



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No. AAI/ER/RTI/PIO/2025/149

Dated : 13 /03/25

To
Smt Jyoti Dhami,

Subject : Information under RTI Act. 2005.

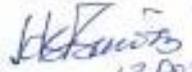
Madam,

Reference is made to your RTI application no. AAIKO/R/E/25/00010 dated 14-02-25.

Enclosed herewith please find information which is received in respect of your above mentioned RTI application.

Enclo : As above.

Sincerely Yours


13/03/2025
(H.S. Biswas)

General Manager(CNS-ER)/PIO-RHQ-ER,
NSCBI Airport, Kolkata-52

However, if you are not satisfied with the reply/information, you have the option to file an appeal within 30 days from the date of receipt of reply/information to the First Appellate Authority. The details of First Appellate Authority is given below :

To
Smt Nivedita Dubey, RED(ER)/First Appellate Authority (FAA),
Airports Authority of India, Regional Head Quarters,
Eastern Region, N.S.C B.I. Airport, Kolkata-700 052.



भारतीय विमानपत्तन प्राधिकरण AIRPORTS AUTHORITY OF INDIA

संदर्भ सं./No.: AAI/BA/HR/E-52/1439

दिनांक/Date: 12.03.2025

सेवा में/To,

महा प्रबंधक (सिएनएस-पू. क्षेत्र / पी.आई.ओ./The General Manager (CNS-ER)/PIO,
क्षेत्रीय मुख्यालय-पू. क्षेत्र./RHQ-ER,
भारतीय विमानपत्तन प्राधिकरण/ Airports Authority of India,
ने.सु.च.बो.अं. हवाईअड्डा/ N.S.C.B.I. Airport,
कोलकता-52/Kolkata-52.

विषय/Subject: आर.टी.आई. अधिनियम, 2005 के तहत जानकारी/ Information under RTI Act. 2005.

महोदय/Sir,

उपर्युक्त विषय पर, Smt. Jyoti Dhama के ऑनलाइन पंजीकरण No. AAIKO/R/E/25/00010 दिनांक 14.02.2025 से प्राप्त आरटीआई आवेदन का संदर्भ ले।

Reference is made to your RTI application with registration No. AAIKO/R/E/25/00010 dated 14.02.2025 of Smt. Jyoti Dhama.

इस संदर्भ में, बिजु पटनायक अंतर्राष्ट्रीय हवाईअड्डा, भुवनेश्वर के संबंध में मांगी गई जानकारी नीचे दी गई है:

In this connection, the information as sought for, in respect of Biju Patnaik International Airport, Bhubaneswar is appended below:

Application No.	Information sought for	Reply
No. AAIKO/R/E/25/00010 dated 14.02.2025 of Smt. Jyoti Dhama.	Kindly provide full information and details with copy about OPD and IPD medical claim bills details for legal purpose of Claimer namely JYOTI DHAMI, (CISF L/SI) who served at Bhubaneswar airport and who had claimed the medical reimbursement bill from your May 2018 to Nov-2019 at Bhubaneswar Airport and also provide details that her claimed bill was reimbursed/paid by AAI Bhubaneswar airport.	Indoor Expenses 2018-19: Nil Indoor Expenses 2019-20: Nil Outdoor Expenses 2018-19: Rs.6078.00 (detail attached annexure -A page 1 to 23) Outdoor Expenses 2019-20: Nil

सादर/Yours sincerely,

[प्रसन्ना प्रधान/ PRASANNA PRADHAN]

विमानपत्तन निदेशक/पी.आई.ओ./Airport Director/PIO,

भुवनेश्वर/Bhubaneswar-20



Annexure-A
68

भारतीय विमानपत्तन प्राधिकरण
बीजू पटनायक हवाई अड्डा भुवनेश्वर
AIRPORTS AUTHORITY OF INDIA
BIJU PATNAIK AIRPORT, BHUBANESWAR

चिकित्सा प्रतिपूर्ति फार्म
MEDICAL REIMBURSEMENT FORM / VOUCHER

निदेशक का पदनाम / Designation of the Employee : LISTASER Tyot Phani

निदेशक का पता / Address of the Employee : निदेशालय / Directorate

अनुभाग / Section : C.I.S.F

मूल वेतन / Basic Pay : 46200/-

रोगी का नाम / Name of the Patient : Abhishek

चिकित्सा की अवधि / Period of Treatment : 31.7.18 to 31.8.18

परामर्श शुल्क / Consultation Fee Rs. / Rs. (135 + 135) = 270

दवाईयों का दाम / Cost of Medicine Rs. / Rs. (130 + 55 + 30 + 10) = 225

अन्य शुल्क / Other Charges Rs. / Rs. 0/-

कुल दावा / Total Claimed Rs. / Rs. (270 + 225) = 495/-

संबन्ध / Relationship : Son

उम्र / Age : 2 Years

डॉक्टर का नाम / Name of Dr. : Ravi Kumar

हॉस्पिटल का नाम / Name of Hospital : Amli Hospital

स्थान / Location : Bhubaneswar

प्रमाण पत्र / Certificate :

निदेशक को चिकित्सा प्रतिपूर्ति का दावा किया जा रहा है, उसका संबंध सी.पी.एन.ए.एस. अथवा किसी अन्य नोटिफाइड सुविधा से नहीं है / That the person (s) for whom medical reimbursement is claimed is / are not covered by CGHS or any other medical facility.

निदेशक को चिकित्सा प्रतिपूर्ति का दावा किया जा रहा है, यह पूर्ण रूप से मुझ पर निर्भर है तथा मेरे शोध रहता / रहती है तथा उसकी आय सीमा 15000/- से अधिक नहीं है / That the person (s) for whom medical reimbursement is claimed is/are wholly dependant on me and is /are residing with me and his/her income from all sources does not exceed Rs. 1,50,000/- per month.

मेरे / मेरे परिवार वालों ने मेरे स्थल के मुख्यालय से परे एक अन्य स्थल पर चिकित्सा करवाई है तथा ना.वि.मा. द्वारा अनुमोदित अधिकृत चिकित्सा अधिकारी, केन्द्र सरकार द्वारा चालित अस्पताल / भरण निवास / नर्सिंग होम द्वारा चिकित्सा करवाने का आवश्यक दस्तावेज प्रमाण संलग्न है / That the treatment received by mahny family has been taken at a place other than the head-quarters of my work and that necessary documentary proof of having taken the treatment from A.M.C. Hospital run by Central Govt./Municipal Corpn. / Nursing Home recognized by AAI is enclosed.

मेरे माता-पिता सहित मुझ पर पूर्ण रूप से आश्रित सभी व्यक्तियों का आय तथा आयकर संबंधी संपूर्ण विवरण प्रत्येक फाल्गु - वर्ष के शुरुआत में मेरे द्वारा दिया गया / The details regarding the income & tax of the dependants including my parents have been furnished by me every year in the beginning of the calendar year.

मेरे पति/पत्नी श्री/श्रीमती _____ जो _____ का _____ है (कार्यालय का नाम व पता तथा जो हमें चिकित्सा सुविधा उपलब्ध कराती है, हमने संतुष्ट घोषणा किया है कि हम ना.वि.मा. से अपने तथा परिवार के लिए चिकित्सा प्रतिपूर्ति का लाभ उठाएंगे / My husband/wife Shri/Smt. _____ (Name & Address of the Office) employed in the office _____ (Name & Address of the Office) which provides medical facilities. We (husband & Wife) have furnished a joint declaration that we will avail the facility of medical reimbursement for ourselves and the family from AAI

2265/ 2874

2

समिल करने के लिए अपने विवरण का प्रयोग किया / I have entered option to include my parents as dependent for reimbursement of medical expenses.

8. मैं एतद द्वारा घोषित करता / करती हूँ कि इस यात्रा में दिया गया सभी विवरण मेरे ज्ञानकारी एवं समझ से सही है। यदि कोई भी जानकारी / राज़ गलत पाया गया तो मुझ पर निम्नानुसार कार्यवाही होगी / I hereby declare that the statements in this claim are true to the best of my knowledge and belief. In case any of the information and / or claim is found to be false, I shall be liable for action under the rules.

दिनांक / Date: 06.10.18

कार्यकारी का हस्ताक्षर / Signature of the Employee: Ghani
नाम / Name: Jyoti Ghani
पदनाम / Designation: L1 SE 189

CASE/DY COMMANDANT

रोकड़ अनुभाग
CASH SECTION

वॉचर नं. / Voucher No.:
विल प्रस्तुत व चरित रू० / Voucher No.:
परामर्श शुल्क रू० / Consultation Fee Rs.:
दवाईयों का मूल्य रू० : / Cost of Medicines :
अन्य खर्च रू० / Other charges Rs.:
दिनांक / Date:

चिकित्सा प्रतिपूर्ति की सीमा (मूल वेतन और महंगाई भत्ता) / Medical Reimbursement Limit (Basic Pay & D.A.)
अब तक मुदादान की गयी राशि / Amount Claimed so far Rs.:
इस बिल की कुल राशि रू० : / Total Amount of this Bill Rs.:
प्रतिपूर्ति की गयी कुल राशि रू० : / Total Reimbursed Rs.:
कुल योग रू० : / Total Rs.:
माहित किया रू०

पे०.....(रुपये (शब्दों में)..... मात्र)
Passed for Rs. P..... (Rs. (in words)..... Only)

चिकित्सा रजिस्ट्रार के पृष्ठ संख्या.....में प्रविष्ट की गयी।
Entered at page No. :

जाँच-पूर्व अनुभाग :
Pre-Check Section :

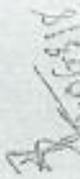
आहरण एवं संचितरण अधिकारी
Drawing & Disbursing Officer

मुद्रागत प्राप्त किया
Received Payment

प्रत्येक पृष्ठ के हस्ताक्षर एवं तिथि
Signature of Page with Date

1. यह चिकित्सा सुविधा भा.चि.प्रा. लेवारत / सेवानिवृत्त कर्मचारी तथा इस कार्ड में दिए नाम के अनुसार अभिन्न परिवार के सदस्यों के रूप में उपलब्ध की गई है।

2. कार्ड तथा चिकित्सा सुविधा के दुरुपयोग के मामले में कार्ड जप्त किया जाए तथा जारीकर्ता अधिकारी को सूचित करें।


आर.डी.एस. प्रमुख, अंतर्राष्ट्रीय विमानतल
आर.डी.एस. प्रमुख, अंतर्राष्ट्रीय विमानतल
A.R.D.S. Prमुख International Airport
प्लॉट नं. 751020

भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA
चिकित्सा सुविधा परिचय पत्र (सेवादाता/सेवानिवृत्त)
MEDICAL IDENTITY CARD (SERVING/RETIRED)

कार्ड की वैधता/VALIDITY 31-05-2021
कर्मचारी सं./Employee No. 097361281
कर्मचारी का नाम/Name (in full)
SUNNY KUMAR SONT
पदनाम/Designation S.I./A.E.
मूल वेतन/Basic Pay
तैनाती का स्थान/Place of Posting A.S. P. B.S.R.
जग का पता/Residential Address 456 UNITS A.56
P.P. K.P.O. D.M.A. S.C. D.D.L.H.A. 751020

कार्ड जारी करने की तारीख/Date of issue of Card 01-06-2018
आफ के हस्ताक्षर/Signature of Employee Authority


आर.डी.एस. प्रमुख, अंतर्राष्ट्रीय विमानतल
आर.डी.एस. प्रमुख, अंतर्राष्ट्रीय विमानतल
A.R.D.S. Prमुख International Airport



आपूर्ति का फार्म
 DETAILS OF DEPENDENTS

क्र.सं. No.	नाम Name	जन्मदिनांक Date of Birth	आपूर्ति के साथ संबंध Relation with Employee
1	SHYAM DHAMJ	05-2-1986	Wife.
2	ASHIVADYA	14-1-2016	Son.
3.			
4.			
5.			
6.			
7.			
8.			

परिवार के सदस्यों का फोटो फाईलिंग हेतु
 Photo of Family Members for Medical Benefit:

नाम Name	Stamp	Stamp Size Photo 3	Stamp Size Photo 4
श्याम Relation			
श्याम Name	Stamp Size Photo 5	Stamp Size Photo 7	Stamp Size Photo 9
श्याम Relation			

Note : Official Stamp of the Issuing Authority to be put on each photo.

wt 11.7kg



H-2016-0380

AM40081901
 Male / 1Y 10M 17D
 Mast. Abhivadhya Soni
 1-C, First Floor, Old Town-
 751002, Mehtab Road, Versa
 Plaza
 8080508217
 Dr RANJIT KUMAR JOSHI

OPD No. : 10463141/1
 Bill No : BHOPBL/10619177
 Payer : AIRPORT AUTHORITY OF INDIA
 Clinic : General Clinic
 Visit Date : 31/07/2018 18:00
 Visit Queue No : RJ/31-JUL-18/290013

CONSULTATION

CONSULTATION	Date	Qty	Total
CONSULTATION	31/07/2018	1.00	135.00
DR RANJIT KUMAR JOSHI, PAEDIATRIC			
Total			135.00
Net Payable			135.00
Receipt			135.00
BHCCRC/10074094/31-JUL-18 (By DEBIT CARD - Credit Card No: 8775 .Bank: Approval Code)			135.00
Bill Outstanding			0.00

One Hundred Thirty Five And Paise Zero Only

SANTOSH TARA
 OPD 2nd Floor Counter 3

Ambulance Pick Up Service Within the City*
 Blood Collection within City limits. Mob: 9937441206**

PORT DELIVERY TIMING
 Monday - Saturday (Except Sunday & Holiday)
 Morning 08:00 am - 01:30 pm
 Evening 02:30 pm - 07:30 pm

HSN Code - 21AAECS8786N1ZS (HSN Code -9993)



H-11040100

Dr. Ranjit Kumar Joshi
MD, FIAP (Neonatology)
Consultant, Paediatrics & Neonatology
M: 9437195912
Email: drranjit.bhu@amrhospitals.in

Abhivudhaya Sami

$\frac{1.0}{12}$ yr

wt - 11.7 kg

U211 1000

- ① Crotin Syp. 7ml. 4 times.
0-0-0-0 after feed
- ② Syp. Ascortin-fen.
5ml 3 times.
0-0-0 3 days
- ③ Nasoclen drop
v v v v v
- ④ Syp. Mactheny Juvant
5ml 3 times
0-0-0 3 days

[Signature]
Dr. Ranjit Kumar Joshi
MD, FIAP (Neonatology)
Consultant, Paediatrics & Neonatology
AMRI Hospitals Ltd. - Southern Avenue

FRANK ROSS PHARMA
 PLOT 42-4/21, KALIA NO-2/2 DISTRICT-21/11
 P.O. No. 2/FRSK/1006/DC/1307/01
 Trade No: 442/1675-74531 Dt. 21/07/20
 Supra SRI
 101/101, BANGALORE, INDIA
 Tel: 080-26100000

REGISTERED BY DOCTORS FOR OVER 100 YEARS
 100% GENUINE OF FRANK ROSS PHARMA LTD

QTY	DESCRIPTION	B.N.D.	MFG	EXP.	AMOUNT
1	ROSCIL FLU 57P 60ML (NB)	02ENR 5159640	30049031 02-17	02-17	61.20
1	MASOLAR NASAL SPRAY 20ML (NB)	1 LADIA 8F1004	30049079 07-21	07-21	50.00
1	CALPOL 320MG SUSP 60ML	1 BLAND 82252	30049069 03-19	03-19	21.80

One Hundred Thirty Three Rupees only

ITEMS	TGST AMT	SGST AMT	CST AMT	VAT AMT	TOTAL AMT	DISCOUNT	NET TOTAL
3		7.11	7.11		133.00		133.00

VAT NO: 21535061942

CREDIT/CASH BILL

wt - 11.2 kg
at -



AM40091901
Male / 1Y 11M 14D
Mast: Abbivadhya Sona
1-C, First Floor, Old Town-
751002, Mehtab Road, Versa
Place
8080508217
Dr RANJIT KUMAR JOSHI

OPD No: 19477725-1
Bill No: BHCPBL15658302
Payer: AIRPORT AUTHORITY OF INDIA
Clinic: General Clinic
Visit Date: 26/08/2018 10:01
Visit Queue No: RJ/26-AUG-18/290002

RESERVATION

CONSULTATION
RANJIT KUMAR JOSHI, PAEDIATRIC

Date	Qty	Total
26/08/2018	1.00	135.00
Total		135.00
Net Payable		135.00
Receipt		135.00
BHCPORC1007597726-AUG-18By DEBIT CARD Credit Card No: 8775 Bank: Approval Code: 1		135.00
Bill Outstanding		0.00

One hundred Thirty Five And Paise Zero Only

SANTOSH TAPPA
OPD 2nd Floor

PAID



Emergency Pick Up Service Within the City*
Home to Home Collection within City limits. Mob: 9937441206**
DELIVERY TIMING
Monday - Saturday (Except Sunday & Holiday)
Morning: 08:00 am - 01:30 pm
Evening: 02:30 pm - 07:30 pm
GSTIN: 21AAEC56786N1Z5 (HSN Code - 9993)



H-2016-0380

Dr. Ranjit Kumar Joshi
 MD, FIAP (Neonatology)
 Consultant, Paediatrics & Neonatology
 M: 9437195912
 Email: drranjit.bhu@amrihospitals.in

AMRI ID	: AM40081901	Patient Name	: Mast. Adhivadiya Soni
Gender	: Male	Age	: 1Y 1M
Encounter ID	: 104777730001	Encounter Type	: Outpatient
Visit Date and Time	: 28/08/2018 10:01	Clinic	: GENERAL

Patient Prescription

Complaints : Fever with cold
 Examination : Wt- 11.2 kgs
 Temp- 100F
 Chest- Clear
 P/A soft
 Lungs : LRTI
 Treatment Advice : Rx
 1. Crocin Sup 7.5ml 4 times
 2. Syp. Mefkind P 3.5ml sos
 3. Syp. Ascoril Flu 5ml 3 times x 5 days

Signature of Consultant :
 Prescribed Date and Time : 28/08/2018 10:58
 : Dr. RANJIT KUMAR JOSHI
 : MD (Paediatrics) FIAP

(Handwritten Signature)
 Dr. Ranjit Kumar Joshi
 Consultant, Paediatrics & Neonatology
 M: 9437195912
 Email: drranjit.bhu@amrihospitals.in

CAPITAL HEALTH CARE
 124, PLOT NO. H2-64, SRI SATYA SAI ENCLAVE,
 HOSPITAL, SHUBANESWAR
 TEL: 9090805969
 KH-34432/RC, KH-14221/RX,
 HOSPITAL, SHUBANESWAR

TAX INVOICE
 Cash Memo No: 5602
 Date: 28/08/2019
 Time: 11:27:46
 P.Name: ABHIVADHYA SONI
 Dr. P. Y. JOSHI

Product	Pack	Batch	ExpDt	M.R.P.	Qty	AMOUNT	CGST	SGST	TOTAL
GENERIC JUNIOR	60ML	1801	06/19	59.20	1	52.86	6.0	6.0	39.20
GENERIC JUNIOR	60ML	7033	07/19	32.25	1	28.79	6.0	6.0	32.25

32.25

TAXABLE	TOT. CGST	TOT. SGST	DISC.	R/O	BILL VALUE
51.65	4.90	4.90	0.00	-0.45	51.30

Only One Only.
 ARE NOT REFUNDABLE.

WE ACCEPT CREDIT/DEBIT CARD

For CAPITAL HEALTH CARE

12

FRANK ROSS PHARMA

Invoice No: 047/2025-2026
 Date: 15/08/2025
 To: [Customer Name]
 From: FRANK ROSS PHARMA
 Address: [Address]
 Contact: [Phone Number]

DESCRIPTION	B NO	MFG	EXP.	AMOUNT
-------------	------	-----	------	--------

[Description]	[B No]	[Mfg]	[Exp]	[Amount]
---------------	--------	-------	-------	----------

GRAND TOTAL : 15.00
 NET TOTAL : 15.00

VAT NO : 21635801942

By: [Signature]
 Date: [Date]

G. M. SATPATHY

Regd. No : 16838/2008

Specialty : Pediatric & Neonatology

Hour : 9.30am to 1.30pm

5.30pm to 8.30pm

(Sunday Evening Closed)

Patients Under Strict Cold Chain

MED LIFE Sai Kids Clinic

Vaccination is basic right of every baby
Vaccinate him/her in time, every time.

MEASLES
DIPHTHERIA
PERTUSSIS
POLIO
TUBERCULOSIS
TETANUS
HEPATITIS B
HEPATITIS A
MALARIA
CANCER

NAME	Abhivadya			DATE- 3-10-18	Regd- 2918
SL- 29	SEX- mch	Age- 2yr	PLACE- BBSR	Weight- 11kg B.W-	Height-
For contact only.....-9861356359/8763039594					

Vaccination/Check

① TB
Tuberculin (b) / TCU
0.5 ml 12/18

② 14P
4/4
Axlax
2.5 ml 12/18 AF

③ 14P
DEKCEL - NEO.
1 wire / wk.

00
00

• Doctor Consultation • Medicines • Pathology

For Appointment: **Call : 9861356359**
8763039594

Med Life
Sai Kids Clinic
Sri Jagannath Temple, Tankapani Road, Bhubaneswar

Availability of medical reimbursement for purchase and the family from XAI

1K

M/S MEDLIFE

TANKAPANI ROAD
INFRONT OF RAJANRANI TEMPLEBHUBANESWAR

9439916890
32438RC/KH13236RX

GST INVOICE

GSTIN : 21CJDPM6957N1ZQ

ABHIVADYA
BHUBANESWAR
DR. GM SATPATHY

AGE : 0.00

BILL NO. : 0002220
BILL DATE : 03-10-2018
BILL TIME : 18:23 /MARG

	PACK	QTY.	BATCH	EXP.	M.R.P.	SGST	CGST	Amount
	SML	4	380	11/19	54.90	5.0%	6.0%	219.60
	VAIL	1	17019	6/20	1799.00	6.0%	6.0%	1799.00
	200ML	1	21180	8/19	118.80	6.0%	6.0%	118.80

135

TOTAL	2137.40
DISCOUNT	0.00
ROUND OFF	0.40
PLEASE PAY	2137.00

One Hundred Thirty Seven Only

Subject to BHUBANESWAR Jurisdiction only

Not all taxes

Not to be taken back

Read before using the medicines

For M/S MEDLIFE

Authorised Signatory



सुरक्षा भरित सेवा

भारतीय विमानपत्तन प्राधि
बीजू पटनायक हवाई अड्डा भुवनेश्वर
AIRPORTS AUTHORITY OF INDIA
BIJU PATNAIK AIRPORT, BHUBANESWAR

चिकित्सा प्रतिपूर्ति फार्म
MEDICAL REIMBURSEMENT FORM / VOUCHER

15

55

कर्मचारी का नाम व पदनाम
Designation of the Employee

Mr. LISIENS Jyoti Phani

कर्मचारी का पता
Address of the Employee

Plaza, old town
1/2 mehtab
The Bhubaneswar

निदेशालय / Directorate

अनुभाग / Section: C I S F

मूल वेतन / Basic Pay: 76200/-

रोगी का नाम / Name of the Patient: Jyoti Phani

चिकित्सा की अवधि / Period of Treatment: 30.8.18 to 12.9.18

परामर्श शुल्क / Consultation Fee रु० / Rs. 125/-

दवाइयों का दान / Cost of Medicine रु० / Rs. (667 + 564) => 1,231

अन्य शुल्क / Other Charges रु० / Rs. (127 + 90) => 2,172

कुल दावा / Total Claimed रु० / Rs. 4,638/-

Relationship: Self

Age: 32

डॉक्टर का नाम / Name of Dr.: P. N. Sahoo

पता: NIMRI Hospital
The Bhubaneswar

4408/ 3104

प्रमाणपत्र / Certificate :

व्यक्ति के लिए चिकित्सा प्रतिपूर्ति का दावा किया जा रहा है, उसका संबंध सी. जी. एच. एस. अथवा किसी अन्य मेडिकल सुविधा से नहीं है / That the person (s) for whom medical reimbursement is claimed is / are not covered by CGHS or any other medical facility.

व्यक्ति के लिए चिकित्सा प्रतिपूर्ति का दावा किया जा रहा है, यह पूर्ण रूप से मुझ पर आश्रित है तथा मेरे साथ रहता / रहती है तथा उसकी आय स्रोत रु० 15000/- से अधिक नहीं है / That the person (s) for whom medical reimbursement is claimed is/are wholly dependent on me and is /are residing with me and his/her income from all sources does not exceed Rs. 1,50,000/- per month.

मेरे परिवार वालों ने मेरे स्थल के मुख्यालय से परे एक अन्य स्थल पर चिकित्सा कारवाई है तथा भा. वि. प्र. द्वारा अनुमोदित अन्य चिकित्सा अधिकारी, केन्द्र सरकार द्वारा चालित अस्पताल / नर्सिंग होम द्वारा चिकित्सा कारवायों का आवश्यक कागजी प्रमाण संलग्न है / That the treatment received by my family has been taken at a place other than the Head-Quarters of my work and that necessary documentary proof of having taken the treatment from A.M.O. Hospital run by Central Govt./Municipal Corpn. / Nursing Home recognized by AAI is enclosed.

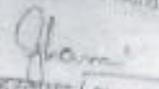
मेरे माता-पिता सहित मुझ पर पूर्ण रूप से आश्रित सभी व्यक्तियों का आय तथा आवास संबंधी संपूर्ण विवरण प्रत्येक साल - वर्ष के प्रारंभ में मेरे द्वारा दिया गया / The details regarding the income & residence of the dependents including my parents have been furnished by me every year in the beginning of the calendar year.

मेरी पत्नी श्रीमती श्रीमती...
जो...
मेरे माता-पिता सहित मुझ पर पूर्ण रूप से आश्रित सभी व्यक्तियों का आय तथा आवास संबंधी संपूर्ण विवरण प्रत्येक साल - वर्ष के प्रारंभ में मेरे द्वारा दिया गया / My husband/wife Shri/Smt. (Name & Address of the Office) employed in the office (Name & Address of the Office) provides medical facilities. We (Husband & Wife) have furnished a joint declaration that we will avail the facility of medical reimbursement for ourselves and the family from AAI.

प्रतिष्ठित करने के लिए अपने विकल्प का प्रयोग किया / I option to include my parents as dependant for reimbursement of medical expenses.

8. मैं स्पष्ट शर्त घोषित करता / करती हूँ कि इस दावा में दिया गया सभी विवरण मेरे जानकारी एवं जानकारी के बिना सही है। यदि कोई भी जानकारी / दावा गलत पाया गया तो मुझे पर नियन्त्रणकारी कार्यवाही होगी / I hereby declare that the statements in this form are true to the best of my knowledge and belief, in case any of the information and / or claim is found to be false, I shall be liable for action under the rules.

दिनांक / Date: 06.10.18


 चर्मकारी का हस्ताक्षर / Signature of the Employee
 नाम / Name: Syed Khan
 पदनाम / Designation: L-133125

मु. सु. अ. एच. एच. समावेष
 CASG/DY COMMANDANT

रोकाड़ अनुभाग
 CASH SECTION

वाचन नं. / Voucher No.:
 के.ओ.सु.अ. इकाई एच.सी. भुवनेश्वर
 CASG UNIT ASG BHUBANESWAR

चिकित्सा प्रतिपूर्ति की सीमा (मूल वेतन और सावर्ड वेतन)
 Medical Reimbursement Limit (Basic Pay & DA)

बिल प्रस्तुत ब परिशत रु०
 Voucher No.:

अब तक भुगतान की गयी राशि / Amount Claimed to date

परामर्श शुल्क रु०
 Consultation Fee Rs.:

इस बिल की कुल राशि रु० :
 Total Amount of this Bill Rs.:

दवाइयों का मूल्य रु० :
 Cost of Medicines:

प्रतिपूर्ति की गयी कुल राशि रु० :
 Total Reimbursed Rs.:

अन्य चार्ज रु०
 Other Charges Rs.:

कुल योग रु० :
 Total Rs.:

तिथि
 Date:

परित किया रु०

रु० (शब्दों में) मात्र) (Rs. (in words) Only)

एकाधिकार के पृष्ठ संख्या में प्रतिष्ठित की गयी।
 Excess pages No.

प्रो. चेक सेक्शन
 Pro-Check Section

आह्वान एवं अंतिम रूप प्रमाणित
 Drawing & Closing Officer

भुगतान प्राप्त किया
 Received Payment

मानविकी के हस्ताक्षर प्रमाणित
 Signature of Psych-wk Dept



CREDIT/CASH BILL



AM0092085
 Female 32Y 6M 25D
 Mrs. Jyoti Dham
 Versa Plaza Old Town, Mehtab
 Road, Khurda
 8080508217
 Dr Pradeep Narayan Sahoo

OPD No. 101792491
 Bill No. BHPBU10640306
 Payer AIRPORT AUTHORITY OF INDIA
 Clinic General Clinic
 Visit Date 30/08/2018 14:15
 Visit Queue No PS/30-AUG-18/110614

STATION
DELIVERY

Dr. Narayan Sahoo, GENERAL

Date	Qty	Total
30/08/2018	1.00	135.00
Total		135.00
Net Payable		135.00
Receipt		135.00
BHCORC/18077754/30-AUG-18BY DEBIT CARD Credit Card No: 4275, Bank: Approval Code: 079428		135.00
Bill Outstanding		0.00

Amounted Thirty Five And Paise Zero Only



Emergency Pick Up Service Within the City*
 *Road Connection within City limits. Mob: 9937441206**

DELIVERY TIMING
 24x7 Delivery (Except Sunday & Holiday)
 AM 08:00 am - 01:30 pm
 PM 02:30 pm - 07:30 pm

COMPLIMENTARY SERVICE WITHIN CITY

21AA6C56786N1ZS (HSN Code: 99993)

08/14/17

16



CREDIT/CASH BILL



AM40092085
 Female / 32Y EM 260
 Name Mrs. Jyoti Dhami
 Address Versa Plaza, Old Town Mentab Road, Khurda
 Phone 8080508217
 Reg Doctor Dr. Pradeep Narayan Sahoo
 Reg

OPD No. 104732491
 Bill No. BHOPBL10640405
 Payer AIRPORT AUTHORITY OF INDIA
 Clinic General Clinic
 Visit Date 30/08/2018 14:15
 Visit Queue No. PS/30-AUG-18/110914

INVESTIGATION

HEMATOLOGY

WBC - 1513

ECG

ECG - 1400

URIC ACID

GLUCOSE

HEPATIC ENZYME

CHEMISTRY

Urea, pH, Specific gravity, sugar, protein, Creatinine, Bilirubin

DELIVERED

Date	Qty	Total
30/08/2018	1.00	258.00
30/08/2018	1.00	150.00
30/08/2018	1.00	43.00
30/08/2018	1.00	26.00
30/08/2018	1.00	1650.00
30/08/2018	1.00	37.00
Total		2372.00
Net Payable		2372.00
Receipt		2372.00
BHCCRC/100172; 30/08/2018; DEBIT CARD - Credit Card No 5697, Bank Approval Code 070386		2372.00
Bill Outstanding		0.00

Two Thousand Three Hundred Seventy Two And Paise Zero Only

Signature: NARAYAN MISHRA, OPD 2nd Floor, Courtyard 4

Free Ambulance Pick Up Service Within the City*
Free Blood Collection within City limits. Mob: 9937441200**

REPORT DELIVERY TIMING

Report - Saturday (Except Sunday & Holiday)
Morning 08.00 am - 01.30 pm
Evening 02.30 pm - 07.30 pm

QRTN - 25RACC6786N123 (HSN Code - 9993)

AMRI HOSPITALS BANESWAR

AMRI HOSPITALS BANESWAR, Plot No. 1, Sector 1, Khurda, Odisha - 751005, India. Phone: 9937441200, 9937441201, 9937441202, 9937441203, 9937441204, 9937441205, 9937441206, 9937441207, 9937441208, 9937441209, 9937441210, 9937441211, 9937441212, 9937441213, 9937441214, 9937441215, 9937441216, 9937441217, 9937441218, 9937441219, 9937441220, 9937441221, 9937441222, 9937441223, 9937441224, 9937441225, 9937441226, 9937441227, 9937441228, 9937441229, 9937441230, 9937441231, 9937441232, 9937441233, 9937441234, 9937441235, 9937441236, 9937441237, 9937441238, 9937441239, 9937441240, 9937441241, 9937441242, 9937441243, 9937441244, 9937441245, 9937441246, 9937441247, 9937441248, 9937441249, 9937441250, 9937441251, 9937441252, 9937441253, 9937441254, 9937441255, 9937441256, 9937441257, 9937441258, 9937441259, 9937441260, 9937441261, 9937441262, 9937441263, 9937441264, 9937441265, 9937441266, 9937441267, 9937441268, 9937441269, 9937441270, 9937441271, 9937441272, 9937441273, 9937441274, 9937441275, 9937441276, 9937441277, 9937441278, 9937441279, 9937441280, 9937441281, 9937441282, 9937441283, 9937441284, 9937441285, 9937441286, 9937441287, 9937441288, 9937441289, 9937441290, 9937441291, 9937441292, 9937441293, 9937441294, 9937441295, 9937441296, 9937441297, 9937441298, 9937441299, 9937441300, 9937441301, 9937441302, 9937441303, 9937441304, 9937441305, 9937441306, 9937441307, 9937441308, 9937441309, 9937441310, 9937441311, 9937441312, 9937441313, 9937441314, 9937441315, 9937441316, 9937441317, 9937441318, 9937441319, 9937441320, 9937441321, 9937441322, 9937441323, 9937441324, 9937441325, 9937441326, 9937441327, 9937441328, 9937441329, 9937441330, 9937441331, 9937441332, 9937441333, 9937441334, 9937441335, 9937441336, 9937441337, 9937441338, 9937441339, 9937441340, 9937441341, 9937441342, 9937441343, 9937441344, 9937441345, 9937441346, 9937441347, 9937441348, 9937441349, 9937441350, 9937441351, 9937441352, 9937441353, 9937441354, 9937441355, 9937441356, 9937441357, 9937441358, 9937441359, 9937441360, 9937441361, 9937441362, 9937441363, 9937441364, 9937441365, 9937441366, 9937441367, 9937441368, 9937441369, 9937441370, 9937441371, 9937441372, 9937441373, 9937441374, 9937441375, 9937441376, 9937441377, 9937441378, 9937441379, 9937441380, 9937441381, 9937441382, 9937441383, 9937441384, 9937441385, 9937441386, 9937441387, 9937441388, 9937441389, 9937441390, 9937441391, 9937441392, 9937441393, 9937441394, 9937441395, 9937441396, 9937441397, 9937441398, 9937441399, 9937441400, 9937441401, 9937441402, 9937441403, 9937441404, 9937441405, 9937441406, 9937441407, 9937441408, 9937441409, 9937441410, 9937441411, 9937441412, 9937441413, 9937441414, 9937441415, 9937441416, 9937441417, 9937441418, 9937441419, 9937441420, 9937441421, 9937441422, 9937441423, 9937441424, 9937441425, 9937441426, 9937441427, 9937441428, 9937441429, 9937441430, 9937441431, 9937441432, 9937441433, 9937441434, 9937441435, 9937441436, 9937441437, 9937441438, 9937441439, 9937441440, 9937441441, 9937441442, 9937441443, 9937441444, 9937441445, 9937441446, 9937441447, 9937441448, 9937441449, 9937441450, 9937441451, 9937441452, 9937441453, 9937441454, 9937441455, 9937441456, 9937441457, 9937441458, 9937441459, 9937441460, 9937441461, 9937441462, 9937441463, 9937441464, 9937441465, 9937441466, 9937441467, 9937441468, 9937441469, 9937441470, 9937441471, 9937441472, 9937441473, 9937441474, 9937441475, 9937441476, 9937441477, 9937441478, 9937441479, 9937441480, 9937441481, 9937441482, 9937441483, 9937441484, 9937441485, 9937441486, 9937441487, 9937441488, 9937441489, 9937441490, 9937441491, 9937441492, 9937441493, 9937441494, 9937441495, 9937441496, 9937441497, 9937441498, 9937441499, 9937441500, 9937441501, 9937441502, 9937441503, 9937441504, 9937441505, 9937441506, 9937441507, 9937441508, 9937441509, 9937441510, 9937441511, 9937441512, 9937441513, 9937441514, 9937441515, 9937441516, 9937441517, 9937441518, 9937441519, 9937441520, 9937441521, 9937441522, 9937441523, 9937441524, 9937441525, 9937441526, 9937441527, 9937441528, 9937441529, 9937441530, 9937441531, 9937441532, 9937441533, 9937441534, 9937441535, 9937441536, 9937441537, 9937441538, 9937441539, 9937441540, 9937441541, 9937441542, 9937441543, 9937441544, 9937441545, 9937441546, 9937441547, 9937441548, 9937441549, 9937441550, 9937441551, 9937441552, 9937441553, 9937441554, 9937441555, 9937441556, 9937441557, 9937441558, 9937441559, 9937441560, 9937441561, 9937441562, 9937441563, 9937441564, 9937441565, 9937441566, 9937441567, 9937441568, 9937441569, 9937441570, 9937441571, 9937441572, 9937441573, 9937441574, 9937441575, 9937441576, 9937441577, 9937441578, 9937441579, 9937441580, 9937441581, 9937441582, 9937441583, 9937441584, 9937441585, 9937441586, 9937441587, 9937441588, 9937441589, 9937441590, 9937441591, 9937441592, 9937441593, 9937441594, 9937441595, 9937441596, 9937441597, 9937441598, 9937441599, 9937441600, 9937441601, 9937441602, 9937441603, 9937441604, 9937441605, 9937441606, 9937441607, 9937441608, 9937441609, 9937441610, 9937441611, 9937441612, 9937441613, 9937441614, 9937441615, 9937441616, 9937441617, 9937441618, 9937441619, 9937441620, 9937441621, 9937441622, 9937441623, 9937441624, 9937441625, 9937441626, 9937441627, 9937441628, 9937441629, 9937441630, 9937441631, 9937441632, 9937441633, 9937441634, 9937441635, 9937441636, 9937441637, 9937441638, 9937441639, 9937441640, 9937441641, 9937441642, 9937441643, 9937441644, 9937441645, 9937441646, 9937441647, 9937441648, 9937441649, 9937441650, 9937441651, 9937441652, 9937441653, 9937441654, 9937441655, 9937441656, 9937441657, 9937441658, 9937441659, 9937441660, 9937441661, 9937441662, 9937441663, 9937441664, 9937441665, 9937441666, 9937441667, 9937441668, 9937441669, 9937441670, 9937441671, 9937441672, 9937441673, 9937441674, 9937441675, 9937441676, 9937441677, 9937441678, 9937441679, 9937441680, 9937441681, 9937441682, 9937441683, 9937441684, 9937441685, 9937441686, 9937441687, 9937441688, 9937441689, 9937441690, 9937441691, 9937441692, 9937441693, 9937441694, 9937441695, 9937441696, 9937441697, 9937441698, 9937441699, 9937441700, 9937441701, 9937441702, 9937441703, 9937441704, 9937441705, 9937441706, 9937441707, 9937441708, 9937441709, 9937441710, 9937441711, 9937441712, 9937441713, 9937441714, 9937441715, 9937441716, 9937441717, 9937441718, 9937441719, 9937441720, 9937441721, 9937441722, 9937441723, 9937441724, 9937441725, 9937441726, 9937441727, 9937441728, 9937441729, 9937441730, 9937441731, 9937441732, 9937441733, 9937441734, 9937441735, 9937441736, 9937441737, 9937441738, 9937441739, 9937441740, 9937441741, 9937441742, 9937441743, 9937441744, 9937441745, 9937441746, 9937441747, 9937441748, 9937441749, 9937441750, 9937441751, 9937441752, 9937441753, 9937441754, 9937441755, 9937441756, 9937441757, 9937441758, 9937441759, 9937441760, 9937441761, 9937441762, 9937441763, 9937441764, 9937441765, 9937441766, 9937441767, 9937441768, 9937441769, 9937441770, 9937441771, 9937441772, 9937441773, 9937441774, 9937441775, 9937441776, 9937441777, 9937441778, 9937441779, 9937441780, 9937441781, 9937441782, 9937441783, 9937441784, 9937441785, 9937441786, 9937441787, 9937441788, 9937441789, 9937441790, 9937441791, 9937441792, 9937441793, 9937441794, 9937441795, 9937441796, 9937441797, 9937441798, 9937441799, 9937441800, 9937441801, 9937441802, 9937441803, 9937441804, 9937441805, 9937441806, 9937441807, 9937441808, 9937441809, 9937441810, 9937441811, 9937441812, 9937441813, 9937441814, 9937441815, 9937441816, 9937441817, 9937441818, 9937441819, 9937441820, 9937441821, 9937441822, 9937441823, 9937441824, 9937441825, 9937441826, 9937441827, 9937441828, 9937441829, 9937441830, 9937441831, 9937441832, 9937441833, 9937441834, 9937441835, 9937441836, 9937441837, 9937441838, 9937441839, 9937441840, 9937441841, 9937441842, 9937441843, 9937441844, 9937441845, 9937441846, 9937441847, 9937441848, 9937441849, 9937441850, 9937441851, 9937441852, 9937441853, 9937441854, 9937441855, 9937441856, 9937441857, 9937441858, 9937441859, 9937441860, 9937441861, 9937441862, 9937441863, 9937441864, 9937441865, 9937441866, 9937441867, 9937441868, 9937441869, 9937441870, 9937441871, 9937441872, 9937441873, 9937441874, 9937441875, 9937441876, 9937441877, 9937441878, 9937441879, 9937441880, 9937441881, 9937441882, 9937441883, 9937441884, 9937441885, 9937441886, 9937441887, 9937441888, 9937441889, 9937441890, 9937441891, 9937441892, 9937441893, 9937441894, 9937441895, 9937441896, 9937441897, 9937441898, 9937441899, 9937441900, 9937441901, 9937441902, 9937441903, 9937441904, 9937441905, 9937441906, 9937441907, 9937441908, 9937441909, 9937441910, 9937441911, 9937441912, 9937441913, 9937441914, 9937441915, 9937441916, 9937441917, 9937441918, 9937441919, 9937441920, 9937441921, 9937441922, 9937441923, 9937441924, 9937441925, 9937441926, 9937441927, 9937441928, 9937441929, 9937441930, 9937441931, 9937441932, 9937441933, 9937441934, 9937441935, 9937441936, 9937441937, 9937441938, 9937441939, 9937441940, 9937441941, 9937441942, 9937441943, 9937441944, 9937441945, 9937441946, 9937441947, 9937441948, 9937441949, 9937441950, 9937441951, 9937441952, 9937441953, 9937441954, 9937441955, 9937441956, 9937441957, 9937441958, 9937441959, 9937441960, 9937441961, 9937441962, 9937441963, 9937441964, 9937441965, 9937441966, 9937441967, 9937441968, 9937441969, 9937441970, 9937441971, 9937441972, 9937441973, 9937441974, 9937441975, 9937441976, 9937441977, 9937441978, 9937441979, 9937441980, 9937441981, 9937441982, 9937441983, 9937441984, 9937441985, 9937441986, 9937441987, 9937441988, 9937441989, 9937441990, 9937441991, 9937441992, 9937441993, 9937441994, 9937441995, 9937441996, 9937441997, 9937441998, 9937441999, 9937442000, 9937442001, 9937442002, 9937442003, 9937442004, 9937442005, 9937442006, 9937442007, 9937442008, 9937442009, 9937442010, 9937442011, 9937442012, 9937442013, 9937442014, 9937442015, 9937442016, 9937442017, 9937442018, 9937442019, 9937442020, 9937442021, 9937442022, 9937442023, 9937442024, 9937442025, 9937442026, 9937442027, 9937442028, 9937442029, 9937442030, 9937442031, 9937442032, 9937442033, 9937442034, 9937442035, 9937442036, 9937442037, 9937442038, 9937442039, 9937442040, 9937442041, 9937442042, 9937442043, 9937442044, 9937442045, 9937442046, 9937442047, 9937442048, 9937442049, 9937442050, 9937442051, 9937442052, 9937442053, 9937442054, 9937442055, 9937442056, 9937442057, 9937442058, 9937442059, 9937442060, 9937442061, 9937442062, 9937442063, 9937442064, 9937442065, 9937442066, 9937442067, 9937442068, 9937442069, 9937442070, 993

No Friday/Sunday.

Dr. Pradeep Narayan Sahoo

MBBS, MD, FIAMS

Consultant Internal Medicine

Email: pradeepnarayan.bhu@amrihospitals.in

Mr. Jayesh Dhami	Age: 32 Sex: F
M/09/2085	Date: 30-05-18

Investigations BP - 120/90 mmHg wt - 58.2 kg

Comment on PS

① fever & chills
 & Bodyache, headache
 ② vomiting, Nausea
 ③ Throat soreness

Chest - BIL VAB.

① COP BOF = 20L - DSR
 SCAP

② Tab moxif - CL (200L)
 TAB XGS

③ Throat soreness

④ Supr Intercostal L
 metrix

⑤ Tab Calpol (650) TAB

- Urine
- HbA1C
- ECG
- ECHO
- Serum
- T4, TSH
- T4, TSH
- HbA1C
- HbA1C
- Urine (Slide)
- DM Scrub Typhous
- Vital Test
- ER
- Serology
- Chest X-Ray
- USG Abdomen
- HSA
- HSA
- HSA / PPAS
- HSA
- Uric Acid
- RA Factor
- Calcium
- Magnesium
- Diet X-Ray PA View
- X-Ray
- ECG
- 2D Echo
- Urine B/M
- Urine C/S
- Specialised Test

Adv
 → COP, BSR.
 → SLPP
 → S/PACIDE
 → Dengue NS
 → Urine / PIR
 → AMR

FOLLOW UP VISIT: 06/06/18

20

CAPITAL HEALTH CARE
 KH-124, PLOT NO.H2-64, SRI SATYA SAI ENCLAVE,
 HOSPITAL, BHUBANESWAR
 751003, 9090205969
 4431/X, KH-34432/RC, KH-14221/RX.
 ADMINISTRATION

TAX INVOICE
 Cash Memo No: 5756
 Date: 30/08/2018
 Time: 17:30:11
 P.Name: JYOTI DHAMI
 Dr. P.N. SAHOO

Product	Pack	Batch	ExpDt	M.R.P.	Qty	AMOUNT	CGST%	SGST%	TOTAL
TABLET DSA	10S	132	05/20	83.00	10	74.11	6.0	6.0	83.00
TABLET 425 LB TAB	6S	250	07/19	154.00	18	412.50	6.0	6.0	442.00
TABLET 425 LB TAB	15S	379	02/21	28.06	15	25.05	6.0	6.0	28.06
INJECTION 1 SYR	100ML	18012	08/19	94.00	1	83.93	6.0	6.0	94.00

TOTAL	TOT.CGST	TOT.SGST	DISC.	R/G	BILL VALUE
593.59	35.75	35.75	0.00	-0.06	667.00

(In Hundred Sixty Seven Only.)
 ALL GOODS ARE NOT REFUNDABLE.

WE ACCEPT CREDIT/DEBIT CARD



HEALTH CARE

(Dr.) Chittaranjan Kar
MCh (Nephrology), FICN, FASN
Senior Nephrologist & KC RENAL TRANSPLANT UNIT
POCDM Study Centre
All India Council of India (MCI)
Epidemiological Study ICMR, (N. Delhi)
Indian Society of Nephrology
College & Hospital, Cuttack
Specialist Physician



www.aicme.org

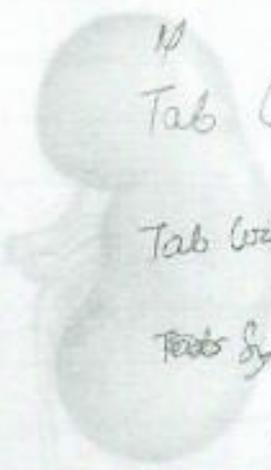
Name of the Patient: Jyoti Dhame Age / Sex: 32/1 Date: 12.9.2018
bbsr.

100/80

blood in urine
one episode

59kg.

Abdomen
up in left
midline
tender
Bladder
& ureter



10
Tab Cefixime 200mg BID x 10d
Tab Uricid 100mg OD x 14day
Tab Syp Limka 100mg
with water

29/30 Sept

Urine N/E

For appointment:-
9937265899

For appointment:- 9937265899

Doctor's Name Prof. (Dr.) Chittaranjan Kar	Registration No.: 9621/86-91-97	Signature
--	---	-----------

Address: (Bsc. AC, Durga Nary, Plot No.: 4800, Bhubaneswar Municipality Hospital Road, (Back side of Lingaj Temple) Bhubaneswar - 751002
Consultation on appointment only : for appointment Contact - 9937566361 (Timing - 8 am to 11 am)

92

NIDAN

DIAGNOSTIC & RESEARCH CENTRE

Plot No-1, Bapuji Nagar, Near sisu Bhavan Flyover, BHUBANESWAR-751009, Dist-KURDA, ORISHA

Ph: 97836 2507838 Mob: 9040050033, 9040050022 E-MAIL: nidanbbsr@gmail.com, Website: www.nidandiagnostic.com

Report Collection Slip Cum Bill

MRS. JYOTI DHAMI
111840749

Dr. CHITTARANJAN KAR
NOT APPLICABLE

MD (MED)

AGE / SEX : 32 Y / F
DATE : 12/09/2018
PAT MOB : 9080508217
CLIENT NAME : NA

Amount	Test Name	Amount
70	URINE ROUTINE	70
80	U/S OF ABDOMEN & PELVIS	80
Total Bill : 1090		900

REPORT HANDOVER

Final Bill : 1090
Received : 1090
Balance : 0

716 PAID

TAPASWINI PRYDIPESH

is exempted from GST being a Health Care Service Provider.

