





Date -

**Registration Form**

Reg. No -

- \* Patient Full Name ... MR. SHYAM KISHAN .....
- \* Patient's Date of Birth ... 01/01/1982 ..... Age 40 ..... Yrs.
- \* Patient's Gender ... MALE .....
- \* Patient's Guardian Name .....
- \* Relation With Child .....
- \* Parmanent Address .....
- .....
- Dist. MEHRAULI ..... Pin Code 110030 ..... State Delhi
- \* Contact Number +91- ..... ; +91 - .....
- \* Patient's Family Background ... RICKSHAW .....
- \* Parent / Guardian Proof ..... Id No. ....
- \* Hospital Name (where patient admitted) ... RML HOSPITAL .....
- \* Name of Department ... ORTHOPEDICS DEPARTMENT .....
- \* Disease (patient suffering from) ... SPINAL INJURY .....
- \* Doctor's Name (who treated the patient) Dr. ... PRABIN NIAL .....
- \* OPD Reg. No. .... Date 26/08/2022 .....
- \* Approximate Treatment Cost ... 6500/- .....



(Parent / Guardian signature OR LTI)

- \* Registration No. (records in NGO) ... MHAD97/2022 ..... (Only Office Use)

Deciding officers signature



Trusted signature with seal



GSTIN : 09ADIPT0951A1Z0  
State Code : 09

TAX INVOICE

ORIGINAL - WHITE, OFFICE COPY - YELLOW  
0120-2793319  
09810310153

# Thakur Viklang Punarvas Kendra

Specialist In : ARTIFICIAL LIMBS, CALIPERS, BRACES, BELTS,  
FRACTURE BRACES, ORTHOPAEDIC BOOTS & WALKING AIDS

24-26, Ground Floor, Modern Plaza Complex, near Hotel Royal Regency,  
Ambedkar Road, Ghaziabad - 201001, E-mail : bipintvpk@gmail.com

To Shyam  
c/o Mission HOPP

Serial No 416 Date 26-08-22

GST IN / UNI

Mode of Transport

Vehicle Registration No.

State & Code No. Place of Supply / Delivery

GR/LR No. & Date

Party Mobile No.

Transport Name

E-way Bill No.

S.No.	Description of Goods	HSN Code	QTY.	RATE	Rs.	AMOUNT
1.	Taylor's brace	9021		2500/-		2500.00
2.	Dorso Lumbo Sacral Orthosis	9021	1	4000/-		4000.00
TOTAL						6500.00

Amount in words Rs. Six Thousand Eight  
Hundred Twenty Five Only  
State Code 09

Freight		
SGST @ 2.5%	162	50
CGST @ 2.5%	162	50
IGST @		
GRAND TOTAL	6825	00

E. & O. E.  
1. Goods once sold will not be taken back.  
2. All disputes subject to Ghaziabad Jurisdiction

For Thakur Viklang Punarvas Kendra  
Bhaleen  
Authorised Signatory

15/7

Social work no found

Shyamaram  
N/y  
W-14/22

To,  
The Social Worker  
Dr RMLH

Respected Sir/Mam,

About mentioned pt 11 - case of Lividom  
compress the 5 foot drop. Patient is found  
Not able to attend AFB and when call on  
GOOD - - kindly arrange to present same to  
patient

Thanks y  
Dr Sahil  
Ortho 167



**NOT FOR OFFICIAL PURPOSES**  
We have cross this Document to  
prevent from misuse

Dr. SAHIL RAHMAN  
PG - RESIDENT DOCTOR  
DEPARTMENT OF ORTHOPEDICS  
ABVMS & DR RML HOSPITAL  
NEW DELHI 110001

Ref to Mission Hopp NHO  
Ref

25 AUG 2022

Dr. PUSHPA AGARWAL  
Medical Social Service Officer  
ABVMS & Dr. RML Hospital, New Delhi-110001  
R.M.H. - 8th Floor, Block 'A' of RML Hospital

11/7/22

Social Welfare Reference

Slyam Kolan  
A/m - 4026  
ward 14  
Bed: 22.

TO,  
Social Welfare Ass.  
Dr. Rmth.

Respected Sir/Medms.

The mentioned pt is a c/o. L1  
Wedge Compression #. The pt is poor and  
notable to afford the Taylor's Brace which  
costs 2500/- kindly arrange the necessary  
Support for this pt.

Thanking you

DR. PRABIN NIAL  
PG. RESIDENT DOCTOR  
DEPARTMENT OF ORTHOPEDICS  
ABIMS & PARIY HOSPITAL

Dr. Prabin  
P.N.I.

25 AUG 2022

Ref to Mission Lett. N-610

MUSHPA AGARWAL  
Manager Social Service Officer  
ABIMS & Dr. P.M.L. Hospital, 11th Gate 110001  
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.