bill No. : 23248580 / 252083346
 Consultant : Dr. Monika Jani
 Location : Recovery - 2

Type / IPNO : IP / 39051
 Request No. : 271587
 Request Date : 07/10/2024 12:30 PM
 Collection Date : 07/10/2024 12:47 PM
 Approval Date : 07/10/2024 03:11 PM

Haematology

Test	Result	Units	Biological Ref. Range
Prothombin Time (PRT)			
Test	14.67	seconds	12.1 - 14.8
MNPT	13.5	seconds	
PT Ratio	1.09		
INR	1.09		

* Done by Viscosity based Clot detection method.

* Human Origin Thromboplastin Material Used.

* Standerdization against BCT(British Corporative Thromboplastin) with ISI close to 1.0.

* It is recommended to use INR to compensate interlaboratory variations arising due to different batch/products used...

* MNPT is mean of Normalised Prothrombin time, for lot specific reagent.

--- End of Report ---

Dr. Ameer Soni
MD (Path)



Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 10 Months 11 Days
 MR No / Bill No. : 23248580 / 252083988
 Consultant : Dr. Monika Jani
 Location : Orchid Single

Type / IPNO : IP / 39051
 Request No. : 272019
 Request Date : 08/10/2024 06:31 PM
 Collection Date : 08/10/2024 06:31 PM
 Approval Date : 12/10/2024 12:47 PM

Surgical Biopsy Medium

Test	Result	Units	Biological Ref. Range
Specimen / Clinical Details	Left sided ovarian cyst ? Endometriosis		
Specimen No.	1019/24		
Gross Examination	Received opened up greyish brown and whitish cyst wall tissue, measuring 6 x 4 cms, having thickness upto 0.6 cms. Some of the pieces have brownish coating on inner surface. No papillary are or solid nodule present.		
Section No.	1019 ABC/24		
Microscopic Findings	Sections show cyst wall lined by hemosiderin laden macrophages as well as endometrial type glandular lining with supportive stroma. The cyst wall is made up of ovarian stroma. The cyst wall shows spindly ovarian stroma and foamy macrophages at places. There is no evidence of neoplastic change.		
HPE Impression	Left sided ovarian cyst : Haemorrhagic endometriotic cyst		

Note : Retention period for biopsy specimen / residual tissue(if any) from specimen submitted for HPE is 30 days, after date of reporting. All sections and blocks for this lab request / specimen number are handed over to patient with this report. Processed tissue is embedded in paraffin block/s, which should not get exposed to direct sun light or heat. Please preserve them properly at ambient temperature for future reference.

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Ms. SHYAMA SAMANI
 Gender / Age : Female / 25 Years 10 Months 13 Days
 MR No / Bill No. : 23248580 / 252085033
 Consultant : Dr. Monika Jani
 Location : Orchid Single

Type / IPNO : IP / 39051
 Request No. : 272579
 Request Date : 10/10/2024 02:31 PM
 Collection Date : 10/10/2024 02:40 PM
 Approval Date : 10/10/2024 03:53 PM

CBC

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Haemoglobin	9.7	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.13	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	29.6	%	36 - 46
Mean Corpuscular Volume (MCV)	71.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	23.5	pg	27 - 32
MCH Concentration (MCHC)	32.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	17.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.1	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.44	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	71.6	%	40 - 80
Lymphocytes	18.7	%	20 - 40
Eosinophils	2.4	%	1 - 6
Monocytes	6.8	%	2 - 10
Basophils	0.5	%	0 - 2
Polymorphs (Abs. Value)	6.05	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.58	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.20	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.57	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.6	%	1 - 3 : Borderline > 3 : Significant

Platelet Count

Platelet Count **506** thou/cmm 150 - 410

Remarks

This is cell counter generated CBC report, Smear review is not done

-365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Ms. SHYAMA SAMANI	Type / IPNO	: IP / 39051
Gender / Age	: Female / 25 Years 10 Months 13 Days	Request No.	: 272579
MR No / Bill No.	: 23248580 / 252085033	Request Date	: 10/10/2024 02:31 PM
Consultant	: Dr. Monika Jani	Collection Date	: 10/10/2024 02:40 PM
Location	: Orchid Single	Approval Date	: 10/10/2024 03:53 PM

CBC

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

--- End of Report ---

Dr. Ameer Soni
MD (Path)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



Patient Name	: Ms. SHYAMA SAMANI	Type / IPNO	: IP / 39051
Gender / Age	: Female / 25 Years 10 Months 13 Days	Request No.	: 272579
MR No / Bill No.	: 23248580 / 252085033	Request Date	: 10/10/2024 02:31 PM
Consultant	: Dr. Monika Jani	Collection Date	: 10/10/2024 02:40 PM
Location	: Orchid Single	Approval Date	: 10/10/2024 03:53 PM

Electrolyte (Na+ and K+)

Test	Result	Units	Biological Ref. Range
Sodium (Na+) (Done by Direct ISE - Potentiometric on Vitros 5600)	139	meq/L	136 - 146
Potassium (K+) (Done by Direct ISE - Potentiometric on Vitros 5600)	3.5	meq/L	3.4 - 5.1

--- End of Report ---

Dr. Ameer Soni
MD (Path)



- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580 Report Date : 10/10/2024
 Request No. : 190139984 07/10/2024 12.54 PM
 Patient Name : **Ms. SHYAMA SAMANI**
 Gender / Age : Female / 25 Years 10 Months 10 Days
 IP No : 39051

CT Whole Abdomen with Contrast

Clinical History: Left ovarian lesion - ? endometriotic cyst.

Technique: A plain and contrast study has been performed on a multi-slice machine. Non-ionic contrast has been used. Diluted mannitol has been administered as oral contrast. Additional few delayed sections also have been obtained.

OBSERVATIONS:

There is moderate size multiseptated left ovarian cystic lesion seen. It measures around 8.9 x 7.9 x 7.5 cm (transverse x anteroposterior x craniocaudal). This lesion has multiloculated component along its inferolateral aspect which shows hyperattenuated contents / blood products within. Otherwise, no significant soft tissue component or papillary projection in this lesion is observed.

The left ureter passes posterolateral to the lesion. Splaying of adjacent small bowel loop as well as adjacent sigmoid colon is observed.

There is intensely enhancing left adnexal lesion of around 1.8 x 1.7 cm also observed.

The right ovary appears bulky. It shows few follicles within which show slightly hyperattenuated content with corresponding MRI T2 weighted sequence shows T2 shading effect.

Liver appears normal in size. No focal hepatic lesion is seen. There is no dilatation of the intrahepatic biliary radicals. The intrahepatic vasculature appears unremarkable.

Gall bladder is adequately distended. There is no evidence of any radio-opaque gall bladder calculus or gall bladder wall thickening. The CBD is not dilated.

Pancreatic parenchymal morphology and lobulations are preserved. There is no pancreatic

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580 Report Date : 10/10/2024
Request No. : 190139984 07/10/2024 12.54 PM
Patient Name : **Ms. SHYAMA SAMANI**
Gender / Age : Female / 25 Years 10 Months 10 Days
IP No : 39051

CT Whole Abdomen with Contrast

parenchymal calcification and ductal dilatation.

Spleen is normal in size. No focal splenic lesion is seen.

Both adrenal glands are unremarkable.

Both kidneys are normal in size, shape and position. There is no hydronephrosis or cortical scarring. There are no calculi seen. Bilateral perinephric fat planes are unremarkable. Both ureter and periureteric fat planes are unremarkable. The contrast enhancement and excretion of both kidneys are preserved.

Celiac artery, superior mesenteric artery and inferior mesenteric artery are unremarkable. The portal vein, splenic vein and superior mesenteric vein are patent.

There is no ascites.

There is no significant adenopathy seen in the mesentery or in the retroperitoneum.

There is no significant peritoneal or omental abnormality as such perceived.

Visualized lower chest appears unremarkable.

The bone window settings do not demonstrate any significant lytic or sclerotic lesion.

IMPRESSION:

- **Moderate size left ovarian cystic lesion observed with this lesion has multiloculated component along its posterolateral aspect which shows hyperattenuated contents / T2 shading effect on limited T2 weighted sequence. It likely represents endometriotic cyst. Left ureter passes left posterolaterally to the lesion. Splaying of adjacent small bowel loop observed. The sigmoid colon passes superior and medially to the lesion.**



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580 Report Date : 10/10/2024
 Request No. : 190139984 07/10/2024 12.54 PM
 Patient Name : **Ms. SHYAMA SAMANI**
 Gender / Age : Female / 25 Years 10 Months 10 Days
 IP No : 39051

CT Whole Abdomen with Contrast

- Few hemorrhagic follicles in the right ovary favoring endometriotic cysts also observed.
- Small intensely enhancing lesion noted in the left adnexa which shows corresponding gross T2 hypointensity on limited MRI cuts - ? small broad ligament fibroid - ? endometrial deposit in the left ovarian parenchyma.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Kaushal V Sheth

Dr. Kaushal V Sheth,
 Consultant Radiologist



Patient No. : 23248580 Report Date : 07/10/2024
Request No. : 190139960 07/10/2024 12.30 PM
Patient Name : Ms. SHYAMA SAMANI
Gender / Age : Female / 25 Years 10 Months 10 Days
IP No : 39051

Echo Color Doppler

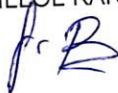
MITRAL VALVE : TRIVIAL MR, NO MS
AORTIC VALVE : TRILEAFLET, NO AR, NO AS
TRICUSPID VALVE : TRIVIAL TR, NO PAH,
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR, TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NORMAL LV DIASTOLIC FUNCTION
6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION ,
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM, Consultant Cardiologist



Patient No. : 23248580 Report Date : 07/10/2024
Request No. : 190139960 07/10/2024 12.30 PM
Patient Name : **Ms. SHYAMA SAMANI**
Gender / Age : Female / 25 Years 10 Months 10 Days
IP No : 39051

Echo Color Doppler

MITRAL VALVE : TRIVIAL MR, NO MS
AORTIC VALVE : TRILEAFLET, NO AR, NO AS
TRICUSPID VALVE : TRIVIAL TR, NO PAH,
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR, TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NORMAL LV DIASTOLIC FUNCTION
6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION ,
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL KANERIA MD, DM, Consultant Cardiologist

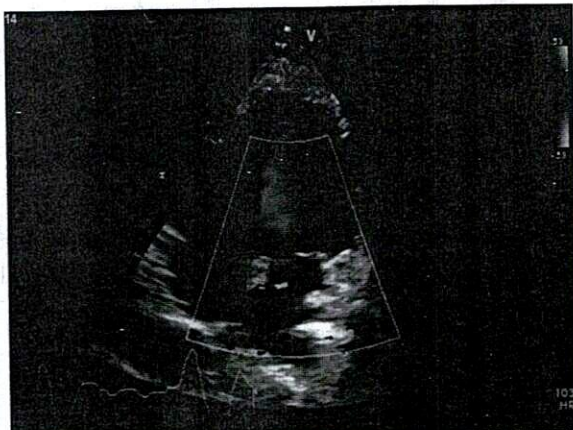
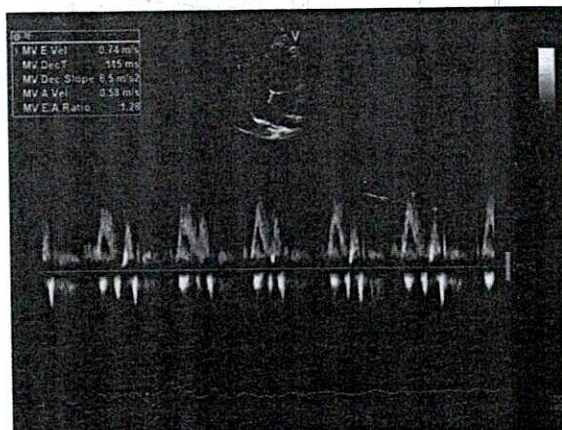
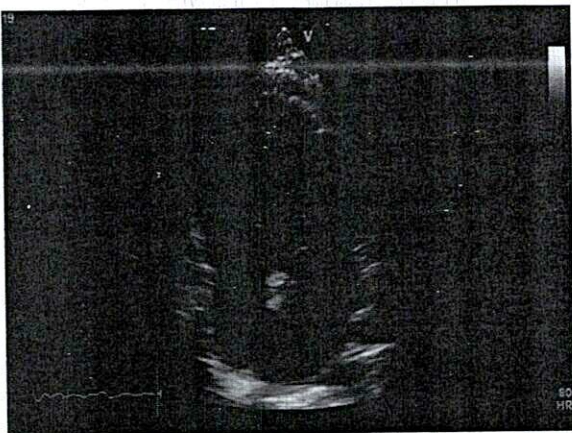
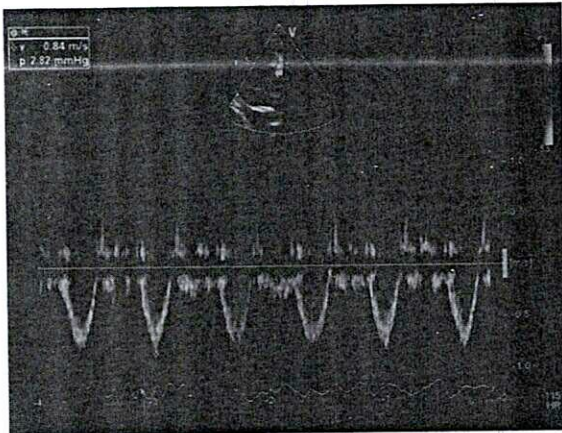
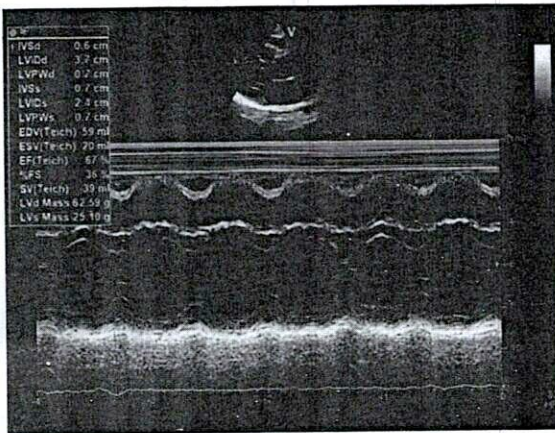
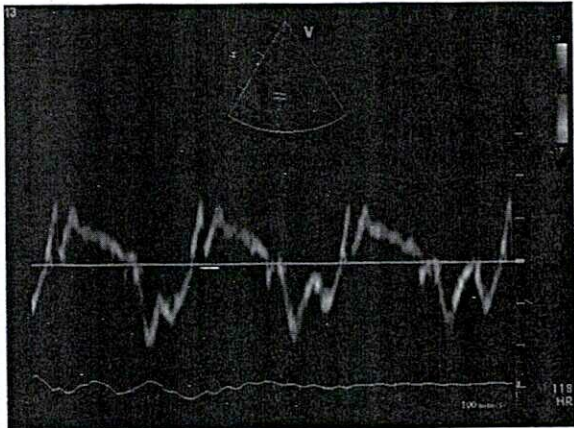
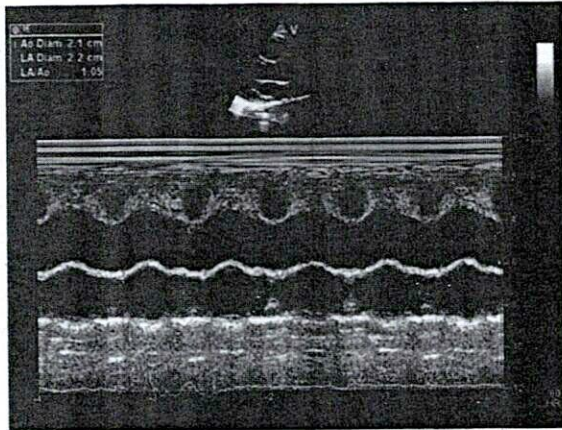


Patient Name : SHYAMA SAMANI

Patient Id : SHYAM12 12691

Sex : Female

Age: 25



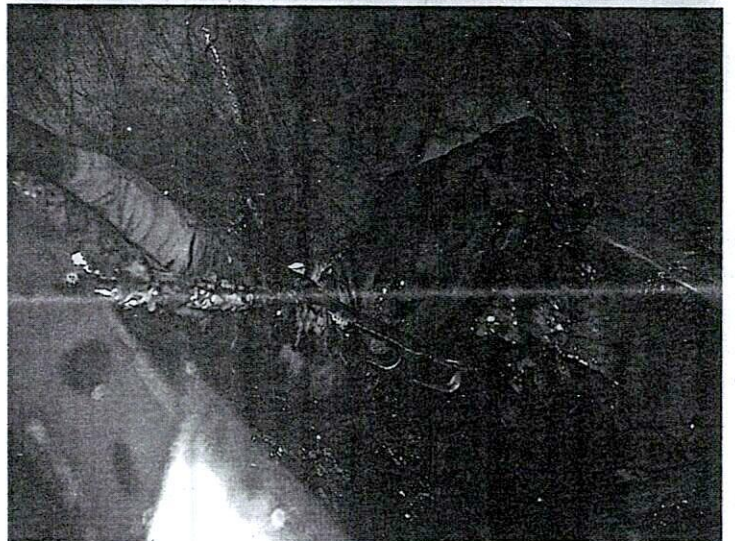
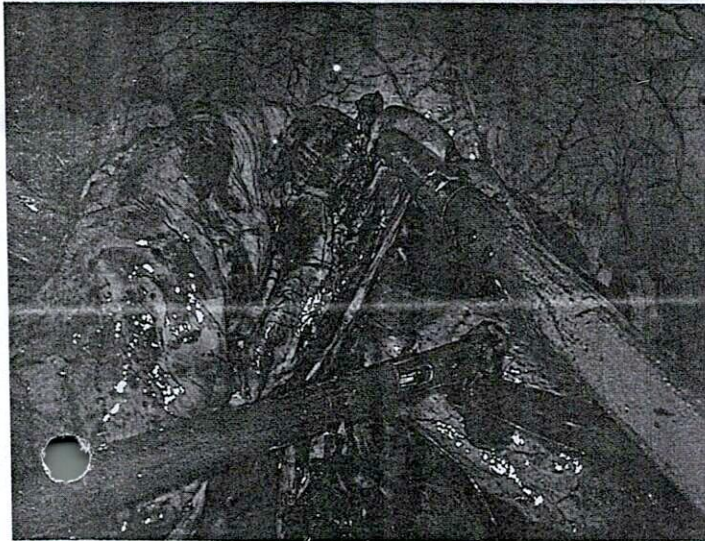
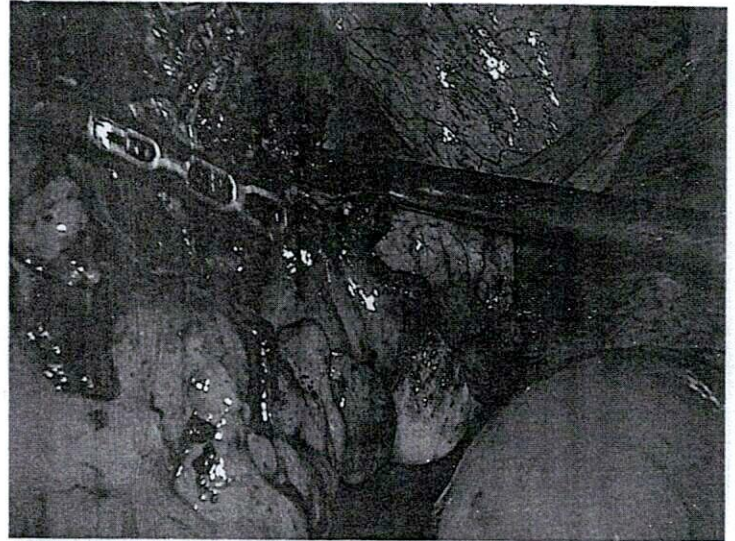
SHYAMA SAMANI 25/F

OT

Date 08/10/2024

Dr. Monika Jani

MD Gynaecology)



MR NO. : 23248580		DATE : 15/10/2024
PATIENT NAME : MS.SHYAMA SAMANI		TIME : 11:10 AM
AGE : 25Y 10M		DOCTOR NAME : DR.MONIKA JANI
GENDER : FEMALE		DEPARTMENT : OBSTETRICS AND GYNAECOLOGY

PRESENTING COMPLAINTS:

LAPAROSCOPIC OVARIAN CYSTECTOMY DONE
FOR SR TODAY
7 TH DAY OF BLEEDING

CLINICAL EXAMINATION:

SR DONE, WOUND WELL HEALED

CLINICAL IMPRESSION:

HP REPORT S/O H,AGIC ENDOMETRIOTIC CYST

S.No	DRUG NAME	DOSAGE	FREQUENCY	ROUTE	DURATION	REMARKS
1	TAB. ENDOREG 2MG. (DIENOGEST)	0-0-1		ORAL	30 Days	
2	TAB. TONOFOLIC-Z * (FERROUS FUMARATE +FOLIC ACID+ZINC SULPHATE)	0-1-0		ORAL	30 Days	
3	CAP. BECOSULES Z (THIAMINE MONONITRATE+RIBOFLAVINE+VIT .B12+NIACINAMIDE+CALCIUM PANTOTHENATE+FOLIC ACID+BIOTIN+ASCORBIC ACID+ZINC SULPHATE)	0-1-0		ORAL	30 Days	

ADVICE:

FOLLOW UP AFTER WEEK


Dr. MONIKA JANI
CONSULTANT OBSTETRICS AND GYNECOLOGY
Reg No :G-4001

Print Date & Time : 15/10/2024 11.52 AM

Page 1 of 1

MR NO. : 23248580  DATE : 23/10/2024
PATIENT NAME : MS.SHYAMA SAMANI TIME : 11:10 AM
AGE : 25Y 10M DOCTOR NAME: DR.MONIKA JANI
GENDER : FEMALE DEPARTMENT : OBSTETRICS AND GYNAECOLOGY

PRESENTING COMPLAINTS:

LAPAROSCOPIC OVARIAN CYSTECTOMY DONE 15 DAYS AGO
FOR FOLLOW UP

CLINICAL EXAMINATION:

VITAL SIGNS ; NORMAL
RS/CVS : NAD
P/A : WOUND WELL HEALED

S.No	DRUG NAME	DOSAGE	FREQUENCY	ROUTE	DURATION	REMARKS
1	TAB. ENDOREG 2MG. (DIENOGEST)	0-0-1		ORAL	90 Days	
2	CAP. BECOSULES Z (THIAMINE MONONITRATE+RIBOFLAVINE+VIT .B12+NIACINAMIDE+CALCIUM PANTOTHENATE+FOLIC ACID+BIOTIN+ASCORBIC ACID+ZINC SULPHATE)	0-1-0		ORAL	30 Days	
3	TAB. TONOFOLIC-Z * (FERROUS FUMARATE +FOLIC ACID+ZINC SULPHATE) AFTER DINNER	0-0-1	OD(10PM)	ORAL	90 Days	


Dr. MONIKA JANI
CONSULTANT OBSTETRICS AND GYNECOLOGY
Reg No :G-4001

Print Date & Time : 23/10/2024 12.04 PM

Page 1 of 1

Rate 75 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
Sinus rhythm.....normal P axis, V-rate 50- 99

PR 143
QRSD 87
QT 364
QTc 407

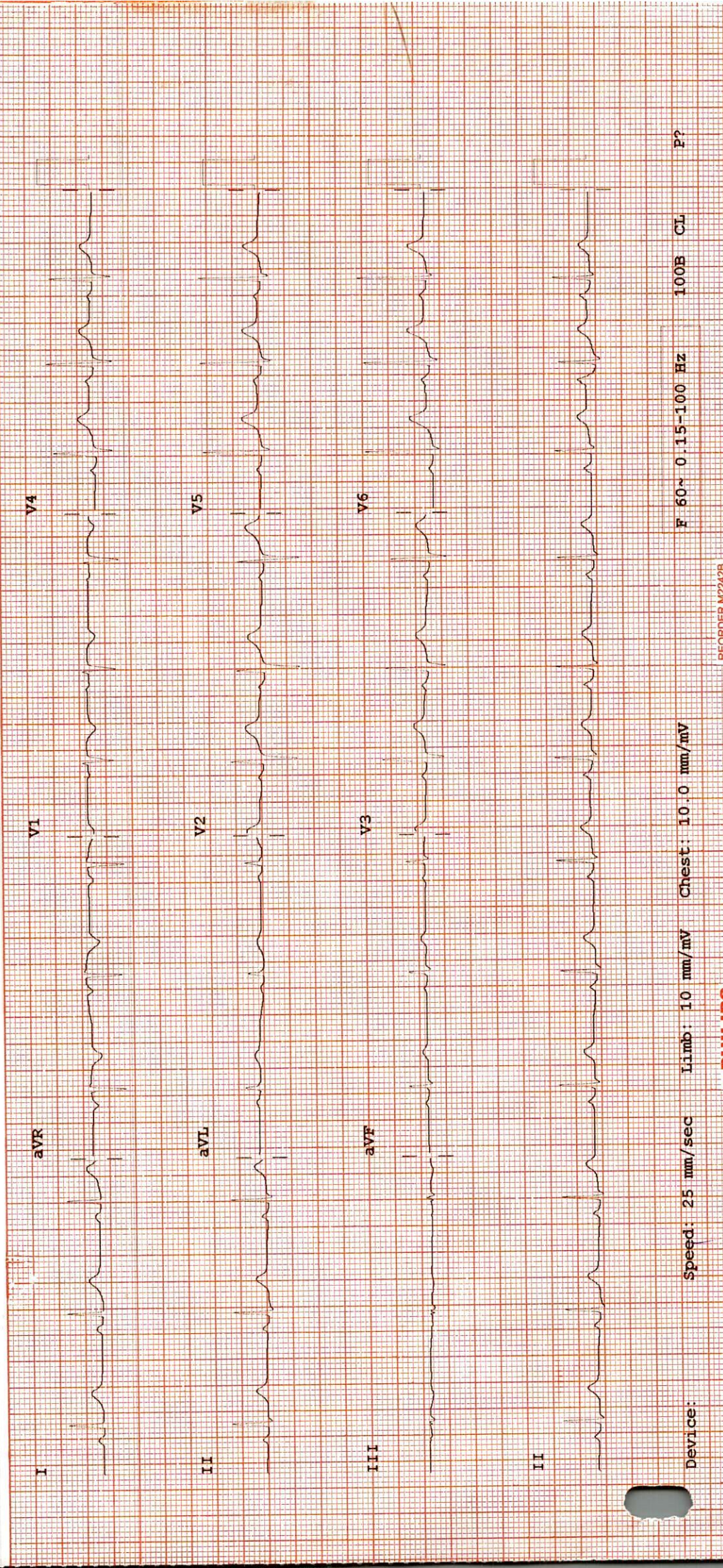
--AXIS--

P 32
QRS 28
T 24

12 Lead; Standard Placement

-- NORMAL ECG --

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

Ms SHYAMA SAMANI
Female / 25 Yrs Admn Dt: 07-Oct-24
MR No.: 23248580 IP No.: 39051
Room: AE-TF MICU RECOVERY
Dr. Monika Jani



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580 Report Date : 10/10/2024
Request No. : 190139984 07/10/2024 12.54 PM
Patient Name : **Ms. SHYAMA SAMANI**
Gender / Age : Female / 25 Years 10 Months 10 Days
IP No : 39051

CT Whole Abdomen with Contrast

Clinical History: Left ovarian lesion - ? endometriotic cyst.

Technique: A plain and contrast study has been performed on a multi-slice machine. Non-ionic contrast has been used. Diluted mannitol has been administered as oral contrast. Additional few delayed sections also have been obtained.

OBSERVATIONS:

There is moderate size multiseptated left ovarian cystic lesion seen. It measures around 8.9 x 7.9 x 7.5 cm (transverse x anteroposterior x craniocaudal). This lesion has multiloculated component along its inferolateral aspect which shows hyperattenuated contents / blood products within. Otherwise, no significant soft tissue component or papillary projection in this lesion is observed.

The left ureter passes posterolateral to the lesion. Splaying of adjacent small bowel loop as well as adjacent sigmoid colon is observed.

There is intensely enhancing left adnexal lesion of around 1.8 x 1.7 cm also observed.

The right ovary appears bulky. It shows few follicles within which show slightly hyperattenuated content with corresponding MRI T2 weighted sequence shows T2 shading effect.

Liver appears normal in size. No focal hepatic lesion is seen. There is no dilatation of the intrahepatic biliary radicals. The intrahepatic vasculature appears unremarkable.

Gall bladder is adequately distended. There is no evidence of any radio-opaque gall bladder calculus or gall bladder wall thickening. The CBD is not dilated.

Pancreatic parenchymal morphology and lobulations are preserved. There is no pancreatic

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580 Report Date : 10/10/2024
Request No. : 190139984 07/10/2024 12.54 PM
Patient Name : **Ms. SHYAMA SAMANI**
Gender / Age : Female / 25 Years 10 Months 10 Days
IP No : 39051

CT Whole Abdomen with Contrast

parenchymal calcification and ductal dilatation.

Spleen is normal in size. No focal splenic lesion is seen.

Both adrenal glands are unremarkable.

Both kidneys are normal in size, shape and position. There is no hydronephrosis or cortical scarring. There are no calculi seen. Bilateral perinephric fat planes are unremarkable. Both ureter and periureteric fat planes are unremarkable. The contrast enhancement and excretion of both kidneys are preserved.

Celiac artery, superior mesenteric artery and inferior mesenteric artery are unremarkable. The portal vein, splenic vein and superior mesenteric vein are patent.

There is no ascites.

There is no significant adenopathy seen in the mesentery or in the retroperitoneum.

There is no significant peritoneal or omental abnormality as such perceived.

Visualized lower chest appears unremarkable.

The bone window settings do not demonstrate any significant lytic or sclerotic lesion.

IMPRESSION:

- **Moderate size left ovarian cystic lesion observed with this lesion has multiloculated component along its posterolateral aspect which shows hyperattenuated contents / T2 shading effect on limited T2 weighted sequence. It likely represents endometriotic cyst. Left ureter passes left posterolaterally to the lesion. Splaying of adjacent small bowel loop observed. The sigmoid colon passes superior and medially to the lesion.**



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580 Report Date : 10/10/2024
Request No. : 190139984 07/10/2024 12.54 PM
Patient Name : **Ms. SHYAMA SAMANI**
Gender / Age : Female / 25 Years 10 Months 10 Days
IP No : 39051

CT Whole Abdomen with Contrast

- Few hemorrhagic follicles in the right ovary favoring endometriotic cysts also observed.
- Small intensely enhancing lesion noted in the left adnexa which shows corresponding gross T2 hypointensity on limited MRI cuts - ? small broad ligament fibroid - ? endometrial deposit in the left ovarian parenchyma.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Kaushal V Sheth,
Consultant Radiologist



PARAMOUNT DIAGNOSTIC & RESEARCH CENTRE - 2

(A unit of Paramount Charity Trust)

DIGITAL X-RAY, ULTRA SOUND, COLOUR DOPPLER & MAMMOGRAPHY

Opp. Bramhan Sabha Hall, Pratap Road, Dandia Bazar, Vadodara. Phone : 0265-2423233/6352734810

PATIENT'S NAME :

EXAM. NO. :

EXAMINATION :

DATE :

NAME : SHYAMA SAMANI	AGE : 26 Y/F	DATE : 01/10/2024
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ULTRASOUND PELVIS (TAS)

OBSERVATIONS:

Retroverted uterus...

The uterus measures 77mm x 42.5 mm x 36 mm (volume 62.05 cc).

The combined endometrial thickness measures 7.8 mm.

The myometrium is normal. There is no focal lesion within.

The cervix is normal in morphology and echopattern.

The right ovary measures 28mm x 17mm in size.

Large 100.6 x 84.2 x 60.2 mm (267 cc) size cystic lesion filled with homogenous internal echoes noted in left adnexal region. Few thick internal septations noted within.

No evidence of free fluid in culde sac is seen.

The urinary bladder is physiologically distended and non-lithiasic. The walls are normal. There are no internal echoes in the urine.

CONCLUSION:

- **Large left ovarian cyst --- endometriotic cyst.**



**DR. RAJAN PATEL (M.D.)
CONSULTANT RADIOLOGIST**

24 hours 128 Slice Cardiac CT Scan / MRI facility with extra emergency charge for emergency patients.
AMBULANCE SERVICE AVAILABLE



Karelibaug Diagnostic Centre

- MRI • Multislice Whole body CT scan
- CT Angiography • Sonography • Color Doppler • Digital X-Ray

NAME: SHYAMA SAMANI, F/ 24 YRS
DATE: 10/09/2024

U.S.G. OF PELVIS

Clinical Profile: Patient is a K/C/O Bilateral endometrioma.

Both VUJ jet appear normal.

Urinary bladder is well filled. No evidence of calculus or mass seen.

Pre void urinary volume measures about 184 cc.

No significant postvoid residual volume.

Uterus is retroverted measures about 49 x 28 x 33 mm = 24 cc and shows a well defined soft tissue nodular area along its lateral aspect measures about 18 x 13 mm – rudimentary uterine tissue likely.

Endometrial thickness is 6.0 mm.

Right ovary measures 37 x 19 x 36 mm = 13 ml and shows a well defined mildly hyperechoic cystic area of size 26 x 24 x 23 mm with internal ground glass echoes – Suggestive of endometrioma.

There is a large well defined multiloculated cystic lesion with internal echoes noted in the left adnexa with no separate visualization of the left ovary – Suggestive of large endometriotic cyst measures about 106 x 62 x 90 mm = 312 cc.

No free fluid in cul-de-sac.

IMPRESSION:

- Retroverted uterus showing a well defined soft tissue nodular area along its lateral aspect – rudimentary uterine tissue likely.
- A well defined mildly hyperechoic cystic area in the right ovary with internal ground glass echoes – Suggestive of endometrioma.
- A large well defined multiloculated cystic lesion with internal echoes in the left adnexa with no separate visualization of the left ovary – Suggestive of large endometriotic cyst.

As compared to previous MRI scan dated 19/07/2024,

- No significant interval change is noted.

Clinical correlation would be valuable.

Dr. Rohan Bhanushali
M.D. (Radio-Diagnosis)

PROCESSED AT :

Thyrocare

201 Commerce Six Complex,
T.P.S No 19, F.P No 265,
Nr. Samved Hospital, Navrangpura
Ahmedabad 380009



Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 | 98706 66333 | wellness@thyrocare.com

9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : SHYAMA SAMANI (26Y/F)
REF. BY : SELF
TEST ASKED : CA-125

SAMPLE COLLECTED AT :
SPANDAN HOUSE, BASEMENT, ARPITA NAGAR,
BESIDE SHAKTI FARSAN, OPP JALARAM LASSI
CENTRE, ELLORA PARK, VADODARA 390007 -
390023

PATIENTID : SS17924266

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	82.4	U/mL

Bio. Ref. Interval. :-

Less than 30.2 U/ml

Clinical Significance:

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 2.5%; Sensitivity: 2.0 U/ml

Kit Validation References:

Mackey SE, Creasman WT. Ovarian Cancer Screening. J. Clin Oncol 1995; 13(3); 783 - 93.

Please correlate with clinical conditions.

Method:- TWO SITE SANDWICH IMMUNOASSAY

Sample Collected on (SCT) : 01 Oct 2024 09:45
Sample Received on (SRT) : 01 Oct 2024 17:12
Report Released on (RRT) : 01 Oct 2024 22:30
Sample Type : SERUM
Labcode : 0110095154/AE619
Barcode : CO653757



Marghee Shah

Dr Margee Shah MD (Path)

Yukti Shah

Dr Yukti Shah, MD (Path)



9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : SHYAMA SAMANI (26Y/F)
REF. BY : SELF
TEST ASKED : HEMOGRAM
PATIENTID : SS17924266

SAMPLE COLLECTED AT :
 SPANDAN HOUSE, BASEMENT, ARPITA NAGAR,
 BESIDE SHAKTI FARFAN, OPP JALARAM LASSI
 CENTRE, ELLORA PARK, VADODARA 390007 -
 390023

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interva
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.39	X 10 ³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	50.4	%	40-80
LYMPHOCYTE	Flow Cytometry	38.2	%	20-40
MONOCYTES	Flow Cytometry	7	%	2-10
EOSINOPHILS	Flow Cytometry	3.4	%	1-6
BASOPHILS	Flow Cytometry	0.8	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.22	X 10 ³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.44	X 10 ³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.45	X 10 ³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10 ³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.22	X 10 ³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10 ³ / µL	0.0-0.3
TOTAL RBC	HF & EI	4.3	X 10 ⁶ /µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 ³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	10.3	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	32.5	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	75.6	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	24	pq	27.0-32.0
MEAN CORP. HEMO. CONC(MCHC)	Calculated	31.7	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	49.5	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	18.6	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	9	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	9	fL	6.5-12
PLATELET COUNT	HF & EI	580	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	16.3	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.52	%	0.19-0.39

Remarks : Alert!!! RBCs: Moderate anisocytosis mild poikilocytosis. Predominantly normocytic normochromic with microcytes & ovalocytes. Platelets: Appear Mildly increased in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

~~ End of report ~~

Sample Collected on (SCT) : 01 Oct 2024 09:45

Sample Received on (SRT) : 01 Oct 2024 17:19

Report Released on (RRT) : 01 Oct 2024 19:09

Sample Type : EDTA Whole Blood

Labcode : 0110095700/AE619

Barcode : CM390866



Dr Margee Shah MD (Path)

Dr Yukti Shah, MD (Path)

Page : 2 of 4

File No-: 20241007B007RH 39092

Medsave Health Insurance TPA Ltd	
Film Verification Sheet	
No of films Received	4- Films
Type of film (Xray, CT and MRI etc)	4- XRAY
Date of Film	10-09-24, 10-10-24, 7-10-24, -1-10-24
Age and Name of the patient mentioned on film	29- F. SHYAMA
Hospital/ Diagnostic Name	Karolbagh, Digital Xray - 2 - BlueTularam
Findings of film	
1. Fracture Noted	
2. Implant Noted	
Xray Report Present (yes/ No)	Yes
Final Remarks	
Verified by Name of (Doctor/ Branch Manager)	Gin3h
Signature	Gin3h
Date of Verification	04-11-24
<p>Note: All films should be retained in the file - the same should not be returned to the insured/patient. However if the Insured or Patient requires it for their future reference then we should take a written note from them and thereafter takes an written approval from the insurance company before handing over films to them. Acknowledgment of the film</p>	
C D: RES.	

MEDSAVE HEALTH INSURANCE TPA LTD.
 FILM ATTACHED
 DATE: 04-11-24
 SIGN: Gin3h



**VADODARA MUNICIPAL CORPORATION
HEALTH DEPARTMENT**

Administrative Wing, Khanderao Market Main Building, Vadodara-390 269

FORM "C"

Certificate of Registration

This is to Certify that

BHAILAL AMIN GENERAL HOSPITAL

has been registered with Vadodara Municipal Corporation as

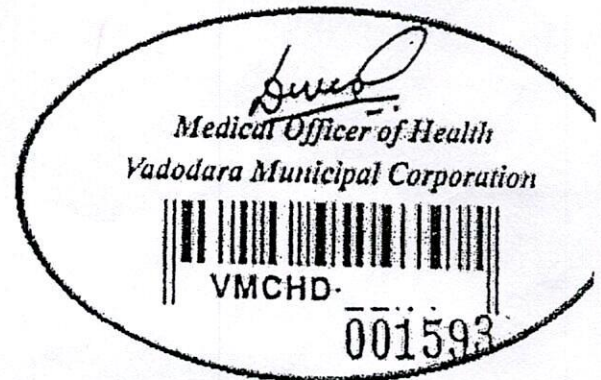
HOSPITAL

and has been authorised to carry on the said Medical Facility at:*

**GORWA, VADODARA, BHAILAL AMIN MARG, OPPOSITE
ALEMBIC LTD., VADODARA - 390003**

Registration No:- REG20W010012

Valid From 01/04/2020 up to 31/03/2025



*The Medical Facility has been registered under various provisions of
- Gujarat (Bombay) Nursing Home Registration Act, 1949
- G(B)PMC Act, 1949
- PC & PNDT Act, 1994
- Birth & Death Registration Act, 1969