

Gumma

Menstrual History

at ... part from
ever
stand

RECEIPT BOOK
SANDHYASHI HOSPITAL
(A Unit of SANDHYA HEALTH CARE)

B-48, SECTOR-5, BAWANA INDUSTRIAL AREA, DELHI-110039
Authority Ph. No. : 7728177717, 9212735382, 9313776463

Name Mr. Mohammad Inshaal S. No **1482**

Age 31y Sex Male Date

30	5	22
----	---	----

Address Plot No. 1203 b to m3m Woodchite, New Ex. 107 main Chharampur Road Gurgaon Haryana

Amount

500

 - In words five hundred only

Valid to

Purpose Consultation

Authorized Signature CASH

SANDHYASHI HOSPITAL
B-48, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7728177717

Collected By

280
Ash 280
38
Kweth 4

Facility:

Menstrual History

RECEIPT BOOK SANDHYASHI HOSPITAL

(A Unit of SANDHYA HEALTH CARE)

B-48, SECTOR-5, BAWANA INDUSTRIAL AREA, DELHI-110039

Authority Ph. No. : 7728177717, 9212735382, 9313776463

S. No 1483

Name Mr. Mohammed Tohael

Age 34 Sex M

Date

30	5	22
----	---	----

Address PLOT NO-1203 D6 H3M WOODHIDE NEAR

07 Main Chancery Road Gurgaon Haryana

Amount

10,000/-

 In words Ten thousand only/-

Valid _____ to _____

Purpose Payee Kavya I.P.D Adm

Authorized Signature CASH

SANDHYASHI HOSPITAL
B-48, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7728177717

Collected By

Facility: Full Equipment

Height: _____

Handwritten notes on the right margin.

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SANDHYA MEDICITY HEALTHCARE PVT.LTD.



Group Of Vedic Ayurvedic Panchkarma & Ksharsutra Center's
(A CGHS/DGHS Empanelled Center and All Major TPA Covered)

DR. VIKAS GUPTA
B.A.M.S., M.D., MBA(HCS), D.I.P., C.K.S.V.,
Senior Anorectal Surgeon & Marma Specialist
Jewel Of Ayurveda L.M.A.(Ayus) Award
M: 7428177717

DR. RAJNI GUPTA
(B.A.M.S. C.G.O., D.I.P., C.K.S.V., M.D. Nat.)
Senior Panchkarma and Infertility Specialist
Dr.A.P.J. Abdul Kalam Award
M: 9212735382

Treatments:
Anorectal Care

- Piles
- Fissure
- Fistula
- Ksharsutra Surgeries

Gynae

- Infertility Primary and Secondary
- P.C.O.D.
- Fibroid Uterus
- Pre & Post Delivery Care

Orthocare

- Joint Pain
- Cervical Pain
- Low Back Pain
- Migraine Paralysis

Panchkarma

- Purification
- Rejuvenation
- Shirodhara
- Nasya
- Vaman
- Virechana
- Basti

Gestocare

- Acidity
- Constipation
- I.B.S
- Liver Failure

Special Treatment

- Navel Seating
- Neuro Therapy
- Skin
- Hair Fall
- Marma Therapy

Facility:

- Fully Equipped
- Panchkarma Room
- Operation Theater
- Beds For Admission
- Ambulance
- Ayurvedic Treatment
- Emergency Care
- TPA Desk

UHTD No.: SH-13475 Δ Kanishk k. Jiwana

NAME: Mst. Mohammad Iqbal
W/o, D/o, S/o: Abdul Samad
Chief Complaint
History
Family
Menstrual History

AGE: 31 SEX: M
Date: 30/5/22
Time: 11 AM

Diagnosis

उष्ण शोथ
शब्द शोथ
Face (Akriti) M
Eye (Dirka) M
Jivha soan
Urine 3-4 DIN
Kashti (Stool) M
Nadi (Dital, Pital, Kank) ✓

efo Severe Back pain
efo high grade fever
efo unable to stand

(Dash Vidha)

1. Prakriti Vat' kaph'
2. Vikriti M
3. Sara M
4. Samhana M
5. Pramana M
6. Satmya M
7. Satva M
8. Aahar Shakti M
9. Vaya M
10. Vyam Shakti M

Adv

Kati Basti
Abhyanga
Swedan

- T. fever cure vBD
- T. shulvansai Vat' vBD
- T. shothor vBB

B.P.: 120/80

Sup. maharasnadi Kwath UTSP by

Wt.:

Height:

P/R: 80/m

Spo2: 99%

CVS: N

CNS: N

Temp. 102.2f

Dr. VIKAS GUPTA 7428177717
B.A.M.S., M.D. (AM) MBA (HCS)
D.I.P., C.K.S.V.
DCCP/A/81
Medical Superintendent
SANDHYA SHI HOSPITAL
Sector-5, Bawana Indl. Area

Not Valid For Medico Legal Case

Sandhyashi Neuro Panchkarma Center: Bf-45, Near Canara Bank, Shalimar Bagh, Delhi-110082
Sandhyashi Hospital: B-48,49, Sector-5, Bawana Industrial Area, Delhi -110039
Sandhya Health Care Center: 229A/2, Ambedkar Colony, Haiderpur, Delhi-110088
Sandhya Hot Spring Health Care : Tattapani (H.P.)
Sandhya Jani Devi Health Resort Jodhpur, Rajasthan
Sandhya Ayurvedic Center Kanjhawala behind PNB Bank, Delhi- 110081

COSTUMER CARE : 011-40199634 / 7428177717

WEBSITE : www.sandhyamedicityindia.com

E-Mail: Sandhyamedicityindia@gmail.com



SANDHYASHI HOSPITAL

(A Unit of Sandhya Healthcare)
B-48, Sector-5, Bawana Industrial Area, Delhi-110039

Initial Assessment Form

DATE: 30/5/22 UHID: SH-13475 OPD: 18050

PATIENT NAME: MOL. Mohammad Ishaq F/Name: Abdul Samad
PATIENT HISTORY:

ADDRESS (Province-District):		PHONE No:	
PATIENT AGE:	<u>31 YRS</u>	F	<input checked="" type="checkbox"/> M
1. Civil Status	Single	Married	Diagnosis:
2. Job & Occupation	Office workers	Retired	Unemployed & not active
3. Education level	Can write	Can read	Class:
4. Samanya Pareeksha	Pluse (BPM): <u>80/m</u>	B.P. (mmHg): <u>120/80</u>	Saturation %:
Height (cms):	Weight (kg):	BMI (kg/m ²):	Temp.(°F) <u>102.2 F</u>
Chife Complaint: <u>do severe back pain</u> <u>do high grade fever</u>			
Onset of diseases:			
Medical History/Treatment:		Personal History	
Disease	Since	Disease	Since
Hypertension	} <u>NA</u>	Alcohol	} <u>NA</u>
Diabetes		Smoking	
Obesity		Tobacco	
Medication if any			
5. Past History	Jaundice	Tuberculosis	Anemia
Edema	<u>NA</u>	History of Surgery	<u>NA</u>

	CHARACTERSTICS	VATA	PITTA	KAPHA
PHYSICAL PROFILE				
1	Skin	<u>Dry, Rough, Cool Dull</u>	Warm to touch, reddish sensitive to sunlight	Tick Moist. Cool to touch
2.	Complexion	Darker	Red-Pink	Pale-white
3.	Hair	Thin, Dark, Towards Dryness	Normal to fine thinning, tends to grey	Normal to oily, thick wavy, shiny
4.	Lips	Thin, often, dry/cracked	Medium, Red or Pink	Thick Pale
5.	Eyes	Small	Medium	Large
6.	Physique	Thinly built frame	Medium frame, well built	Large frame
7.	Bowel Movements	Dry, Hard, Blackish	Soft, Yellowish	Heavy, Thick
8	Weight	Difficult to gain	Medium Weight	Easy to gain, hard to lose

SANDHYASHI HOSPITAL
 B-48-49 Sector-5,
 Bawana Industrial Area, Delhi-39
 Ph. 7428177717

PANCHAKARMA TREATMENT PLAN

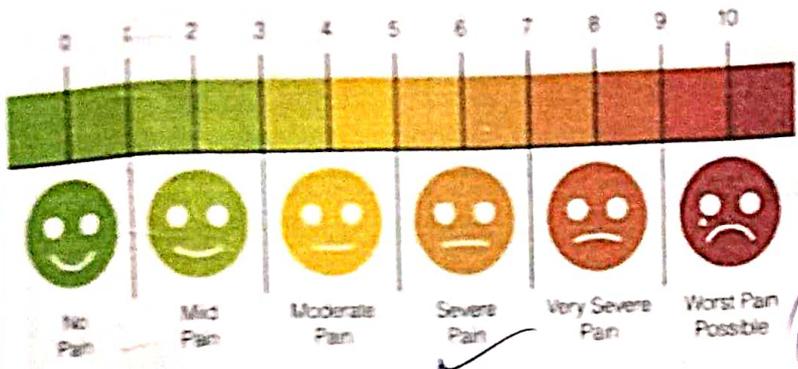
POORVA KARMA		PRADHAN KARMA
Treatment Days	Abhyangam + steam	Kata basti
Risk, Benefits	Rub pain + swelling, may occur. para swelling, stiffness	use a therapeutic R ↓ Deepam-pachan
Next follow up advice	pt was seen on	AD basis
Next follow up date	Admitted for 4 days	4 days
PASCHAT KARMA		
Days Medicine	Diet - Liquid - Soups, Juices	Semisolid - khichadi, Dalia
Risk, Benefits		Solid
Next follow up advice		
Next follow up date		

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 Gurgaon Industrial Area, Delhi-39
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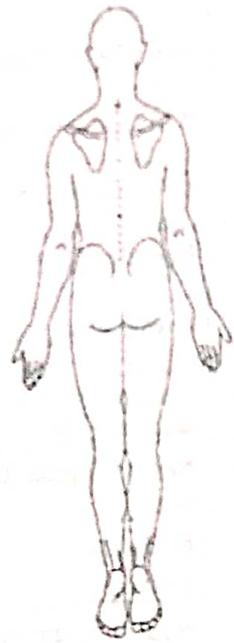
Physical Examination:

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxation etc.

PAIN SCALE



6/10



Skin & Soft tissues problem

SLR Test +ve Lt 40' / Rt 35'

DISORDERS	Minor	Important
Swelling	-	
Callus	-	
Scar	-	
Wound	-	
Temperature	febrile	
Infection		
Pain	+	
Abnormal Sensation		

Sensitivity	R	L	(Specification)
Superficial			
Deep			
Numbness			
Paresthesia			
Other			

Cl. USA

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 Bawana Industrial Area, Delhi-39
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GENERAL EXAMINATION ASSESEMENT

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Sign
1.	रूपी (Skin)- Sheeta, Ushna, ruksha	Ruksha	-	Vis
2.	शब्द (Speech)- Spashta, Apsashta	Spashta	-	Vis
3.	Face (Akruti)- sthool, medum- thin		-	Vis
4.	Eye (Dirka)- Pallor, Ruksha, Snigdha		-	Vis
5.	Jiwha (tong)- Saam, Nirama		-	Vis
6.	Mootra (Urine)- Frothy, Bleeding, Burning Sensation, Pain		-	Vis
7.	Kastho (Stool) (Constipation) Mild - Grahani, Moderate- dysentry. Severe		-	Vis
8.	Nadi (यात, पत, कफ) <i>vady</i>		-	Vis

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Sign
1.	Prakruti- VIP/KVP/VK/PT/Sama S/R/T	30/5/22		Vis
2.	Vikruti- Dosha, Dhatu, Mala		-	Vis
3.	Sara- Twak/Rakta/Mamsa/Meda/Asthi/Shukra/majja/Satwa		-	Vis
4.	Samhana-Susamhita/Madhyama samhita/Heena samhita		-	Vis
5.	Pramana-Supramanla/Adhika/Hooma		-	Vis
6.	Satmyao-Ekarasa/Sarva rasa/ Vyamishra/Rooksha satmy/Snigdha satmya		-	Vis
7.	Satva (Avara, Pravara, Madhyama)-Pravara/ Madhyama/Avara		-	Vis
8.	Aahar Shakti (Mild, Moderate)-Abhyavaharana shakti : P/M/A		-	Vis
9.	Vaya (Age) (Young, Moderate, Old)-P/M/A		-	Vis
10.	Vyayani Shakti-Bala/ Madhyama/ Vrudda		-	Vis

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B-48-4 Sector-5,
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Nutritional Assessment Form

Identifying Information

Full Name: Mrs. Mohammad Isbahid Date: 30/5/22

UHID No: SH-13475 Age: 21 Sex: M

Ethnicity: Hindu Muslim Christian Sikh Jain Tribe Other:

Referring Clinician: _____

Reason(s) for visit: _____

Medical History (please give full details)

- Diabetes YES/NO HBA1c.....since.....Medication
- HTN YES/NO Last recorded valuesince.....medication
- CAD YES/NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.....MEDICATION

Are you allergic to any food or drink? Yes or No No

If yes, please specify: - _____

Do you get a rash or edema from your allergy? Yes or No

Do you take any vitamins, minerals and/or food supplements? Yes or No No

If yes, which ones _____

Have you had any major injuries, hospitalizations, or operations? Yes or No No

If yes, what _____

Do you have any chronic illnesses? Yes or No No

If yes, please explain _____

Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No No

If yes, what medication and what dosage _____

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 B-48-49, Sector-5,
 Bawana Industrial Area, Delhi-39
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SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

Nutritional Assessment Form

Sign	Remarks
Vis	

Identifying Information

Full Name: MRI. Mohammad Ishaq Date: 30/5/22
 UHID No: SH-13475 Age: 21 Sex: M

Ethnicity: Hindu Muslim Christian Sikh Jain Tribe Other:

Referring Clinician: _____

Reason(s) for visit: _____

Medical History (please give full details)

- Diabetes YES/NO HBA1c.....since.....Medication
- HTN YES/NO Last recorded valuesince.....medication
- CAD YES/NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.....MEDICATION

Are you allergic to any food or drink? Yes or No No

If yes, please specify: _____

Do you get a rash or edema from your allergy? Yes or No

Sign	Remarks
Vis	

Do you take any vitamins, minerals and/or food supplements? Yes or No No

If yes, which ones _____

Have you had any major injuries, hospitalizations, or operations? Yes or No No

If yes, what _____

Do you have any chronic illnesses? Yes or No No

If yes, please explain _____

Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No No

If yes, what medication and what dosage _____

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Please explain about

- Appetite : ↓
- Food habits : *light satisfactory*
- Daily working hours:
- Exercise : ↓
- Job profile :
- Height :
- Weight:

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain *No*

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain *No*

Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No+

+
If yes, please explain *No*

DR. VIKAS K. BHADRA 7478177717
Doctor Signature
B.M.S., D.P.M.S.,
D.I.P., C.K.S.V. *Vikas*
DBCP/A/8107
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector 4, Gurgaon, Haryana Area

Patient Signature
[Signature]



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

UHID No. PH-13475 IPD 00/2045/22 Bed No. 2 Date 30/5/22

ADMISSION & DISCHARGED RECORD

Name Of Patient (रोगीका नाम) Mrs. Mohammed Iqbal
Name Of Father/Husband (पिता/पतिका नाम) Abdus Samad
Date Of Admission (भर्ती की तिथि) 30/5/22 Time of Admission (भर्ती का समय) 11:30 AM Age (उम्र) 31 Sex (लिंग) M
Assistant Doctor (सहायक उपचारक) Dr. Manjeet
Doctor Incharge (संचालक उपचारक) Dr. Vikas Gupta
Date of Discharge (छुटीकी तिथि) 2/6/22 Time of Discharge (छुटी का समय) 5:30 PM
Operation (If Any) No
Procedure (प्रक्रिया) Kati Basti Abhyanga Swedan
Diagnosis (रोग निश्चय) Katishor & Jwara
Address & Phone No. (पता एवं फोन नं.) Plot No. 1203-B-6 M3M Woodbridge Sector 107,
Main Dharmpuri Road Gurgaon Haryana-122018 (9711002694)

Result	Cured/Refived	Left Against Medical Advice	Investigation Only	Discharge Request	Expired
	<input checked="" type="checkbox"/>				

Payment :- CASH TPA Name/No. _____ GOVT. Insurance. _____

UNDERTAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on the basis at Sandhyashi Hospital (A Unit of Sandhya Health care) at my own risk and I am ready for the Ayurvedatreatment. I am giving my consent after understanding the benefits and outcome of treatment. the information given by me is absolutely correct.

मैं अपनी मर्जी से संध्याशी अस्पताल (आयुर्वेद संध्या हेल्थ केयर) अस्पताल में भर्ती हो रहा/रही हूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धतिके लिए, और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा/रही हूँ। एवं मैंने जो विवरण दिया है वह पूर्णतः सही है

Dated (दिनांक) 30/5/22

Witness (प्रत्यक्षी) _____

Signature (हस्ताक्षर) [Signature]

Relationship of Patient (रोगी से सम्बंध) _____

SANDHYASHI HOSPITAL
B-48,49 Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

Terms & Conditions

1. I have opted on my own for admission into this Hospital and will pay the bills as per Hospital rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules, regulation, and the charges without notice or assigning any reason thereof.
3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same. The Hospital accepts no responsibility for any loss or inconvenience caused by strike, lockout, water, telephone, electricity, and air-conditioning failure, etc.
4. Patients are advised not to bring any valuable or any jewelry or any other luggage with them. The Hospital will not be responsible for any loss or theft.
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque 's are not accepted.

नियम व शर्तें

1. मैंने इस अस्पतालमें प्रवेश के लिए अपना खुद का चयन किया है और अस्पतालके नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करूँगी।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी कारण को असाइन करना।
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती है लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है। अस्पताल स्टाइक, लॉक आउट, वॉटर, टेलीफोन, बिजली और एयरकंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई ज़िम्मेदारी स्वीकार नहीं करता है।
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समानना लाएं। अतः अस्पताल किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा।
5. रिसेप्शन पर लिखित में सुझाव/शिकायतें दी जा सकती हैं।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए/निजी बीमा /सरकारी बीमा आदि। चैक नहीं लिया जाता है।

Dated (दिनांक)..... 26/5/22

Signature (हस्ताक्षर)..... 

Witness (प्रत्यक्षी).....

Relationship of Patient (रोगी से सम्बंध).....

SANDHYASMT HOSPITAL
B-43-44 Sector 5,
Bawana Industrial Area, Delhi-39
Ph. 2428177717



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

UHIDSH-13475.....IPD 0012045/22 Bed No.....2..... Date: 30/5/22

GENERAL CONSENT

I, Mr. Mohammad Ishaq W/o, S/o, D/o. Abdul Samad
R/O. Plot No. 1203 B-6 M3M Woodshire Sector-109 Main Chhatarpur Road Gurgaon

Date of Admission 30/5/22 Age 31 Sex M

Has been clearly explained about the Procedure Kath Basti Abhyanga Svedan

By Dr. Vikas Gupta

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses in the procedure clearly. I have been explained about the details of PROCEDURE, in case of any emergency and further referral to any higher centre, the required expenses in that case will be paid by me. I had read about the clauses clearly and giving my concern for the procedure mention about

पिता/पतिका नाम.....पता.....

(दिनांक).....उम्र.....लिंग.....

डॉ.....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बताया है। जिसमें आने वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बताया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लिनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लिनिक के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं मुझे बताया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम) Mr. Mohammed Ishaq

Signature (हस्ताक्षर).....

Date (दिनांक) 30/5/22

PI (स्थान) Bawana Delhi 110039

Witness (प्रत्यक्षी).....

Doctor's Name (चिकित्सक नाम) Vikas Gupta

Date 30/5/22

Signature (हस्ताक्षर).....

DI. VIKAS GUPTA 742077717
B.A.M.S., M.D. (AM) MBA (HGS)
D.I.P., C.K.S.V.
DBCP/A/818
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector-5, Bawana Indl. Area

UHD.S/1-18475 IPD.00/2045/22 Bed No. 2 Date 30/5/22

PROCEDURE CARE PLAN

Patient's Name (रोगीकानाम) M.D. Mohammad Ishaq

Father's/Husband's Name (पिता/पति का नाम) Abdus Samad

Date (दिनांक) 30/5/22 Age (उम्र) 31 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Kati Basti Abhyngam Swedan

Provisional Diagnosis (रोगनिश्चय) Katishool and Jwara

Final Diagnosis (रोगविनिश्चय) Katishool and Jwara

Doctor Name (चिकित्सकनाम) Dr. Vikas Gupta

Therapist Name (सहायकनाम) Aman

Details of Therapy :

Kati Basti - 1 sachari tel 100 ml for 45
Abhyngam - 1 M.N. tel for 45 min
Swedan - 1 Dashmool kwath
for 5 min

Doctor's Name (चिकित्सक नाम) Dr. Vikas Gupta

Date (दिनांक) 30/5/22

Signature (हस्ताक्षर)

VIKAS GUPTA 7428177717
M.D. (AM) MED.

Area



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

PANCHKARMA CONSENT

UHID SH-13475 IPD 00/2045/22 Bed No. 2 Date 30/5/22

Patient's Name (रोगी का नाम) M.M. Mohammad Iqbal
 Father's/ Husband's Name (पिता/पति का नाम) Abdul Samad
 Date (दिनांक) 30/5/22 Age (उम्र) 31 Sex (लिंग) M
 Address & Phone No. (पता एवं फोन नं.) Plot No. 1203, B-6, M3M, Woodshirke Sector 9-107, Main d. Bawana
 Treatment Benefits (उपचारकेलाभ) Pin nail, Akshara
 Risk (जोखिम) Some times hot to touch
 Alternative (विकल्प) Apply Jatyadi Oil

हमारी थेरेपी के बारे में पूर्णतः बता दिया गया है एवं थेरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

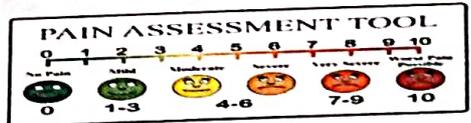
घुटनों में सूजन	<input checked="" type="checkbox"/>	झनझनाहट	<input checked="" type="checkbox"/>
पैरों में दर्द	<input checked="" type="checkbox"/>	अकड़न	<input checked="" type="checkbox"/>
पेट में भारीपन	<input type="checkbox"/>	सुन्नपन	<input checked="" type="checkbox"/>
कमर में दर्द	<input checked="" type="checkbox"/>	उल्टी	<input checked="" type="checkbox"/>
दर्द में वृद्धि	<input checked="" type="checkbox"/>	बुखार आना	<input checked="" type="checkbox"/>
बी.पी कम होना	<input type="checkbox"/>		

दि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थेरेपी
 बारे में पूर्णतः ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयंकी होगी।

थेरेपिस्ट का नाम Aman थेरेपिस्ट हस्ताक्षर [Signature]
 डाक्टर का नाम Dr. Vikas Gupta डाक्टर हस्ताक्षर [Signature]
 रोगी के हस्ताक्षर [Signature] प्रत्याक्षी [Signature]
 दिनांक 30/5/22

We are informed about the therapy & also about the complication in which e.g. [Blank]
 SANDHYASHI HOSPITAL
 B-48-49, Sector 5, Bawana Indl. Area

Swelling in Joints	<input type="checkbox"/>	Tingling sensation	<input type="checkbox"/>
Pain in Legs	<input type="checkbox"/>	Tenderness	<input type="checkbox"/>
Tenderness in abdomen	<input type="checkbox"/>	Numbness	<input type="checkbox"/>
Backache	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
Increase pain	<input type="checkbox"/>	Loose motion	<input type="checkbox"/>
Fever	<input type="checkbox"/>	Decrease B.P.	<input type="checkbox"/>



After Explaining about the complication & the benefits I will be responsible for everything and give full permission to

the doctors & the therapists to perform.....

Therapist's Name.....Therapist Signature.....

Doctor's name.....Doctor Signature.....

Patient's Signature.....Witness.....Date.....



Panchkarma Chart Form

UHD:SH-12475

IPD no: 2045/22

Bed No. 2

Date 20/5/22

Individually add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind/body type.

MENTAL PROFILE	VATA	PITTA	KAPHA
Mind activity	<input checked="" type="checkbox"/> Quick mind restless	<input type="checkbox"/> Sharp intellect aggressive	<input type="checkbox"/> Calm steady stable
Memory	<input type="checkbox"/> Short-term best	<input type="checkbox"/> Good general memory	<input type="checkbox"/> Long-term best
Temperaments	<input type="checkbox"/> Constantly changing	<input type="checkbox"/> Fairly steady	<input type="checkbox"/> Steady stable fixed
Concentration	<input type="checkbox"/> Short-term focus best	<input type="checkbox"/> Better than average mental concentration	<input type="checkbox"/> Good ability for long term focus
Ability to learn	<input type="checkbox"/> Quick grasp of learning	<input type="checkbox"/> Medium to moderate grasp	<input type="checkbox"/> Slow to learn
Speech	<input type="checkbox"/> Fearful flying ranting jumping	<input type="checkbox"/> Angry, fiery, violent adventurous	<input type="checkbox"/> Includes water clouds relationship, romance
Speech	<input checked="" type="checkbox"/> Interrupted light	<input type="checkbox"/> Sound, medium	<input type="checkbox"/> Sound, heavy long
Speech	<input type="checkbox"/> Fast sometimes missing words	<input type="checkbox"/> Fast sharp clear cut	<input type="checkbox"/> Sound, clear, sweet
Speech	<input type="checkbox"/> High pitch	<input checked="" type="checkbox"/> Medium pitch	<input type="checkbox"/> Low pitch
Speed	<input type="checkbox"/> Quick	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Slow
Regular level	<input type="checkbox"/> Irregular	<input type="checkbox"/> Sharp need food when hungry	<input type="checkbox"/> Can easily miss meals
Food and drink	<input checked="" type="checkbox"/> Prefers warm	<input type="checkbox"/> Prefers cold	<input type="checkbox"/> Prefers dry and warm
Working goal	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Focused or driven	<input type="checkbox"/> Slow and steady
Generosity	<input checked="" type="checkbox"/> Gives small amounts	<input type="checkbox"/> Gives nothing or large amount infrequently	<input type="checkbox"/> Gives regularly and generously
Relationships	<input type="checkbox"/> Many casual	<input type="checkbox"/> Intense	<input type="checkbox"/> Long and deep
Life	<input type="checkbox"/> Variable or law	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Strong
Temperature	<input type="checkbox"/> White supervised	<input type="checkbox"/> Alone	<input type="checkbox"/> In groups
Response to stress	<input type="checkbox"/> Aversion to cold	<input type="checkbox"/> Aversion to heat	<input checked="" type="checkbox"/> Aversion to damp cool
Spending	<input type="checkbox"/> Excites quickly	<input type="checkbox"/> Medium (Save but big heat)	<input type="checkbox"/> Slow to get excited
Relationship	<input type="checkbox"/> Doesn't save spends quickly	<input type="checkbox"/> Tends to be a longer friends related to occupation	<input type="checkbox"/> Save regularly accumulates wealth
Relationship	<input type="checkbox"/> Tends towards short term friendship makes friends	<input checked="" type="checkbox"/> Tends to form long lasting	

type Dry to rough skin, insomnia, constipation, fatigue, headaches, intolerance of cold underweight or losing weight anxiety, worry, and restlessness, attention deficit with hyperactivity disorder.

type Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.

a Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

- Warm and hot water for drinking.
- Hot water for bathing.
- void day sleep.
- void awakening in night.
- Respond to natural urges (urine & stools) before Panchkarma treatments.
- Don't suppress natural urges.
- Don't do excessive workout exercise
- Don't expose to cold air or hot sun.
- void stress and strain during treatment.
- Don't travel on vehicles immediately after treatment.
- Immediately after traveling or exercise should be not taking and panchkarma treatment.
- Avoid coitus during treatment period.

SANDHYASHI HOSPITAL



(A Unit of Sandhya Health care)

(B-48, 49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

ID: SH-13475

OPD: 18050

IPD: 00/2045/22

Bed No: 2

PH No. 011-40199634 / 7428177717

PROGRESS NOTES

30/5/22
- 120/80 mm Hg
PR - 80 bpm
Temp - 102.2 F
6/10

C/S/B DT, Vikas Gupta
D/E. GIC - not food
Bowel - mildly constipated
Bladder @
Sleep ↓
App ↓

Co. lower back pain
Co. difficulty on standing
etc. fever

- Adv. Admission in IPD ward
- start Panchkarma treatment after fever subsides
- Abhyangam & M.N. tari steam
- kati basti & saktikandli oil

Rx: Tab. Fevercare 2BD
Shool varjini vati 2BD
Tab. Shoth hal 2BD
Syp Maha rasmandli kawat 3
UTS 1BD & 1/2 cup water

DR. VIKAS GUPTA 7428177717
D.I.P. (AM) MBA (HCS)
D.I.P. C.K.S.V.
DBCP
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector-5, Bawana Indl. Area



SANDHYASHI HOSPITAL

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(B-48, 49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

UHID: SH-13475

OPD: 18050

IPD: 00/2045/22

PH No. 011-40199634 / 7428177717

Bed No.

PROGRESS NOTES

C/S/B Dr. Vikas Gupta

O/E. GIC - stable
vital stable

30/5/22

B.P.: 122/78 mmHg

P/R: 84 bpm

Temp - 98.8 F

pain -

Bowel
bladder - clear

sleep ↓

RR 18

NFC

A&W.

SANDHYASHI HOSPITAL
B-48-49, Sector-05,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

31/5/22 9:00 AM

B.P.: 124/80 mmHg

P/R: 82 bpm

Temp.: 99.1 F

in Score:

C/S/B Dr. Vikas Gupta

O/E. GIC - stable

Bowel - clear

bladder - (N)

pt feels comfortable
with therapy

- NFC

A&W.

est all

Dr. VIKAS GUPTA 7428177717

B.A.M.S., M.D. (AM) MBA

D.I.P., C.K.S.V.

DELHI-110039



UHD: S/11-13475 OPD: 18050 IPD: 20215122 Bed No: 2

PH No. 011-40199534 / 7472177717

PROGRESS NOTES

31/5/22
 3:00 PM

B.P.: BP - 120/85 mmHg
 P/R: PR - 80 bpm
 Temp: 98.6 F

45/6 Dr Vikas Gupta
 GE GIC fair
 vital stable
 CR. LGA slightly reduced
 N/A
 Adv. est all

SANDHYASHI HOSPITAL
 B-48, 49 Sector 05,
 Bawana Industrial Area, Delhi-39
 Ph. 7472177717

45/6 Dr Vikas Gupta

31/5/22
 8: PM
 B.P.: BP - 122/80 mmHg
 P/R: PR - 75 bpm
 Temp.: 98.2 F

Pain Score:

GE GIC fair
 vital stable
 BOWel not propelled
 Chem
 Adv. est all

+ Avipattikar th. 50
 4.5
 e Lungs clear
 Warts

Dr. VIKAS GUPTA 7472177717
 E.M.S., M.D. (AM) MBA (HLS)
 D.I.P., C.K.S.V.
 D.M. 2007
 Medical Superintendent
 SANDHYASHI HOSPITAL
 B-48-49, Sector-5, Bawana Indl. Area



SANDHYASHI HOSPITAL

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(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)



UMID: SH-12475

OPD: 18050

PH No. 011-40199634 / 7428177717

IPO: 00/2045/22

Bed No. 2

PROGRESS NOTES

G/S/B Dr. Vikas Gupta

11/6/22

9:30 AM

B.P.: 122/80 mm Hg

P/R: 78 bpm

Temp - 98.8 F

O/E. GIC - stable

Bowel - clear

Abd. - \ominus

HRP - \ominus

Sleep - \ominus

- N/A

A dx. - est all

SANDHYASHI HOSPITAL

B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

11/6/22

3:30 PM

B.P.: 128/80 mm Hg

P/R: 84 bpm

Temp.: 98.8 F

Pain Score:

G/S/B Dr. Vikas Gupta

O/E. GIC - fair

Vital stable

pt. feels good w/ treatment

A dx. - est all

Dr. VIKAS GUPTA 7428177717

B.A.M.S. M.D. (AM) MBA (H)

D.I.P. C.K.S.V.

DOB: 11/8/1977

Medical Superintendent

SANDHYASHI HOSPITAL

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SANDHYASHI HOSPITAL



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UHID: SH-13475 OPD: 18050 IPD: 00/2048/22 Bed No: 2

PH No. 011-40199634 / 7428177717

PROGRESS NOTES

1/6/22
8:10 PM

C/S/B Dr. Vikas Gupta
OE. GIC - stable
Vital stable
- NFE
Adv. eat all

B.P.: 120/80 mmHg

P/R: 78 bpm

Temp. 98.3 F

SANDHYASHI HOSPITAL
B-48-49 Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

2/6/22
9:10 AM

C/S/B Dr. Vikas Gupta

OE GIC - stable
Bowel - clear
Bladder ⊕

B.P.: 124/80 mmHg

P/R: 82 bpm

Temp.: 98.3 F

Pain Score:

Adv.
• Ashyanam/steroid
kathi bath
+ eat all

Dr. VIKAS GUPTA 7428177717
E.A.M.S., M.D. (AM) MBA (HCS)
D.I. CK.S.V.
DOB: 1981/07
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector-5, Bawana Indl. Area



SANDHYASHI HOSPITAL



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UHID: SH-13475

OPD: 18050

IPD: 00/2045/22

Bed No ... 2

PH No.011-40199634 / 7428177717

PROGRESS NOTES

C/S/B Dr. Vikas Gupta

2/6/22

4:30 pm

OTC. GIC - stable

Vital stable

C/O. LBA much reduced

C/O. fever subsiding

Now pt can move without much difficulty

Adv - Discharge after today

- Abhy. steam

Karti bask } has done

R/A 1 wk in OPD

B.P.: 124/80 mmHg

P/R: 82 bpm

Temp - 98.3 F

3.P.:

/R:

amp.:

lin Score:

Dr. VIKAS GUPTA 7428177717
B.A.M.S, M.D. (AM) MBA (HCS)
D.I.P. C.S.V.
DBCI/02/197
Medical Superintendent
SANDHYASHI HOSP.
B-48-49, Sector-5, Bawana Indl. Area



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(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

UHID... CH-13475... IPD... 20/20/22... Bed No... 2... Date... 2-6-22

F.H.NO. _____ DISCHARGE SUMMARY _____

Patient's Name (रोगी का नाम) M.M. Mohammedi Ishtak Age (उम्र) 31 Sex (लिंग) M

W/o, S/o, D/o (पिता/पति) Abdus Samad

Address (पता) Plot No: 1203-B-6 M3M Woodshite Sector-1a7 Main Dherampur

Date of Admission (भर्ती की तारीख) 30/5/22 Date of Discharge (छुटी की तारीख) 2-6-22

Time of Admission (भर्ती का समय) 11:00 am Time of Discharge (छुटी का समय) 5:00 pm

Chief Consultant (मुख्य चिकित्सक) Dr. Vikas Gupta

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

210, LBA
60 nigh grand fever

Past Medical History (पुराना चिकित्सा वृत्तान्त)

No H/V MTH DM

Family History (कुटुंब वृत्तान्त) No relevant history found

Pain Scale - 6/10

VitaParameters

B.P 120/80 mmHg

P/R 78 bpm

SUGAR NA

WEIGHT

HEIGHT

MENSTRUAL HISTORY NA

Astha Sthana

1. NADI - Uttham
2. MALA - Nirank
3. MUTRA - (N)
4. JIWA - Uncontroll
5. SHABDA - (N)
6. SPARSHA - Ushna
7. AKRUTI - (m)
8. DRIKA - (N)

Dash vidha Pariksha

- 1) Prakruti Vata-Kapha
- 2) Vikruti Vata-Pitta
- 3) Sara (m)
- 4) Samhana (m)
- 5) Pramana (N)
- 6) Satmya (m)
- 7) Satva Marh
- 8) Agni (m)
- 9) Vaya (m)
- 10) Vyayam Shakti (N)

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा सारांश)

A Kati Shool a jwara
Rf. Abhyangam 15 baar
kath lach

DIET ADVISE ON DISCHARGE (आहार निर्देश) As per Diet

CONDITION AT THE TIME OF DISCHARGE Stable

HOME DEAD REFERRED LAMA

Follow up (दोबारा कब आना है) 15 dy

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
PH No. 011-40199634 / 7428177717

- A) if pain a few not controlled
- B) any emergency occurs
- C) /

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Rf. Tab. Febantams
chikitsaadi vata 200
shool varjini vata 200
Maharasnadi lewath
175 F 180

Dr. Name... D. V. K. Gupta
 B.A.M.S., P.D. (M) M.B.A.
 D. No. 21/6/22
 Date 21/6/22
 Medical Superintendent
 SANDHYASHI HOSPITAL
 B-48 Sector-5, Bawana Indl. Area

Sex: M

Address: Plot no.1203 b-6 m3m woodshire sector 107 main dharampur road gurugram 122694

Date: 2/6/22

RECEIPT BOOK SANDHYASHI HOSPITAL

(A Unit of SANDHYA HEALTH CARE)
B-48, SECTOR-5, BAWANA INDUSTRIAL AREA, DELHI-110039
Authority Ph. No. : 7728177717, 9212735382, 9313776463

Name Mr. Mohammed Tahaal

S. No **1490**

Age 31y Sex Male

Date **2/6/22**

Address Plot No. 1203 b-6 m3m woodshire

Sector 107 main dharampur Road gurugram

Amount **11,000/-** In words Eleven thousand

nine hundred only/-

Valid to
Purpose T.P.D. Discharge

Authorised Signature CASH Collected By

Diet 100 * 1 * 4

6000
1200
4000
6000
3200
300
300
300
200
400

HOSPITAL BILL

GST NO- 07AANPG3299AR12E

SANDHYASHI HOSPITAL

M: 7628177117

B-48,49 SEC-5 Bawana Industrial Area Delhi-110039

921273387

UHID No. SH-13475

Date: 30/5/22

Serial no. 1352

Name: Mr. Mohammad Irshad

S/O Abdus samad

Age: 31

Sex: M

Address: Plot no.1203 b-6 m3m woodshire sector 107 main dharampur road gurdaon hat yam -
122018

Contact No.: 97111662694

Date of Admission: 30/5/22

Date of Discharge: 2/6/22

1.	O.T. Charges		6000
2.	Room rent		
3.	Anuethesis Fee		1200
4.	Nursing charges		
5.	Miscellaneous		
6.	Lab charges		
7.	Doctor fees	500 * 1 * 8	4000
8.	Consumable charge		
9.	Procedure charge		
10.	THERAPY		
		Abhyangam swedan 1500 * 1 * 4	6000
		Kati basti 800 * 1 * 4	3200
	MEDICINE		
		Cap Fever care	300
		Tab Pain cure	300
		Tab Shothar	300
		Syp maharasnadi kwath	200
		Diet 100 * 1 * 4	400

TOTAL**IN FIGURE**

Twenty one thousand and nine hundred





SANDHYASHI HOSPITAL

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(B-46,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

DAILY DIET ASSESSMENT FROM

Name (नाम): M.D. Mahammed, Faizahad Date 30/5/22

DOA (भर्ती की तारीख): 30/5/22 OPD: 18050 IPD: 2045/2 UHID: SH-13475

W/o d/o s/o (पिता/पति): Abulhasan Samad Age (उम्र): 31 Sex (लिंग): M

Consultant Name (चिकित्सक नाम): Dr. Vikas Gupta

Provisional Diagnosis (रोग निश्चय): Katishool Juneja

Confirm Diagnosis (रोग विनिश्चय): Katishool Juneja

	Advised Diet	Upadrava diet changes	Signature of Dietitian or consultant	Kitchen
Early morning	Herbal Tea	-	Vig	2022
Breakfast	4 types fruits	-	Vig	2022
Lunch	Poha and veg - soup	-	Vig	2022
Afternoon	Khichdi and Dalia	-	Vig	2022
Dinner	Dal, Roti, Subji	-	Vig	2022
Night	one glass Milk.	-	Dr. Vikas Gupta B.A.P.S., M.D. (AM) MBA (HCS) D.I.P., C.K.S.V. DBCPIA/8107 Medical Superintendent SANDHYASHI HOSPITAL B-48-49, Sector-5, Bawana Indl. Area	2022



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(D-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

Daily Medication Schedule

UHID: SH-13475 IPD 00/2045/22 OPD 18050

Patient Name: MSI Mohammed Tashbaq

Date: 30/5/22

Allergies: No

Consultant: Dr. Vikas Gupta

DOA: 30/5/22

PERSONAL MEDICATION RECORD

Name: <u>Dyumn</u>	Pharmacy: <u>SANDHYASHI</u>	Physician: <u>DR. VIKAS</u>
Name:	Pharmacy:	Physician:

NAME OF DRUG	DOSE	DATE	TIME OF DRUG	
			8 AM	6 PM
Tab - fever care	2 BD	30/5/22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shalvarjini	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shotha	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Syp - Maharashtra	4tblsp 2BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - fever care	2 BD	31/5/22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shalvarjini	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shotha	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Syp - Maharashtra	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - fever care	2 BD	1/6/22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shalvarjini	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shotha	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Syp - Maharashtra	2 BD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - fever care		2/6/22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shalvarjini			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tab - Shotha			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Syp - Maharashtra			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SANDHYASHI HOSPITAL
 16-KB-40, Sector-5,
 Bawana Industrial Area, Delhi-39
 Ph. 742817/717

Patient Signature

Receptionist Signature



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(B-49, 49 Sector 05, Bawana Industrial Area, Bawana, Delhi 110029)

Charges Concern Form

Name (नाम): Mrs. Mohammad Ishaq DOA (मर्तीकितारीक): 30/5/22
Age (उमर): 31 Sex (लिंग): M UHID: SH-13475 OPD: 18050 IPD: 00/2045/22
W/O, S/O, D/O (पिता / पति): Abdus Samad Day Panchkarma:

Consultant Name (चिकित्सकनाम): Dr. Vilas Gupta

Provisional Diagnosis (रोगनिश्चय):

Confirm Diagnosis (रोगविनिश्चय): Kati Shora = Jwara

1. Procedure details (प्रक्रियाविवरण): Kati Vasthi, Abhyangam, Steam

2. IPD Charges (आई.पी.डी.): 2000 x 1 x 3 = 6000

3. Doctor Consultation Charges (चिकित्सकपरामर्शशुल्क): 500

4. Nursing charges (नर्सिंगशुल्क): 300 x 1 x 4 = 1200

5. Package Charges Procedure wise

A: Abhyangam Sweda 1500 x 4 = 6000

B: Kati Vasthi 800 x 4 = 3200

C:

D:

E:

6. Doctor Fees (चिकित्सकशुल्क): 500 x 1 x 8 = 4000

7. Medicine (approx) costing: 1000 Approx

8. Consumable (approx) charges:

9. Accessory (approx) charges:

10. Diet Charges (आहारशुल्क): 1000 day

Total Estimated Package Rs. 20,000 - 25,000

SANDHYASHI HOSPITAL
B-49-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 742817717

Patient Signature

Receptionist Signature



Covid-19 Mandatory Self Declaration Form

Name : Mrs. Mohammad Toishad Date : 20/5/22
 Address : Plot No. 1202, B-6, M3M, Woodshire Sector-107, Main
Dharampuri, Roza, Gurugram, Haryana-122018
 Age : 31 Contact Number : 9711002694 Gender : M/F M

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Sandhyashi Hospital (A Unit of Sandhya Healthcare) Hospital to fill-out the self-declaration form below.

Do you have any of the following flu-like symptoms ?

Fever	Yes	No <input checked="" type="checkbox"/>
Dry Cough	Yes	No <input checked="" type="checkbox"/>
Sore Throat	Yes	No <input checked="" type="checkbox"/>
Diarrhoea	Yes	No <input checked="" type="checkbox"/>
Breathlessness	Yes	No <input checked="" type="checkbox"/>
Asthma	Yes	No <input checked="" type="checkbox"/>
Other : Please specify	Yes	No <input checked="" type="checkbox"/>

- History of travel in the recent one month nationally and internationally?
No
- Any contact history with a person who had returned from foreign country ? If yes, please specify.
No
- Purpose of your visit : For consultation, Patient attendant/other reason?
- Have you come in contact with the covid-19 positive patient in last one month?
No
- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you, please specify.
No
- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you, please specify.
- Kindly share your status of Aarogya Setu app? Red/Orange/Green.

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and clinic staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.

I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent it from happening but I will not hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

SANDHYASHI HOSPITAL
 B-48-49, Sector-05,
 Bawana Industrial Area, Delhi-110039
 Phone: 72817717

Signature



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health care)

(B-48,49 Sector-05, Bawana Industrial Area, Bawana, Delhi-110039)

Feedback Form

Name/नाम : Mr. Mohammed Iqbal Age(आयु) 31 sex(लिंग) M

OPD: 18050 IPD: 0012045/22 UHID No. SH-13475

Address /पता: Plot No. 1203, B-6, M3M Woodkhiste Sector-107, Main Dhasampur

Phone No./ फोनन: 9711002694 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr. Vikas Gupta

Dear Sir/Madam, प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं/No/नहीं
1.	Do you found, time period spent on your assessment is sufficient or not? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	Yes	
2.	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया?	Yes	
3.	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा है?	Good	
4.	During your problem did employee or staff respond you on time or not? जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं?	Yes	
5.	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं?	Yes	
6.	How would you feel during treatment? इलाज के दौरान आपने कैसा अनुभव किया?	Good	
7.	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं?	Yes	
8.	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं?		
Your comments / आपके सुझाव			

Date: 30/5/22

Signature (Hospital Authority)

Schiste

SANDHYASHI HOSPITAL
B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

Signature (Patient/Guardian)

[Signature]

050557

UNIVERSITY

ರಾಜಿವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

050557

ಡಾ. ವಿಕಾಸ್ ಗುಪ್ತಾ

ರವರು, ಪದವಿಗಿಂತ ಹೆಚ್ಚಿನ ಅಧ್ಯಯನಕ್ಕೆ

ಅಗಸ್ಟ್ 2007 ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವವರಿಂದ ಪ್ರಶೀಲಿಸಿ

ಅಯುರ್ವೇದಾಚಾರ್ಯ (ಬ್ಯಾಚುಲರ್ ಆಫ್ ಅಯುರ್ವೇದಿಕ್ ಮೆಡಿಸಿನ್ ಅಂಡ್ ಸರ್ಜರಿ)

ಪದವಿಯನ್ನು ಕುಲಾಧಿಕಾರಿ, ಸಮಕುಲಾಧಿಕಾರಿ, ಕುಲಪತಿ ಹಾಗೂ ವೆನಿಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಿಂದ

ನಾವು ಒಬ್ಬ ಮಾರ್ಚ್ 2009 ರಂದು ನಡೆದ ೧೧ ನೇ ಘಟಕೋತ್ಸವದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the members of the Senate and the Syndicate Confer

AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

on

Dr. VIKAS GUPTA

in recognition of fulfillment of the requirements for the said

Degree in the examination held during AUGUST 2007

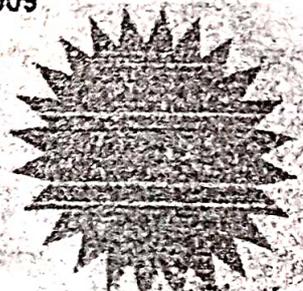
Given under the seal of the University, in the

11th Convocation held on 26th March 2009



Dr Vikas Gupta
S.K.A.M.C
Prog No. 02A0248

S. Srinivas
Vice-Chancellor



Reg. No. : 02A0248

College : SRI KADABU TRAYESHWARA SWAMY INSTITUTE OF AYURVEDIC MEDICAL, BANGALORE

Bangalore

Date : 26/03/2009

Handwritten notes and stamps including 'SRI KADABU TRAYESHWARA SWAMY INSTITUTE OF AYURVEDIC MEDICAL, BANGALORE' and 'SRI KADABU TRAYESHWARA SWAMY INSTITUTE OF AYURVEDIC MEDICAL, BANGALORE'.

Handwritten signature 'Srinivas'.

Registration No. DBCP / A / 8107

S. No. 015347

DELHI BHARATIYA CHIKITSA PARISHAD



Certificate of Registration

This is to certify that the undersigned

Holder's Signature



Doctor Shri/Shrimati/Kumari VIKAS GUPTA
 Son/Daughter of Sh. SAT NARAIN GUPTA
 born on 30-11-1983
 passing the qualification of B. A. M. S. (AYURVEDACHARYA) 2006
 from S. K. B. S. AYURVEDIC MEDICAL COLLEGE College affiliated to
R. G. U. H. S., BANGLORE Board/Examining body/

University has been duly registered under the Delhi Bharatiya Chikitsa Parishad Act, 1996 in part A of the Register.

In witness where of are herewith affixed the seal of the Delhi Bharatiya Chikitsa Parishad, Delhi and the signature of the Registrar subject to the provisions of the said Act

This certificate is valid upto a period of 5 years, i.e. 26-06-2024

Dr. VIKAS GUPTA 7428177717
 B.A.M.S., M.D. (AY) (MCI Reg. No. 10000)
 D.J.P. No. 10000
 D.S.M. No. 10000
 N. No. 10000
 SAM No. 10000
 B-48/42, Sector-5, Badli, Ind. Area

Dated 29-06-2019
 Place DELHI

Yogita Munjal
 Registrar

SEAL

The information regarding change of address is essential otherwise action shall be taken under provisions of the Rules/Act.

Acknowledgement Letter

NABH/AH-2018-0141/L-01

28/08/2018

Vikas Gupta
SANDHYASHI HOSPITAL
B 48 SECTOR 5 BAWANA INDUSTRIAL AREA
DELHI ,BAWANA
Delhi 110039
India
vikasgupta.1466@rediffmail.com
Tel: 01127791382,01127791382,
Mob: 7428177717,9212735382,

Sub.: Your application for HCO accreditation.

Dear VIKAS GUPTA,

This has reference to your application which has been received along with application fee Rs 23600/- dated 20/08/2018 for the same.

Your organization has been allotted the following reference number. You are requested to make all correspondence in future using this reference number.

Reference Number: AH-2018-0141

For updates, Please see the remarks in the section of "View Application Form"

Please put your queries and remarks under remark option after logging into your account. No communication related to the accreditation/certification process of your healthcare organization will be entertained on emails or on phone.

This is an automated message. Please do not reply directly to this email. Emails to this id are not monitored. If you have any concern/issue, please contact NABH Secretariat staff/Program Officer.

Thanking You

Secretariat Member

**ITPI Building, 5th Floor, 4 - A, Ring Road, I P Estate,
New Delhi - 110002
Tel.: +91 - 11 - 42 600 600,
Fax: 2332 3415
Email: helpdesk@nabh.co**

Dr. VIKAS GUPTA 7428177717
B.A.M.S., M.D. (AM) MBA (HCS)
D.I.P. G.K.S.V.
DBCP
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector-5, Bawana Indl. Area



ROHINI
Registry of Hospitals in Network of Insurance

रोहिणी
बीएमआई नेटवर्क में अस्पतालों की रजिस्ट्रार



Home

About

FAQs

(/about_us)

(/FAQs)

(/contact)

Logged In as: Sandhyashi hospital

Change Password (/hoslog)

- Profile (/HosDetails/profile)
- Facilities (/HosDetails/facility)
- Doctors (/HosDetails/doctor)
- Empanelment (/HosDetails/empanelment)
- Hospital Contacts (/HosDetails/contacts)
- Accreditation & Certification (/HosDetails/certification)
- Awards/Accolades (/HosDetails/awards)

Profile

Name of the Hospital/Facility	Sandhyashi hospital	Edit
Hospital Unique ID	8900080447080	
Address	B 48 sector 5 bawana industrial area delhi , Shalimar Bagh (North West Delh , Delhi , Delhi , 110088	
Address Coordinates	Latitude:	
	Longitude:	
Precise Coordinates	Latitude:	
	Longitude:	
Telephone No.	40199634	
Mobile No.	7428177717	
Email Address	vikasgupta.1466@rediffmail.com	
Website Link	www.sandhyamedicityindia.com	
PAN No.	AJNPG3889M	
Hospital Reg. No.	2019088086	
Date of Registration	09-Jul-2019	
Registration Expired on	14-Jul-2023	
Next Renewal Date	15-Jul-2023	
Hospital / Facility Reg. Certificate	View Document(/hhr_hos_files/Delhi/110088028_Reg_Certificate_hospital Registration.Pdf)	
Address Proof (Electricity/Telephone Bill)	View Document(/hhr_hos_files/Delhi/110088028_Address_Proof_bill.jpeg)	



Dr. VIKAS GUPTA 7428177717
B.A.M.S, M.D. (AM) MBA (HCS)
D.J.P. CAS.V.
DBC/110088028
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector-5, Bawana Indl. Area



Department of Labour

Government of National Capital
Territory of Delhi

5- Shannath Marg, Delhi-110054



Form C

Registration Certificate of Establishment

Certificate No. :2019088084

Date :7/9/2019

Name of the establishment :

Sandhyashi Hospital

Name of the Occupier/Employer :

Vikas Gupta S/o Sat Narain
Gupta

Postal address of the
establishment :

B 48 Sector 5 Bawana Industrial
Area
Delhi Delhi 110039

Registration No. :

2019088084

Category of Establishment :

Commercial Establishment

Nature Of Business :

Medical, Diagnostic & Hospital
Supplies

It is hereby certified that the establishment as mentioned herein has been registered as a Commercial Establishment under Delhi Shops & Establishment Act, 1954, on this 7 day of September, 2019.

Disclaimer

- The Certificate is based on the information provided by the Occupier/ Employer and has not been verified.

NOTE:

1. The Occupier/Employer is required to notify the Chief Inspector of any change in respect of information contained in the form.
2. This is computer generated certificate and does not require signature.

Dr. VIKAS GUPTA 7428177717

B.A.M.S, M.D. (AM) MBA (HCS)

D.T.P. C.K.S.V.

DBGH/107

Medical Superintendent

SANDHYASHI HOSPITAL

B-48-49, Sector-5, Bawana Indl. Area

RELIANCE**GENERAL
INSURANCE**

Dated: 02-Jun-2022

M IRSHAD
FLAT NO 1203 B6 M3M WOODSHIRE SECTOR 107
MAIN DHARAMPUR ROAD
GURGAON, GURGAON
HARYANA, 122018
9711002694

Dear Sir/Madam,

Subject: Requirement Letter- Claim Document Checklist

Intimation No. :	20220015965	UHID No. :	28282150027527
Policy No. :	130322128280001349	Policy Validity :	01 Oct 2021 to 30 Sep 2022
Policy Holder / Employee Name :	M IRSHAD	Employee No. (if any):	
Name of the Patient :	M D IRSHAD	Hospital Name :	SANDHYASHI HOSPITAL
Ailment / Diseases :	High Fever, Severe Backche		
DOA :	30 May 2022	DOD :	

We wish M D IRSHAD speedy recovery and good health. In this regard, we request you to please submit the following information/documents to enable us to proceed further.

1. Duly filled Claim form
2. Self attested copy of PAN card/Form 60
3. Discharge summary (with details of complaints & the treatment availed)
4. Final Hospital Bill (detail breakup) along with interim bills
5. Payment Receipts
6. Doctor's consultation papers
7. Photo Id proof of insured & patient
8. All investigation reports (Eg. Original Blood report, x-ray, sonography, MRI, etc.,)
9. All supporting pharmacy bills with doctor prescriptions
10. Implant sticker / invoice, if used (Eg. lens details in cataract case, stent details in angioplasty)
11. Medico Legal Certificate (MLC) for all accident cases
12. For miscellaneous charges - detail bills with supporting prescription of the Treating doctor.
13. Copy of Health card
14. Any other related documents
15. For Payment-Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.

You are requested to submit the original documents as mentioned above within 15 Days from the receipt of this letter, so that we can proceed further and process claim file.

We would like to inform you that conclusion regarding the eligibility of coverage / admissibility of claim; amount can be decided once we have a full set of original and required documents.

For any assistance, please contact us at the address/email mentioned below.

Please quote Intimation No.: 20220015965 in all your future correspondence.

Assuring our best service at all times.

Yours Sincerely,
Team RCare Health
Reliance General Insurance Co. Ltd.

Important Note: This is an electronically generated document and requires no seal / stamp.

Contact Details:

Reliance General Insurance,
RCare Health,
No.1-89/3/B/40 to 42/KS/301, 3rd floor,
Krishe Block, Krishe Sapphire, Madhapur,
Hyderabad-Telangana-500081

Email: rgicl.rcarehealth@relianceada.com
Chat@Website: <https://www.reliancegeneral.co.in/insurance/Home.aspx>>> Chat

Health Claim form

(The issue of this form is not to be taken as an admission liability. Please give the following information correctly and completely)

Part A (To be filled by Insured)

(To be filled in BLOCK LETTERS)

Pre Authorization obtained Yes / No

1. Type of Claim: Hospitalization Pre & Post Hospitalization Health Check up
2. Policy No. | 1 | 3 | 0 | 3 | 2 | 2 | 1 | 2 | 8 | 2 | 8 | 0 | 0 | 0 | 3 | 9 | Policy Type: Individual Group
- Group/Company Name (for Group Health Policies) | _____ |
- Is this a renewal policy Yes No If Yes, previous year's policy no | _____ |

3. Details of the Insured Person in respect of whom the claim is made
- Name | M JASHAAL |
- Present completed age (in years) Gender: M F Relationship with the Policy Holder | SELF |
- Card / UHID No | 28282160029523 | Sum Insured ₹ | _____ |
- Current Residential Address | Plot No 1203 D6 73rd Woodbine Sector-107 Noida Distt. Gautam Buddha Nagar |
- City | Gurgaon | PIN Code | 122018 | State | Haryana |
- Change of the contact Details Yes, I wish to change my contact details There is no change in my contact details
- Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status / Policy Renewal.
- Mobile Number | 92111002694 |

4. Profession/Occupation Business Profession Salary Agricultural Income Savings Others
5. Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above
6. Aadhaar (UIDAI) No. | _____ | 7. PAN No. | _____ |
8. Name of the Policy Holder (Self / Main Member) | M Jashaal |
- Email ID | _____ |
- Member ID No. / Employee ID / Client ID | _____ |

9. Does the claimant have health insurance policy with any other insurance company? : Yes / No (If yes, please provide the details)
- Name of the Insurance Company | Reliance General Insurance |
- Policy No. | 130322128280001319 | Sum Insured ₹ | _____ |
- Policy Start Date | 30/05/2022 | Policy End Date | 30/05/2022 |
- Name of the Insured | M Jashaal |

10. Hospitalization Detail -
- Date of Admission | 30/05/2022 | Date of Discharge | 02/06/2022 |
- Diagnosis / Nature of disease / illness contracted / Injury suffered | Kidney & Gallbladder |

11. Date of injury sustained or disease / illness first detected | 30/05/2022 |

12. Details of the Hospital / Nursing Home in which treatment was taken :
- Name of the Hospital / Nursing Home | SANDHYASHI HOSPITAL |
- Address of the Hospital / Nursing Home | B-48, 119 Sector-5, Block A Industrial Area |
- City | Delhi | PIN Code | 110039 | State | Delhi |
- Telephone / Mobile Number | 24281122112 | Registration Number | 2019088084 |

13. Name of Treating Physician / Surgeon Dr. vikas Gupta
 Qualification BAMS
 Telephone / Mobile Number 7428177717 Registration Number D/BCP/A/8107
 Email ID _____

14. Details of the amount claimed

A	Bill Heads	Amount / (In ₹)	Bill number	Bill Date	Bills attached (Yes/No.)
B	Room Rent & Nursing Charges				
C	Doctors Consultation/Visit Charges	2200/-	1352	02-6-22	Yes
D	Investigation Charges (Includes Radiology and Pathology Reports)	4000/-	1352	02-6-22	Yes
E	Surgeon and Asst. Surgeon Charges				
F	Anesthetist Charges				
G	Operation Theater Charges				
H	Medicine Charges (Includes Ward and OT Medicines and Consumables)	1500/-	1352	2-6-22	Yes
I	Taxes/Surcharges/Service Charge				
J	Miscellaneous/Other Charges <u>Panchewome</u> (like Admission, Registration, etc.)	9200/-	1352	2-6-22	Yes
K	Pre Hospitalization Bills (If Any)				
L	Post Hospitalization Bills (If Any)				
Total Claimed Amount (Sum of A to L)		21900/-	1352	2-6-22	Yes

In support of the above claim, I enclose following documents in original (Please indicate by ticking the Yes / No)

Claim form Duly Filled	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Investigation Reports/Reports Name	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Authorization Form	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Medicine/Pharmacy Bills with Doctors Prescription	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Discharge Summary	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Implant Name and Invoice (If any)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Hospital Bills	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Indoor Case Papers (duplicate copy)	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Hospital Payment Receipt	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Others	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Photo Identity Proof	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
Total No. of Pages enclosed			

As per the policy terms and conditions, the Company reserves its right to have the Insured examined by a doctor appointed by it for verification of diagnosis.

Policyholder Bank Details

15. Name of the Bank Account Holder Mr. Mrs. Ms. FILIRISITI MILIDILIEI ILIASITI
 16. Bank Account No.: _____ 17. Account: Saving Current
 Name of the Bank _____
 19. Branch _____
 20. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
 21. IFSC Code (11 character code appearing on your cheque leaf) _____

I Wish: Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*
 *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

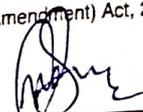
Aadhaar based payment (For Reimbursement claims)

(Note: Self attested Aadhaar card copy to be submitted)

Aadhaar Card No.: _____
 I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form and am willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.


 (Signature of Claimant)

Place: Banwara
 Date: 02/06/2022

Part B - To be filled by the Treating Doctor (This section is mandatory only if your health policy was not provided by your employer)

A) Date of First Consultation (Prior to Hospitalization)	30-5-22
B) With what complaints was the patient admitted for	Severe Back Pain - High grade lesion
C) Detail history of past illness with duration	
D) Whether the present ailment is a complications of Pre-Existing disease ?	NO
E) If, yes please specify the disease (OR) complication of any previous surgery done ?	NO
F) If yes please specify the details	NO
G) Whether the disease / disorder is congenital in nature ?	NO
H) Nature of surgery / treatment given for present ailment	NO
I) Number of in-patient beds in the hospital (including ICU)	Panchsheel 15 Beds

Date: 02/06/2022

SANDHYASHI HOSPITAL
Sector-5,
Indira Park Area, Delhi-39
742477717
(Doctor's Signature)

Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate form shall be considered as final and Reliance General Insurance Company Ltd. Shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/NEFT facility shall be effective for the respective customer(s) within 15 days of the receipt of the Mandate form by Reliance General Insurance Company Ltd. and/or within such period as may be reasonably required by Reliance General Insurance Company Ltd. to activate the RTGS/NEFT facility.
- The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the account of customer on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/inaction/failure on part of Reliance General Insurance Company Ltd or any factor beyond the control of Reliance General Insurance Company Ltd.
- The customer agrees to indemnify, without delay or demur, Reliance General Insurance Company Ltd and its agents and keep Reliance General Insurance Company Ltd and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Reliance General Insurance Company Ltd may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer May discontinue or terminate the use of RTGS/NEFT facility by giving a minimum of 15 days prior written notice to Reliance General Insurance Company Ltd. The date of notice will be considered from the date of receipt of such notice by Reliance General Insurance Company Ltd. The notice of, such termination should be given to Reliance General Insurance Company Ltd, only at its corporate address and be addressed at Reliance General Insurance Company Limited, Reliance Centre, South Wing, 4th Floor, Off, Western Express Highway, Santacruz (East), Mumbai - 400 055.
- A Confirmation of the receipt of termination notice given by the customer will be acknowledge through a confirmation Letter by Reliance General Insurance Company Ltd. In no case can be the customer construe his termination notice as effective unless a confirmation has been provided by Reliance General Insurance to the customer stating the date of Receipt of such communication by the customer.
- The Customer agrees that transaction(s) through RTGS/NEFT may attract inward RTGS/NEFT charges, which if levied by the customer's bank, shall be borne by the customer.
- Reliance General Insurance has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- NEFT facility for group policy holder shall be done at the consent of HR.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Reliance General Insurance Company Ltd. website www.reliancegeneral.co.in or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/We further undertake to refund any excess amount whether demanded by Reliance General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Reliance General Insurance of such excess credit or such information of excess credit coming to the knowledge of the customer through any other source.
- I/We agree that my/our claim payment will be credited from the date Reliance General Insurance Company Ltd. gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Reliance General Insurance Company Ltd. to its bankers will be valid till such instructions is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Reliance General Insurance Company Ltd. before the expiry if the notice period of the customer.
- As per IRDA any claimed amount above 1lac, PAN card of the insured for corporate reimbursement claim Proposer for retail reimbursement claim mandatory, and below 1lac Photo identity proof (for eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory.
- For NEFT settlements to insured/Proposer we require CTS 2010 cheque, CTS 2010 compliant cancelled cheque should have Name of the Account holder, Account number and IFSC code of the bank to be printed on cheque is mandatory.
- Incase of Non CTS 2010 compliant cheque photocopy of the passbook/bank statement with all the required details (Name of the Account hold Account number and IFSC code of the bank should be printed on passbook/bank statement) should be submitted.

(Signature of the account holder)

This claim form shall be applicable for Reliance HealthWise Policy, Reliance HealthGain Policy and Group Medclaim.
 Email: rgicl.carehealth@relianceada.com
 IRDAI Registration No. 103.
 UIN of Reliance HealthGain Policy: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14.
 UIN of Reliance HealthWise Policy : IRDA/NL-HLT/RGI/P-H/V.I/315/13-14.
 UIN of Group Medclaim: UIN: IRDA/NL-HLT/RGI/P-H/V.I/317/13-14.



Reliance HealthGain Policy Schedule

Policy Number: 130322028280001256
Name: MR. M D IRSHAD
Correspondence Address & Place of Supply: FLAT NO 1203 B8 M3M WOODSHIRE SECTOR 107, MAIN DHARAMPUR ROAD GURGAON, GURGAON, HARYANA, 122018
Contact No: 9711002694
Email-ID: touqeemohammed@gmail.com
Date of Birth (DD/MM/YY): 19/07/1990
Customer ID:
Policy Servicing Branch: BCO 2 2nd Floor Sec-10 Shopping Complex, FARIDABAD FARIDABAD HARYANA 121007
Tax Invoice No. & Date: R290921B1495 A 29/09/2021
GSTIN/UIN of Policyholder:
Gender: Male

Cover Type	Individual	Tenure (Years)	1	Premium Payment Mode	Single
Plan Name	PlanA	Business Type	Renewal	Previous Policy No	130322028280001256
Policy Period	Start Date: 01/10/2021	End Date:	30/09/2022	Renewable Date	01/10/2022

Details of the Insured					
Name	MR. M D IRSHAD				
Gender	Male				
Relationship	Self				
Date of Birth(DD/MM/YYYY)	19/07/1990				
Pre-existing Disease - Name	NO				
Pre-existing Disease - Since	NA				
Insured with the Company, since	30/09/2015				
Base Sum Insured (Individual)	600000				
Base Sum Insured (Family Floater)	NA				
Cumulative Bonus(Individual)	600000				
Cumulative Bonus(Family Floater)	NA				

VLE ID	VLE Name	UIN	VLE Contact Number
13A07360	RICHA TANEJA	9560788009	
Intermediary Code	Intermediary Name	Intermediary Contact No	POS UID Aadhaar No. / PAN No.

Premium Details	Amount (₹)	Details
Basic Premium	5875.00	
Loading : Underwriting	0.00	
Discount	0.00	
Net Premium	5875.00	
CGST (@ 9.00 %)	528.75	
SGST (@ 9.00 %)	528.75	
Total Premium	6933.00	

GSTIN:06AABCR6747B1ZK,HSN: 997133
 Description of Services:Accident and Health Insurance Service

nominee Details

Name: MOHAMMED TOUQEER Date Of Birth: 14/03/1988 Relationship with proposer: Brother
Address of Nominee: FLAT NO 1203 B6 M3M WOODSHIRE SECTOR 107, MAIN DHARAMPUR ROAD GURGAON, GURGAON, HARYANA, 122018

Benefits Table

Benefit	Basis of Offering	Benefit	Basis of Offering
Hospitalisation Expenses	Medical Expenses incurred as Inpatient hospitalization Day care Treatment	Wellness	a- Doctor Anytime /Free Health Helpline: The Insured Person shall have the option of seeking medical advice from a Medical Practitioner through the telephonic or online mode b- Health Portal: The Insured Person shall have the option to access health related information and services through the Company's/designated website
Pre Hospitalisation Expenses	Pre-hospitalization up to 60 days	Cumulative Bonus	33 1/3 % increase in Base Sum Insured for every claim free year Max up to 100% of Base Sum Insured 33 1/3 % decrease in Base Sum Insured for every claim year Max up to earned Cumulative Bonus
Post Hospitalisation Expenses	Post-hospitalization up to 60 days	Reinstatement of Base Sum Insured	Once re-instatement upto 100% of Base Sum Insured, subject to sublimit of 20% for related illness/ injury
Domestic Road Ambulance	Upto Rs 1500 per Hospitalization	Call Option	Once at the end of every consecutive 4 claim free years
Donor Expenses	Upto 50% of Base Sum Insured subject to maximum of Rs 5 lacs	Claim Servicing Guarantee	Cashless Claims - 1% for every delay of 6 hours beyond 6 hours of receipt of all information /documents Re-imburse Claims - 1% for every delay of 21 days beyond 21 days of receipt of all information/document Maximum - 6% for a claim
Domiciliary Hospitalization	Upto 10% of the Base Sum Insured subject to a maximum of Rs 50,000		

Endorsements

Particular

From Category

Contact details for Policy & Claims Servicing

Name
Correspondence Address
E-mail ID
Contact No
Fax No
Website
Paid No

Policy Servicing

Customer Service Team
Reliance General Insurance Company Limited Winway Building, 2nd & 3rd floor, 11/12, Block No - 4, Old No-67, South Tukoganj, Indore (M.P.) - 452001
rgicl.services@relianceada.com
NA
www.reliancegeneral.co.in
(022) 48903009

Claim Servicing

R Care
Reliance General Insurance, 1-89/3/B/40 to 42/ks/301, 3rd floor, Knshe Block, Knshe Sapphire, Madhapur, Hyderabad. Pin code- 500081
Rgicl.rcarehealth@relianceada.com
NA
(022) 48903009
www.reliancegeneral.co.in
(022) 48903009

Consolidated Stamp duty Paid vide Letter of Authorisation No CSD/107/2021/2913 dated 03rd August 2021 at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir

For Reliance General Insurance Co. Ltd.



Authorised Signatory

Please Note:

- Attached with this Policy Schedule are the Policy Terms and Conditions, Endorsements, and Annexures. Please ensure that you (Policyholder) have received, read and understood all these documents. If you (Policyholder) have not received any of these, please email/write to the Company at rgicl.services@relianceada.com or contact us on 1800 3009 (Paid Free) for necessary changes/rectification.
- This Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy. In the event of any incorrect representation, the liability shall be upon the Policyholder.
- The Benefits which are mentioned in this Schedule shall only be available under the Policy.
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy.
- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

PREMIUM CERTIFICATE

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.
 This is to certify that Reliance General Insurance Company Limited has received an amount of ₹ 6933.00 from Mr. M D Irshad towards payment of health insurance premium as per the details mentioned above.

The premium paid for this policy is eligible for applicable tax benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.
 Note: Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.

Name of the Policyholder

MR. M D IRSHAD

Correspondence Address

FLAT NO 1203 B8 M3M WOODSHIRE SECTOR 107, MAIN DHARAMPUR ROAD GURGAON, GURGAON, HARYANA, 122018

Policy Number

130322128280001349

Issue Date

29/09/2021

Place

Mumbai

For Reliance General Insurance Co. Ltd.



Authorised Signatory

Please Note:

- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us on 1800 3009 (Paid Free) for necessary changes/rectification.
- These documents must be surrendered to the Company in case of cancellation of the Policy or for the issuance of a fresh Schedule in the case of any alteration to the Policy. In the event of incorrect representation of this declaration, the liability shall be upon the Policyholder. In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.
- The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in (Policy wordings link : <https://www.reliancegeneral.co.in/Insurance/About-Us/Downloads.aspx>)

Grievance Clause:

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 (Paid Free) or may write an email at rgicl.services@relianceada.com. In case the Insured is not satisfied with the response of the office, Insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, Insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The Insured may also contact the office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 2706196 / 2706468 Fax: 0172 - 2708274 Email: blmalokpal.chandigarh@gbic.co.in

Know your policy

Remember to carefully go through the policy documents and confirm your details

In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on any of our branches or mail us at rgiicl.services@relianceada.com. Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion

How to register a Claim - Cashless



Get admitted in our network hospital



Submit pre-auth form, Photo ID card and other relevant documents at the TPA desk



RCare adjudicates the case as approval/denial or seeks additional details



Member needs to pay towards non-payable items (and security deposit at certain hospitals)



RCare settles the claim (as per policy terms & condition)

How to register a Claim - Reimbursement



Get admitted in your preferred hospital



Intimate the claim details on our toll free no 1800-3009



Pay the hospital bills & collect all the original documents



Submit all the original documents and bills to RCare



RCare adjudicates the case as approval/denial or seeks additional details



If Claim is approved, payment will be made to you by NEFT

What documents do you require to register a Claim

1. Duly filled Claim form.
2. Discharge summary details, Final Hospital Bill (detailed breakup), Interim bills & payment Receipts.
3. Doctor's consultation papers.
4. Photo Id proof of Insured & patient.
5. All original investigation reports & all pharmacy bills, supported by doctor prescriptions.
6. Implant sticker / Invoice, if used (Eg. lens details in cataract case, stent details in angioplasty).
7. Medico Legal Certificate (MLC) for all accident cases
8. For miscellaneous charges - detailed bills with supporting prescription of the consulting doctor.
9. Copy of Health card & any other related documents.
10. GST 2010 compliant original Cancelled Cheque which should bear printed name of account holder, IFSC Code & Account No.

Note: As soon as a claim occurs, please intimate immediately to our call centre 022-48003009 (Paid No). Delay in intimation would result in the violation of policy condition.

How to renew your policy conveniently



Visit reliancegeneral.co.in and renew online



Call 1800 3009 and renew



Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew

Payment Modes



Internet banking



Cheque/DD



Credit/Debit Card

The content on this page is for additional information & should not be considered as part of the policy document / Schedule

RELIANCE GENERAL INSURANCE LiveSmart

Name: Mr. M D IRSHAD
Date of Birth: 19/07/1990
Gender: Male
UHID: 28282150027527
Policy No: 130322128280001349
Valid Upto: 30/09/2022



Scan the QR code for details

Call 1800 3009(Toll Free) 022 4899 3009(Paid) 7400422200
Email: rgid.rcarehealth@reliancegida.com

Please quote your UHID No. for assistance
- This card is invalid if the policy is cancelled
- Immediate intimation to RCare is need in case of hospitalization
- To avail cashless facility at our Network Hospitals, please produce your health cards & Photo ID proof of the Hospital (if applicable)
- Updated list of Network Hospitals is available on www.reliancegeneral.co.in
Reliance
Reliance General Insurance
No 1-85/10-46 to 42/1a/391, 3rd floor, Kirti Mack, Kirti Sapphires,
Madhapur, Hyderabad-50008

IRDAI Registration No. 103 Reliance General Insurance Company Limited.
Corporate Office: Reliance Centre, South Wing, 4th Floor, Santacruz (East), Off. Western Express Highway, Mumbai 400055, Corporate
Identity No.U66603MH2000PLC128300, UIN: RELHLIP13001V011213.
RGI/MCOM/HL-11/HEALTH CARD/Ver 1.2/060617.
Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License

RGI/MCOM/HL-11/HEALTH CARD/Ver 1.2/060617