



TAX INVOICE

AMRIT PHARMACY- PGICH, NOIDA
(A DIVISION OF HLL LIFECARE LTD)
POST GRADUATE INSTITUTE OF CHILD HEALTH
SEC, 30, NOIDA, GAUTAM BUDDHA NAGAR
NOIDA-201301
Ph : 1206335901 ,E-mail : amrit_pgichsec30noida@lifecarehll.com

DL No.: : UP16210001587 ,UP16210001587
GSTIN : 09AAACH5598K1ZZ

STATE : UTTAR PRADESH(09)

Patient Name : RUBIYANSH

Inv No : 26196830060617

Dated : 01-09-2026 (05:57 PM)

Pay Type : CARD Invoice

S.Man : THLL5287

User : THLL5287

Doctor Name: DR SUPRA

DL No.:

GSTIN :

UIN No. :

State : UTTAR PRADESH(09)

Card No:

Mfac	Description of Goods HSN /SAC Code	Pack	Qty	Ls. Qty	Batch No Exp Dt.	Sale Rate	Mrp	Disc %	Disc Amt	Taxable value	CGST	SGST
											% Amt	% Amt
FAITH	PCM F 100ML INJ 30049099	1X1	2		GL0225009C. 04-27	78.000	599.00	86.33	1034.20	156.00	2.50 3.90	2.50 3.90
										1034.20	156.00	3.90 3.90

Post Graduate Institute of Child Health

Sector-30, Noida, Gautam Budh Nagar,(U.P.)

Phone :
E-Mail : info@ssphpgti.ac.in

GSTIN : 09AAAAI9738C2ZK
D.L NO. :

UH.ID No. :

C.R.No. :

PRESCRIBED BY :

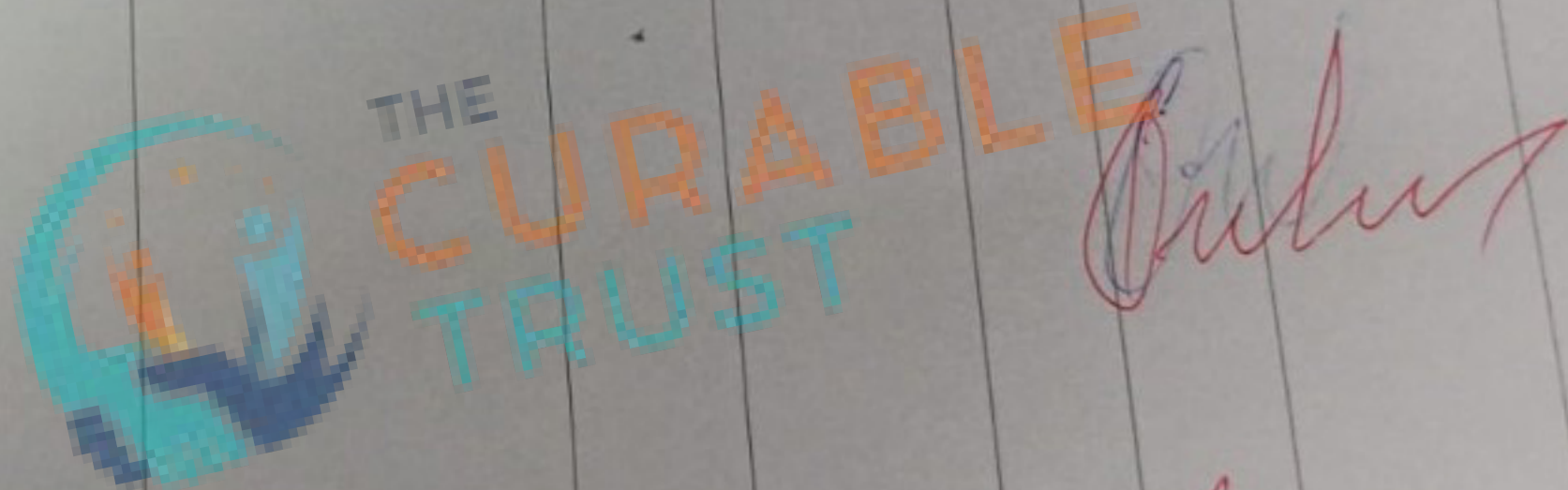
Date : 01-09-2026

CASH MEMO NO.: S015510

TIME : 17:59 Print By : DEVASHISH

GST INVOICE

S.No	PARTICULARS	ITEM CODE	QTY.	BATCH No.	EXP.	GST	RATE	AMOUNT
1.	SALBUTAMOL 2.5MG RESPULE	MU/49/279	20	5L81006	10/28	5.00	4.82	96.40



For Post Graduate Institute of Child Health

TOTAL AMOUNT	96.40
CGST	2.30
SGST	2.30
NET AMT.(R/O):	96.00



Yuvraj
015
33865
23/8

POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
NOIDA

SECTOR 30 NOIDA, NOIDA-201103, UTTAR PRADESH, INDIA

PHONE: 911302000000



NAME: RUDRANSH

GENERAL

981162600295700

THE

CUPRABLE
TRUST

AGE/SEX: 1 YR/MALE

SERVICE: IPD

PAYMENT DT: 24-AUG-2025 01:39:31

ALL NO: 981164260059414/1

981162026009324

WARD: PEDIATRIC/PAEDIATRIC GEN WARD

SR	DESCRIPTION	RATE	QTY	NET AMOUNT
1	(EPITOPIC) IGM ELISA (IMMUNOLOGY)-(MIC052)	0	1	0.00
2	CARD TEST FOR HIV (VIRIOLOGY)- (MIC 034)	100	1	100.00
3	IGM TYPHUS IGM ELISA (IMMUNOLOGY)-(MIC073)	0	1	0.00
TOTAL AMOUNT:				100.0

Blood c/s - 660

AMOUNT IN WORDS: ONE HUNDRED ONLY

PAYMENT MODE: CASH



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

PHONE :911202000000



NAME : RUDRANSH

CATEGORY: GENERAL

CR No.: 981162600295700

ADM DATE : --

DEPARTMENT/WARD: PAEDIATRIC/PAEDIATRIC GEN WARD

AGE/SEX: 1 YR/MALE

SERVICE: IPD

PAYMENT DT.: 23-AUG-2026 20:36:04

BILL No: 981164260069375/1

IPD No: 981162026009324

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	RTPCR FOR INFLUENZA H1N1 H3N2 (MOLECULAR BIOLOGY)-(MIC085)	2400	1	2400.00
TOTAL AMOUNT :				2400.0

PAID AMOUNT RUPEES (IN WORD) : TWO THOUSAND FOUR HUNDRED ONLY

MODE OF PAYMENT : CASH

PAYMENT DETAILS : CASH : (AMT::2400)



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 20 NOIDA, NOIDA - 201301, UTTAR PRADESH, INDIA

PHONE: 8800000000



NAME: RUDRANSH

AGE/SEX: 1YR/MALE

COMPONENT: GENERAL

SERVICE: IPD

MRN NO: 981162600295700

MRN NO: 981164260089357/1

RECEIVED DT: 23-MAY-2018 09:58:28

MRN DATE: 23-MAY-2018

MRN NO: 981162026008324

DEPARTMENT: PEDIATRIC/PEDIATRIC SURGICAL

SL	SERVICE	QTY	QTY	EST. AMOUNT
1	ROUTINIZED VACCINATION (CONJUGATED POLIOVIRUS) AND ROUTINIZED BLOOD SUGAR/URINE (HbA1C)	1	1	560.00
TOTAL AMOUNT:				560.00

THE AMOUNT EXPEND IN WORDS: SIX HUNDRED SIXTY ONLY

MODE OF PAYMENT: CASH

PAYMENT DETAIL: CASH: (AMT:560)

DRUGS/MAINT

AUTHORIZED SIGNATORY

Post Graduate Institute of Child Health

Sector-30, Noida, Gautam Budh Nagar, (U.P.)

Phone :

E-Mail : info@ssphpgti.ac.in

GSTIN : 09AAAAI9738C2ZK

D.L NO. :

Patient Name : RUDRA

UH.ID No. : 700112118

C.R.No. :

PRESCRIBED BY :

Date : 23-08-2026

CASH MEMO NO.: S014377

TIME : 01:16

Print By : SUMIT9818

GST INVOICE

S.No	PARTICULARS	ITEM CODE	QTY.	BATCH No.	EXP.	GST	RATE	AMOUNT
1.	PIPERACILLIN+TAZOBACTUM 2.25MG	MU/5393/40	2	3225256	10/27	5.00	57.75	115.50
2.	IPRATOPIUM 500MCG/2ML RESPUL\\	MU/314/279	5	55A1877	8/27	5.00	4.62	23.10
3.	LEVOSALBUTAMOL 0.63MG RESPULE	MU/338/279	12	5L81073	10/27	5.00	4.85	58.20
4.	AMIKACIN 250MG INJ	MU/20/52	3	A5IQ2002	3/28	5.00	19.51	58.53
5.	VANCOMYCIN 250MGG INJ	MU/522/298	4	1319062	7/27	5.00	49.67	198.68
For Post Graduate Institute of Child Health							TOTAL AMOUNT	454.01
							CGST	10.81
							SGST	10.81

NET AMT.(R/O):

454.01

(Computer Generated Invoice)

Post Graduate Institute of Child Health

Sector-30, Noida, Gautam Budh Nagar.(U.P.)

Patient Name : RUDRANSH

UHID No. : 700034656

C.R.No. : 2018005220

PRESCRIBED BY :

Date : 24-08-2026

Phone

E-Mail : info@ssphpgti.ac.in

GSTIN : 09AAAAI9738C2ZK

D L NO :

CASH MEMO NO. : S014477

TIME : 07:32

Print By : RAJNARAYAN

GST INVOICE

S.No	PARTICULARS	ITEM CODE	QTY.	BATCH No.	EXP.	GST	RATE	AMOUNT
1	PIPERACILLIN+TAZOBACTUM 2.25MG	MU/5393/40	4	3225256	10/27	5.00	57.75	231.00



[Handwritten signature]

For Post Graduate Institute of Child Health

TOTAL AMOUNT 231.00
CGST 5.50
SGST 5.50

(Computer Generated Invoice)

NET AMT. (R/O) 231.00



POST GRADUATE INSTITUTE OF CHILD HEALTH

PGICH/MICRO/CULTURE & AST FORM/

Sector-30, Noida, G.B. Nagar-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

DEPARTMENT OF MICROBIOLOGY Culture and Susceptibility Testing Report

Microbiology Lab No / Date

4677/28.8.06

CR No. / UHID No.

981112600295700

Patient Name

RUDRANSH

Age/Sex

14/M

Patient / Staff (ID No.)

OPD / IPD: Dept / Unit

H1

Address

BC03-45

Patient Phone No.

Specimen

Gross Examination

scopic Examination

Findings

STERILE AFTER 24H

OF AEROBIC INCUBATION

Isms Isolated: 1.

2.

Antimicrobial	Organism1	Organism 2	Antimicrobial	Organism1	Organism 2
Amoxicillin / Cefoxitin			Cotrimoxazole		
Amoxicillin			Erythromycin / Azithromycin		
Amoxicillin / Amoxycillin			Clindamycin		
Amoxicillin - Sulbactam			Gentamicin		
Amoxycillin - Clavulanate			High Level Gentamicin		
Chlorthalidon			Amikacin		
Cefuroxime			Netilmicin		
Cefotaxime			Tobramycin		
Ceftriaxone			Tetracycline		
Cefixime			Polycycline		
Cefixime			Minocycline		
Cefixime			Nalidixic Acid		
Cefixime			Ciprofloxacin		
Cefixime			Levofloxacin		
Cefixime			Ofloxacin		
Cefixime			Norfloxacin		
Cefixime			Nitrofurantoin		
Cefixime			Fosfomycin*		
Cefixime			Tigecycline*		
Cefixime			Linezolid*		
Cefixime			Rifampicin*		
Cefixime			Chloramphenicol		
Cefixime			Vancomycin		
Cefixime			Teicoplanin		
Cefixime			Daptomycin		

RESTRICTED FORMULARY DRUGS: Reserved Only for Treatment of Pan Drug Resistant Isolates

Expert Comments on MDR Organisms

RSA: MRSA isolates are resistant to ALL Beta Lactams, Cephalosporins, Beta Lactam / Beta Lactamase Inhibitor combinations and Carbapenems

ESBL: Extended Spectrum Beta Lactamase Resistance

ESBL: High Level Aminoglycoside Resistance

ESBL: Extended Spectrum Beta Lactamase Resistance

Amr: Beta Lactamase Inhibitor Resistant Beta Lactamase Producer

CRE: Carbapenem Resistant Enterobacteriaceae

NARST: Nalidixic Acid Resistant Salmonella Typhi

Skin / Commensal Flora isolated: Kindly follow Strict Skin Asepsis during phlebotomy for Blood or CSF/Sterile Fluid Collection for C/S

Comments:

Technician

Microbiologist

Date

24/8



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA
SECTOR 30 NOIDA, NOIDA-201301, UTTAR PRADESH, INDIA
PHONE: 91222555555

ADMISSION CARD

ADM DATE/TIME: 21-AUG-20

NO: 981162026009324

CR NO: 981162600295700



NAME	RUDRANSH	HOSP DIET	NO
AGE/GENDER	1 YR 7MON/M	MARITAL STATUS	---
PO	BUCKA	IS MLC	NO
CATEGORY	GENERAL	MLC NO	NA
ADM CHARGES	₹ 100.00		
OPD CHARGES	RS. 250.00 /- (RS. TWO HUNDRED FIFTY ONLY.)		
Ward/Unit	PAEDIATRIC/UNIT 1		
WARD/RID	PAEDIATRIC GEN WARD /C4 PEADGEN 2		
STATUS AT ADM	NORMAL	REMARKS/REF NO	---
REFERRED FROM	---		
MDV DIAG.	---		
DM DR	DR BIMLESH KUMAR		
ADDRESS	52/2, 31 NETHARI, NOIDA, GOUTAM BUDDHA NAGAR, UTTAR PRADESH, INDIA, PIN NO 201301 NA 201301		
MOB CONTACT	9811626002		
ADM DATE	21-AUG-2020/20:49:40	WRD-RCV. DATE	---

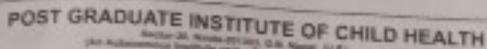
FOR MEDICO LEGAL PURPOSE

STATUS OF	POLICE	---
DRUG STATION	INFORMATION	---
AGE OF	IDENTIFICATION	---
FORMANT	MARKS	---
LC REMARKS		

DISCHARGE DETAILS

DISCHARGE DATE/TIME

DISCHARGE		
ASD		
MDV DIAGNOSIS		
FF DIAGNOSIS		
NAL DIAGNOSIS		
INDENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT		
NAME & SIGNATURE OF MO	NAME & SIGNATURE OF CONSULTANT	DRG REG. NO. 3
DATE & TIME	DATE & TIME	REGISTRATION BY:
		AUTHORIZED SIGNATURE
		PRINT DATE: 21-AUG-20



DEPARTMENT OF CHILD

DEPARTMENT OF BIOCHEMISTRY

2500 BIOCHEMISTRY EXAMINATION REPORT

995300

090254

ملفوظات امیر المومنین

TWO

~~23 AUG 2026~~

AGE 1

0/0000/0000 000

PROVISIONAL REPORT

PROVISIONAL REPORT		(Blue Red Interval)	
Urea Nitrogen (mg/dL)	mg/dL	(10-200 mg/dL)	
Serum Creatinine (mg/dL)	mg/dL	(0.6-1.2 mg/dL)	
Serum Uric Acid (mg/dL)	mg/dL	(2.0-8.0 mg/dL)	
Calcium (mg/dL)	mg/dL	(9.0-10.5 mg/dL)	
Phosphorus (mg/dL)	mg/dL	(2.5-4.5 mg/dL)	
Serum Albumin (g/dL)	g/dL	(3.5-5.5 g/dL)	
Serum Total Protein (g/dL)	g/dL	(6.0-8.0 g/dL)	
Serum Globulin (g/dL)	g/dL	(2.0-3.5 g/dL)	
Serum Electrolytes (Na ⁺ , K ⁺ , Ca ²⁺ , Mg ²⁺)	mmol/L	(135-145 mmol/L)	
Serum pH	mmol/L	(7.35-7.45 mmol/L)	
Serum Bicarbonate (HCO ₃ ⁻)	mmol/L	(22-28 mmol/L)	
Serum Lactate (mmol/L)	mmol/L	(0.5-2.0 mmol/L)	
Serum Glucose (mg/dL)	mg/dL	(70-100 mg/dL)	
Serum Lipids (Total Cholesterol, Triglycerides, HDL, LDL)	mg/dL	(150-250 mg/dL)	
Serum Ferritin (ng/mL)	ng/mL	(10-100 ng/mL)	
Serum Vitamin D (25-OH-D ₃) (ng/mL)	ng/mL	(20-60 ng/mL)	
Serum Parathyroid Hormone (PTH) (pg/mL)	pg/mL	(10-40 pg/mL)	
Serum Parathyroid-Related Protein (PTHrP) (pg/mL)	pg/mL	(0-10 pg/mL)	
Serum C-Reactive Protein (CRP) (mg/dL)	mg/dL	(0-10 mg/dL)	
Serum Erythrocyte Sedimentation Rate (ESR) (mm/hr)	mm/hr	(0-20 mm/hr)	
Serum Hemoglobin (g/dL)	g/dL	(12-16 g/dL)	
Serum Hematocrit (%)	%	(37-47 %)	
Serum Reticulocyte Count (%)	%	(0.5-1.5 %)	
Serum Iron (mcg/dL)	mcg/dL	(50-150 mcg/dL)	
Serum Transferrin Saturation (%)	%	(20-50 %)	
Serum Ferritin (ng/mL)	ng/mL	(10-100 ng/mL)	
Serum Vitamin B12 (pg/mL)	pg/mL	(200-900 pg/mL)	
Serum Folate (ng/mL)	ng/mL	(10-40 ng/mL)	
Serum Vitamin D (25-OH-D ₃) (ng/mL)	ng/mL	(20-60 ng/mL)	
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Serum Iron (mcg/dL)	mcg/dL	(50-150 mcg/dL)	
Serum Transferrin Saturation (%)	%	(20-50 %)	
Serum Ferritin (ng/mL)	ng/mL	(10-100 ng/mL)	
Serum Vitamin B12 (pg/mL)	pg/mL	(200-900 pg/mL)	
Serum Folate (ng/mL)	ng/mL	(1	

Consultant

4

21

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

RUDRANSH 01Y

Date

Gender : M

Patient ID : HA 5700

Sample ID : AUTO_60499

Tests : CBC PS

Mode : Diff WB

Group : DEFAULT

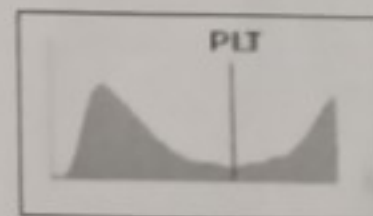
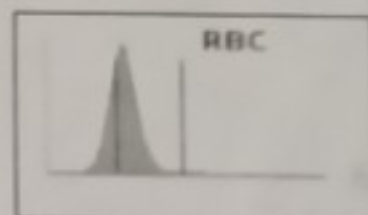
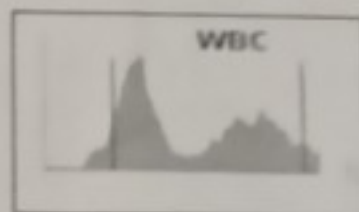
For ID : MYTHIC70

Date : 23/08/2026 08:21

Rack/Pos : 010401

Seq# : 66158

Results	Flags	Units	Normal Limits
42.6		$\times 10^9/\mu\text{L}$	4.0 / 12.0
20.7	H	%	25.0 / 50.0
36.1	L	%	2.0 / 10.0
0.6		%	50.0 / 80.0
0.0		%	0.0 / 5.0
3.1		%	0.0 / 2.0
3.7		%	0.0 / 100.0
1.2		$\times 10^9/\mu\text{L}$	0.0 / 100.0
0.6		$\times 10^9/\mu\text{L}$	1.0 / 5.0
1.0	L	$\times 10^9/\mu\text{L}$	0.1 / 1.0
0.0		$\times 10^9/\mu\text{L}$	2.0 / 8.0
0.0		$\times 10^9/\mu\text{L}$	0.0 / 0.4
0.0		$\times 10^9/\mu\text{L}$	0.0 / 0.2
0.0		$\times 10^9/\mu\text{L}$	0.0 / 150.0
0.1		$\times 10^9/\mu\text{L}$	0.0 / 150.0
8.4	L	$\times 10^9/\mu\text{L}$	4.00 / 6.20
23.7	IL	g/dL	11.0 / 16.0
68.2	IL	%	35.0 / 55.0
24.2	L	fL	90.0 / 100.0
35.4		pg	26.0 / 34.0
13.6		g/dL	12.0 / 16.0
44.6		%	10.0 / 16.0
9.7		fL	37.0 / 47.8
1.228		$\times 10^9/\mu\text{L}$	150 / 400
23.0		%	7.0 / 11.0
31		%	0.200 / 0.500
		%	10.0 / 18.0
		%	12.0 / 42.0
		$\times 10^9/\mu\text{L}$	13 / 129



THE CURABLE TRUST

Logy Information :

Microcytic hypochromic cells predominantly with few normocytic normochromic cells with anisocytosis. Leucopenia seen and TLC as above. DLC - N38L45M15E02. Platelets - Mild thrombocytopenia seen with actual Platelet count 1,40,000/ μL . Hemoparasites not seen.

Logy Remarks :

Imp - Microcytic hypochromic anemia with mild thrombocytopenia.

- Iron profile

Clinical correlation

SIGN & SEAL

23/08/2026 08:24

BY

MYTHIC70

SERIAL NUMBER

710923-000056

ALL IMM, PCT, PDW, PLCC, and PLCR for Research Use Only

BIOLOG/ADMIN

SOFT VERSION

V05.1.001

Signature of Qualified Person

TAX INVOICE

AMRIT PHARMACY- PGICH, NOIDA

(A DIVISION OF HLL LIFECARE LTD)

POST GRADUATE INSTITUTE OF CHILD HEALTH

SEC. 30, NOIDA, GAUTAM BUDDHA NAGAR

NOIDA-201301

Ph: 1206335801 E-mail: amrit_pgichsec30noida@hlllifecarehll.com

DL No.: UP16210001587 UP16210001587

GSTIN : 09AAACH5596K1ZZ

STATE : UTTAR PRADESH(09)

Patient Name : RUDANSHI

Inv No : 26196830057002

Dated : 24-03-2026 (07:27 AM)

Pay Type : CASH Invoice

S. Man : THLL4228

User : THLL4228

Doctor Name : DR SURENDA BAHADUR DL No.

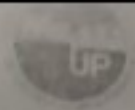
GSTIN :

UIN No. :

State : UTTAR PRADESH(09)

Card No:

Sl No	Description of Goods	Qty	HSN / SAC Code	Pack	Rate	Mrp	Disc %	Disc Amt	Taxable value	CGST %	SGST %	Amount
	HSN / SAC Code											
01	VANKING INJ (250MG)	3	2615009	1X1	85.655	268.00	66.44	534.19	256.96	2.50	2.50	269.81
	30041010		04-27							6.42	6.42	
								534.19	256.96	6.42	6.42	269.81



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 20 NOIDA, NOIDA-201302, UTTAR PRADESH, INDIA

PHONE : 91202000000



NAME: RUDRANSH

AGE: 10 GENERAL

PHONE: 981162600295700

DATE: 23-08-2025

MR. No: 981164260069297/1

MR. No: 981162026009324

AGE: 10/MALE

SERVICE: IPO

PAYMENT DT: 23-AUG-2025 12:11:04

PHYSICIAN: DR. RUDRANSH RUDRANSH RUDRANSH RUDRANSH

SN	DESCRIPTION	QTY	QTY
1	1000 (1000) (1000)	100	1
2	1000 (1000) (1000)	100	1
3	1000 (1000) (1000)	100	1
4	1000 (1000) (1000)	100	1

TOTAL AMOUNT

AMOUNT IN WORDS: FIVE HUNDRED FIFTEEN ONLY

MODE OF PAYMENT: CASH

AMOUNT IN WORDS: CASH: (AMT: 515)

DR. RUDRANSH

AUTHORISED SIGNATURE