SANDHYASHI HOSPITAL

(A Unit of Sandhya Medicity India Pvt. Ltd)
B-48,49, Sec. 5, Bawana Industrial Area, Delhi-39

Sandhya Medicity

UHID No. 1654/20

Bed No. 05

ADMISSION & DISCHARGED RECORD

Name of Patient (रोगी का नाम). Karam Bir

Name of Father's (पिता का नाम) Bhim Singh

Date of Admission (भर्ती की तिथि) 4/12/20

Time of Admission (समय) 10 am Age(उम्र) 54 Yrs Sex (लिंग) M

Reffering Doctor (सहायक उपचारक) Dr. Rajni

Doctor Incharge (संचालक उपचारक) Dr. Vikas Gupta

Date of Discharge (छुट्टी तिथि) 11/12/20 Time of Discharge(छुट्टी का समय) 5pm

Operation (IF any)

रोग निश्चय (Diagnosis)(भर्ती का समय) Acute lumbago with Cervical Attack

रोग निश्चय (Diagnosis)(छुट्टी का समय) Acute lumbago with Cervical Attack

Address & Phone (पता एवं फोन नं.) house-no 244 Near M.C.D. School Wajirpur Jamba Para Outer Delhi-

Result	Cured/relived	Left against Medical Advice	Investigation only	Discharge request	Expired

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I want to get the patient at sandhyashi hospital at my own and I am ready for and eventually and outcome this concernt is given of my own free will after having been made to understand the contents and implications of this documents.

मैं अपनी मर्जी से संध्यासी अस्पताल में भर्ती हो रहा हूँ। मैं तैयार हूँ मेरे साथ होने वाली चिकित्सा पद्धति के लिए, और मैं सब कुछ सोच समझ कर करवा रहा हूँ। एवं मैने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक) 4/12/20 Witness (प्रत्यक्षी)

Signature (हस्ताक्षर)

Relationship of patient (रोगी से सम्बंध) Son

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 amedment/modify rules. Regulations and the charges without notice or assigning any reason there of.

3. 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, lock out, water, telephone electricity and air-conditioning failure etc.

4. Patients are advised not be bring any valuable or any jewellery or any other luggage with them. and also advised to deposit. there surplus cash with the hospital and get a receipt The hospital will not be responsible for any loss or left.

5. Suggestions/complaints may be given in writing at the reception.

6. All bills to be paid in cash, cheques are not accepted.

नियम व शर्तें

1. मैंने इस अस्पताल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल के नियमों और विनियमों के अनुसार बिल का भुगतान करेगा।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है। विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी कारण को असाइन करना।
3. कमरे में उपलब्ध सुविधाएं कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है। अस्पताल स्ट्राइक,लॉक आउट वॉटर, टेलीफोन, बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई जिम्मेदारी स्वीकार नहीं करता है।
4. मरीजों को सलाह दी जाती है कि वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य सामान न लाएं। और जमा करने की भी सलाह दी। अस्पताल के साथ उनके अधिशेष नकद और एक रसीद प्राप्त करें। अतः अस्पताल किसी भी नुकसान या बकाया के लिए जिम्मेदार नही होगा।
5. रिसेप्शन पर लिखित में सुझाव / शिकायतें दी जा सकती हैं।
6. सभी बिलों का भुकतान नकद में किया जाता है। चैक नही लिया जाता है।

Dated (दिनांक).....4-12-20..... Witness (प्रत्यक्षी).....राजेश.....

Signature (हस्ताक्षर).....M.Rai.....

Relationship of patient (रोगी से सम्बंध).....Son.....

RECEIPT BOOK

SANDHYASHI HOSPITAL

(A Unit Of SANDHYA MEDICITY INDIA PVT. LTD)

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

Authority Ph. No. : 7428177717, 9212735382

Name Karam Bir S. No 1801

Age 54 Yrs Sex M Date 4 | 12 | 20

Address H.No-244 New M.C.D School Wali Gali Lamba Pind Outab Nagar

Amount 25000 In words .....

Valid ..... to .....

Purpose Punch karam Treatment

Authorised Signature

Collected By

RECEIPT BOOK

SANDHYASHI HOSPITAL

(A Unit Of SANDHYA MEDICITY INDIA PVT. LTD)

B-48, SECTOR-5, BAWANA INDUDTRIAL AREA, DELHI-110039
Authority Ph. No. : 7428177717, 9212735382

S. No 2102

Name Karanbir

Age 54 Sex M Date 11 | 12 | 20

Address H. No. 244 New M.C.D School wali gali

Jonda Rana Ambedkar

Amount 45,500 In words forty five thousand, five hundred

Valid to

Purpose

Authorised Signature

Collected By

HOSPITAL BILL

M. : 7428177717
9212735382

SANDHYASHI HOPITAL

B-48, Sector-5, Bawana Industrial Area, Dehi-110039

Uhid No. 1654/20

Serial No. 449

Date 11/12/20

Name Karam Bir W/o, S/o, D/o Bhim Singh Age 54 Sex M

Adress H.No. NO 244, Near M.C.D School Loaliguli Lamba ... [illegible]

Date of Admission 4/12/20 10AM Date of Discharge 11/12/20 5pm

Cont. No. Disease Acute lumbgo Cervical Spondylosis

1.	O.T. Charges		~~Bol~~
2.	Room Rent 2000x7		14,000
3.	Bed Charges		7000
4.	Doctor fees 500x2x7		4200
5.	Nursing Charges 300x2x7		
6.	Miscellaneous		10,500
7.	Lab Charge	NASAIAM 1500x7	10500
8.	Consumable charge	GREEVA BASTI 1500x7	10,500
9.	Procedure charge	KATI BASTI 1500x7	12,600
10.	Medicine	SHIRODHARA 1800x7	[illegible]
		Ras pachan 2000	[illegible]
		Ras Shodhan	
		Ras Nadi	
	Seventy thousand five hundred only	TOTAL	70500

22/47

Terms & Conditions :-
NOT VALID FOR MEDICO LEGAL PURPOSE

For SANDHYASHI HOPITAL

Signature

SANDHYA MEDICITY PVT. LTD.

GROUP OF AYURVEDIC PANCHKARMA & KSHARSUTRA CENTER'S

Pranacharya, Ayurved Shiromani
DR. YUVRAJ KUMAR TYAGI
B.A.M.S., P.G.S., F.I.S.M., F.I.C.A. (U.S.A.)
Senior consultant of Ayurveda
Executive Member - C.C.I.M (2007-2012)
Ministry of Health & F.W. (Govt. of India)
Life Time Achievement Award

DR. VIKAS GUPTA
B.A.M.S., M.D. (AM0 MBA (HCS) D.I.P., C.K.S.V.
Senior Anorectal Surgeon & Marma Specialist
Jewel of Ayurveda I.M.A.(Ayus) Award
M. : 7428177717

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

TREATMENTS :

ANORECTAL CARE
- Piles
- Fissar
- Fistula
- Ksharsutra Surgeries

GYNAE
- Infertility
- P.C.O.D.
- Fibroid Uterus
- Pre & Past Delivery Care

ORTHOCARE
- Joint Pain
- Cervical
- Low Back Acne
- Neuotherapy

PANCH KARMA
- Purification
- Rejunation
- Shirodhara
- Nasya
- Vaman
- Virachan
- Basti

GESTOCARE
- Acidity
- Castipation
- I.B.S.

SPECIAL TREATMENT
- NAVEL SEATING
- NEURO THERAPY
- SKIN
- HAIR FALL

FACILITY :
- Steamer, Nebulizer
- Panchkarma Room
- Operation Theater
- Beds for Admission
- Ambulance
- Ayurvedic Treatment
- Emergency Care

NAME : KARAM BIR AGE 59Y SEX M

W/o, D/o S/o :

DATE : 04/12/20

TIME :

Diagnosis

अष्टविध परिक्षा

स्पर्श (Touch)

शब्द (Voice)

Face

Eye

Jiwha

Urine

Kastho (Stool)

Nadi (वात, पित्त, कफ)

C/O Severe Back pain
C/O Severe Neck pain
C/O unable to move one Steps
C/O Insomnia

- NASAYAM
- GREEVA BASTI
- KATI BASTI
- SHIRODHARA

SLR ₹ 600
₹ 400

1. Tab Pain Cure 2-0-2 BD
2. Tab Neuro Cure 2-0-2 BD
3. Tab Shotin 2-0-2 BD

NO H/O DM/HTN/CAD

Adv Admission

Agni :

B.P. : 140/100

Wt. :

Dr. VIKAS GUPTA
BAMS, PGDIP, MBA, HCS
DECP/A/0107
SANDHYASHI NEURO PANCHKARMA
BF-1, Shalimar Bagh, Delhi-110088

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

Star Health and Allied Insurance Company Limited

Customer [illegible]ity Card

Name:	KARAM BIR
Customer ID No.:	5295995-1
Date of Birth:	7-Jul-61
Sex:	M Age: 54
Valid From:	6-May-16
Office Code:	161111/SH35145 /BA0000246126
Policy No.:	P/161111/01/2017/002433

01

SANDHYASHI HOSPITAL
B-48, Pkt-4, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

Star Health and Allied Insurance Company Limited

IMPORTANT
23-APR-20

To,

KARAM BIR
HOUSE NO. 244A NEAR MCD SCHOOL WALI GALI LAMBA PANA,
QUTABGARH NORTH WEST DELHI.
.
New Delhi,North West,Delhi -**110039**
Mobile : 9212403637.

Dear Customer,

Re: Health Insurance Policy - P/161111/01/2021/001545

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorised Signatory

As a valued policy holder, Star health offers you Wellness benefits under our Star Comprehensive Insurance policy, which will enable you to lead a healthier lifestyle and also avail premium discount. For further details kindly go to our website: www.starhealth.in

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges, etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

R Margabandhu

Star Health and Allied Insurance Company Limited

STAR COMPREHENSIVE INSURANCE POLICY
SCHEDULE (INDIVIDUAL)
UNIQUE ID:SHAHLIP2077V041920

Policy No.	: **P/161111/01/2021/001545**	**Previous Policy No.**	: **P/161111/01/2020/002194**
Customer Code	: AA0003509722	GSTIN	: 07AAJCS4517L1Z0
Customer Name	: Mr.KARAM BIR	SAC Code	: 997133/Accident and Health Insurance Services
Proposer's Code	: 5295995	Issuing Office Code	: 161111
Proposer's Name	: KARAM BIR	Issuing Office Name	: Branch Office - East Delhi
Address	: HOUSE NO. 244A NEAR MCD SCHOOL WALI GALI LAMBA PANA, QUTABGARH NORTH WEST DELHI. . New Delhi,North West,Delhi-110039	Address	: 209-210, Lakshmi Deep Building, DIST Centre, Lakshmi Nagar, Delhi - 110 092.
Phone No	: /9212403637/	Phone No	: 011-40455276,40454964,40454938
E-mail Id	: rajeshlamba42@gmail.com	E-mail Id	: eastdelhi@starhealth.in
Proposer GSTIN	: -	Place of Supply	: -
Proposal date	: 06/05/2016	Fulfiller Code	: SO161111
Date of Inception of first policy	: 06/05/2016		
Renewal Year	: Fourth Year		
Collection Number	: 1106001425	**Intermediary Code**	: **OL0000000028**
Receipt Date	: 23/04/2020	**Name**	: **M/S.M11 Insurance Agents Private Ltd**
Premium :Rs 18,700 /-		**Phone No**	: **/09717489240**
CGST @9% : 1,683 /- SGST / UTGST @9% : 1,683 /-		**E-mail Id**	:
Stamp Duty :Rs 1 /- Total Premium :Rs 22,066 /-			
Total Premium In Words	: Rupees Twenty Two Thousand Sixty Six Only		
Period of Insurance	: FROM 06/05/2020 00:00:00 TO : Midnight Of 05/05/2021		

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Co-Pay	Section 1		Section 10	Buy Back PED Opted	Inception Date
								Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)		
1	KARAM BIR	M	07/07/1961	58	SELF	5295995-1	0	500000	500000	500000	No	06/05/201

PED : Treatment of diseases related to CardioVascular System

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No : P/161111/01/2021/001545

person given in the policy schedule are deemed to have been accepted by you.
Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinit (from inception).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

IMPORTANT
IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.

Sector Classification :

Urban		

Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Rajesh Lamba	Son	31	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at **Branch Office - East Delhi** on **23rd Day of April 2020.**

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Star Health and Allied Insurance Company Limited

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/161111/01/2021/001545
Issue Office : 161111 - Branch Office - East Delhi
Address : 209-210, Lakshmi Deep Building, DIST Centre,
Lakshmi Nagar, Delhi - 110 092.

Type Of Policy : Star Comprehensive Insurance Policy - Individual

Toll Free No : 011- 40455276,40454964,40454938
Email : eastdelhi@starhealth.in

This is to certify that KARAM BIR has paid Rs 22066 (Total Premium In Words : Indian Rupees Twenty-Two Thousand Sixty-Six Only) towards Premium for Hospitalization Insurance vide Policy No: P/161111/01/2021/001545 for the Period 06-MAY-20 To 05-MAY-21 issued on 23-APR-20 .
Payment received by Cheque/Credit/Debit Card vide collection No:1106001425

Note :- This Certificate must be surrendred to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Star Health and Allied Insurance Company Limited

TAX Invoice

Invoice No.	:	7A106Y21P0001390	Customer ID	:	AA0003509722
Invoice Date	:	23/04/20	Policy No	:	P/161111/01/2021/001545
Recipient			**Supplier**		
GSTIN	:	-	GSTIN	:	07AAJCS4517L1Z0
Proposer's Name	:	KARAM BIR	NAME	:	Star Health and Allied Insurance Co Ltd - Branch Office - East Delhi
Address	:	HOUSE NO. 244A NEAR MCD SCHOOL WALI GALI LAMBA PANA, QUTABGARH NORTH WEST DELHI.	Address	:	209-210, Lakshmi Deep Building, DIST Centre, Lakshmi Nagar, Delhi - 110 092.
City	:	New Delhi,North West,Delhi-110039	City	:	EAST DELHI
State	:	Delhi	State	:	Delhi
Pincode	:	110039	Pincode	:	110 092
Client Category	:	IND	Place of Supply	:	7 - Delhi

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	G=C*Cess	H =C+D+E +F+G
997133	Insurance Services	18700	0	18700		1683	1683		Rs. 22066

Total Invoice Value (in Figures) : Rs. 22066

Total Invoice Value (in Words) : Rupees: Twenty-two thousand sixty-six only

Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory