



Govt. of West Bengal

Annexure-I  
Bill Details

MIFEDIO11

20210211003183

Bill No & Bill Date :

58

08/02/2022

70000

Net Amount :

38600

HE

TR Bill Form no.

TR-26

70-2202-03-103-00-009-V-50-00

Bill Type (Employee/Non-Employee)

Non-Employee Bill

Sl. No.

Name

A/C No

IFSC Code

MICR No

7674

CYBER WEB

0420102000006446

IBKL0000420

721259302



संस्था जगत

Total Amount

সংস্থা জগত  
Finance Department



**e-Billing**

Govt of West Bengal

Annexure-I  
Bill Details

MIFEDI011

20210211081258	Bill No & Bill Date	58	08/02/2022
70000	Net Amount	68600	
HE	TR Bill Form no.	TR-26	
70-2202-03-103-00-009-V-50-00	Bill Type (Employee/Non-Employee)	Non-Employee Bill	

Name	A/C No	IFSC Code	MICR No	Amount	Pay Mode
CYBER WEB	0420102000006446	IBKL0000420	721259302	68600	ECS
Total Amount				68600	



Date Wed Feb 23 11 38 59 IST 2022

Page 1 of 1

**Officer-In-charge**  
**Govt. General Degree College**  
**Kharagpur-II, Madpur**  
**Paschim Medinipur-721149**

<b>SERVICE TYPE</b>	<b>DURATION</b>	<b>AMOUNT (RS.)</b>
<b>ONLINE ADMISSION</b>	AS PER VIDYASAGAR UNIVERSITY ADMISSION SCHEDULE AND ONE YEAR (2021-2022)	50,000/-
<b>Additional Charge</b>	Per Phase	10000

**BILL OF SUPPLY**  
**CYBER WEB**

Kalielir Chawk, Habibpore, Midnapore Town, Paschim Medinipur  
Pin-721101

PAN : CAWPP3793B

Tel. : 9593931122 email : info@cyberweb.co.in, accounts@cyberweb.co.in

**Details :**  
GENERAL DEGREE COLLEGE AT  
R-II  
ia, P.O.: Madpur  
m Medinipur

Invoice No. : CW23/2021-22  
Dated : 04-12-2021  
Place of Supply : West Bengal (19)  
Reverse Charge : N

:  
ID :  
No :  
rNo :  
: West Bengal (19)  
:

of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount ( )
online Admission Portal mission.	998314	1.00	Units	50,000.00	0.00 %	50,000.00	50,000.00
MISSION ADMISSION	998314	1.00	Units	10,000.00	0.00 %	10,000.00	10,000.00
mission OF ADMISSION	998314	1.00	Units	10,000.00	0.00 %	10,000.00	10,000.00
Bill No. 01 Date 08/10/22 Passed for payment of Rs. 70000.00 Rupees. Seventy thousand only.						<b>Grand Total</b>	<b>70,000.00</b>

CGST      SGST      Total Tax  
-           -           0.00

Officer in-charge  
Govt General Degree College, KGP-II

thousand Only

**Declaration**

This invoice shows the actual price of goods / services described and that all particulars are true and correct.

Account Name: CYBER WEB, Account Number: 0420102000006446

C Code: IBKL0000420, Bank Name: IDBI Bank

Receiver's Signature :

be taken back.

be charged if the payment

ges Court' Jurisdiction only.

s. 750/- Only

Cyber Web      **CYBER WEB**  
*Antardha Palshy*  
Proprietor  
**Authorised Signatory**

Employee /Beneficiary/ Pensioner Identification No.	Name of the Employee /Beneficiary/ Pensioner	Designation of the Employee	Gross Claim (Rs.)	Amount Deducted (Rs.)	PAN No.	R
74	CYBER WEB		70000	1400	CAWPP3793B	
Words ) : One Thousand Four Hundred only				1400		

BILL CLERK / ACCOUNTANT



SIGNATURE OF D.D.O.

**Officer-in-charge**  
**Govt. General Degree College**  
**Kharagpur-II, Madpur**  
**Paschim Medinipur-721149**



Ref No: 20210211003183

Rupees (in words) Sixty Eight Thousand Six Hundred only as per beneficiary list enclosed

AND / OR

Rs. 1400 Rupees (in words) One Thousand Four Hundred only as below-

Head of Account	Description	BT Type	Amount (Rs.)
8658-00-112-00-001-0-20	INCOME TAX - T.D.S	Treasury BT	1400

AND / OR

Credit Rs. NIL Rupees (in words) NIL as below -

Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Name of the Grantee Authority	Amount (Rs.)
	NIL	NIL	NIL	NIL	NIL	NIL

Accountant

  
Drawing & Disbursing Officer

**Officer-In-charge**  
**Govt. General Degree College**  
**Kharagpur-II, Madpur**  
**West Medinipur-721149**

-- Use this space for countersignature where necessary

For use in the Treasury

Rupees (in words) Sixty Eight Thousand Six Hundred only as per beneficiary list enclosed

AND / OR

Rs. 1400 Rupees (in words) One Thousand Four Hundred only as below-

Head of Account	Description	BT Type	Amount (Rs.)
8658-00-112-00-001-0-20	INCOME TAX - T.D.S	Treasury BT	1400

AND / OR

Credit Rs. NIL Rupees (in words) NIL as below -

Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Name of the Grantee Authority	Amount (Rs.)
	NIL	NIL	NIL	NIL	NIL	NIL

T.O./A.T.O./P.A.O./A.P.A.O.

T. R. FORM NO. 26  
[T.R. 4.135 Sub-Rule (1) and Explanation 1 and T.R. 4.137]

Ref No: 20210211003183


EDI011	Bill No: 58	Date: 08/02/2022
Date:	T.V. No.	Date:
Code: 70-2202-03-103-00-009-50-00-V	Sanction No:	Date:

es relating to (a) Wages, (b) Office Expenses, (c) Payment for professional and special services, (d) Rates & Taxes/Royalty, (e) rtsing, Sales and Publicity Expenses, (g) Hospitality Expenses/Sumptuary allowances etc., (h) Machinery and Equipment/Tools and les, (j) Maintenance, (k) Minor works, (l) Materials and Supplies, (m) Other charges and (n) Secret Service Expenditure, manent Advance etc.

VT GENERAL DEGREE COLLEGE AT KHARAGPUR-II bruary 2022		
Description of charge	Authority for drawing charge (Viz. sanctioned under delegated power or sanctioned by the competent authority may be quoted with No. and Date)	Gross Amount (Rs.)
FOR ONLINE ADMISSION OF GOVT. ERAL DEGREE COLLEGE KHARAGPUR-II THE SEASON OF 2021-22 CLAIMED BY R WEB.		70000 00
Seventy Thousand only		70000 00

ed in this bill could not with due regard to the interests of the public service, be avoided. I certify that to the best of my knowledge entered in this bill have been duly made to the parties entitled to receive them with the exceptions noted below, which exceed the advance and will be paid on receipt of the money drawn on this bill.  
s above Rs. 500/- in amounts are attached to this bill. I have, as far as possible, obtained vouchers for other sums and am e been destroyed or so defaced or mutilated that they cannot be used again. All work-bills are annexed.  
or have been received in good order, that their quantities correct, and their quality good that the rates paid for are not in excess hat suitable notes of payments have been recorded against the indents and invoices concerned to prevent double payments.  
veyance hire charged in this bill in terms of Rules 3 of Appendix-11 to the West Bengal Financial Rules, was actually incurred, was e scheduled scale of charges for the conveyance used and  
mployee concerned is not entitled to draw travel express under the ordinary rules for the journey, and that he is not granted any es not and will not otherwise receive any special remuneration for the performance of the duty which necessitated the journey hose pay has been charged in this bill were actually entertained in Govt. Service during the period concerned and amount drawn to this date has been paid to the person concerned.  
-I Rule 47 as amended have been observed properly  
his bill was not drawn before and both office copy and fair copy of the bill agree with each other.  
eneficiary in respect of this bill have been verified and entered correctly in the IFMS Beneficiary Master.

Allotment Received	Rs	353738 00
Progressive Expenditure including this Bill	Rs.	233705 00
Balance Available	Rs.	120033 00

  
**Officer-in-charge**  
**Govt. General Degree College**  
**Kharagpur-II, Madpur**  
**Paschim Medinipur-721149**



Govt. of West Bengal

Annexure-I  
Bill Details

e-Billing

Bill No.	3022301-100000	Bill No. & Bill Date	18	2020/05/20
Year	1999	Net Amount		1000
Department	HE	TR Bill Form No.		TR-00C
Account	TS-2702-05-100-05-076-U-12-00	Bill Type (Employee/Non-Employee)		Employee Bill

Beneficiary or	Name	A/C No.	IFSC Code	MICR No.	Amount	Pay Mode
	KARAGPURRAJIV PASTOR	0000-02490	PUNB0000000		1000	000
Total Amount					1000	



MFED0011

Date

Tue Jun 28 11:11:58 IST 2022

Page 1 of 1

Officer-in-charge  
Govt. General Degree College  
Kharagpur-II, Madpur  
Paschim Medinipur-721149





Medical charges for Reimbursement/ Advance/ Adjustment against Advance Bill under West Bengal Health Scheme

Ref No: 20220611699902

Name of the Office	GOVT GENERAL DEGREE COLLEGE AT KHARAGPUR-II		
D.O. Code	MIFED/011	Bill No	18
Token No.		Date	28/06/2022
Head of Account	70 2202 03 103 00 009 12 00-V		

Claim Type: Reimbursement /Advance/ Adjustment against Advance

Bill Details

No.	Claim ID	Sanction No	Date	Authority	Name of Employee/ Pensioner	Name of Beneficiary	Nature of Treatment	HCO Name with Address	Gross Amount (Rs.)	Deduction (Rs.)	Net Amount (Rs.)
1	E20222002173	4HEHD0340017377	28/06/2022	OFFICER IN CHARGE	&nbsp;	MOJITA PRAMANK PARUI	IPD	Mercy Mankur More, Bagran, Howrah	12000	0	12000
Total Rs.									12000	0	12000

Amount Received	Rs.	20000	1. Certified that Essentially certificates, Bills & Receipts have been examined with reference to the claim submitted and found admissible
Progressive expenditure including this bill	Rs.	37211	2. Certified that no claim for the period mentioned in this bill has been preferred earlier
Balance available	Rs.	-17211	3. Office copy agrees with the fair copy
4. Certified that the particulars of the beneficiary in respect of this bill have been verified and entered correctly in the IPMS Beneficiary Master			

Amount paid for payment of Rs. 12000 Rupees (in words) Twelve Thousand only

Please pay Rs. 12000 Rupees (in words) Twelve Thousand only as per beneficiary list AND/OR

Please pay By-Transfer Credit Rs. NIL Rupees (in words) NIL as below -

Sl No.	Head of Account	Description	Amount (Rs.)
NIL	NIL	NIL	NIL

Signature of DDO with Designation  
 Officer-in-charge  
 Govt. General Degree College  
 Kharagpur-II, Madpur  
 Paschim Medinipur-721149

Ref No: 20220611699902

For use in the Treasury

Please pay Rs. 12000 Rupees (in words) Twelve Thousand only as per beneficiary list AND/OR

Please pay By-Transfer Credit Rs. NIL Rupees (in words) NIL as below -

Sl No.	Head of Account	Description	Amount (Rs.)
NIL	NIL	NIL	NIL

Examined and Entered

Accountant / J.A.O. T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

Auditor S.O./J.A.O. / Audit Officer



Government of West Bengal  
Office of the Principal  
GOVERNMENT GENERAL DEGREE COLLEGE, KHARAGPUR-II  
Vill - Ambigeria, P.O. - Madpur, Dist. - Paschim Medinipur, PIN - 721149  
E-mail ID. - principalggdckgp2@gmail.com

Memo No.- M-119

Date:- 29/06/2022

To  
The Treasury Officer  
Kharagpur Treasury  
Kharagpur, Paschim Medinipur

*Sub.-Submission of Health Scheme bill in Favour of Rabindranath Parui.*

Respected Sir,

The Health Scheme bill of the above mentioned incumbent is attached herewith. The submission of bill is late due to the Head of Account was not tagged with our Health Scheme login. Therefore we could not process the bill earlier.

Kindly process the bill at your earliest.

With regards,

Dr. Partha Sarathi Singha (W.B.E.S.)  
Officer-in-Charge  
Govt. General Degree College, Kharagpur-II



**GOVT. GENERAL DEGREE COLLEGE, KHARAGPUR-II**  
Higher Education Department  
Ambigeria, Madpur, Paschim Medinipur, Pin. - 721149  
(4HEHO34)

Certificate for Enrolment under West Bengal Health Scheme

Memo No: 4HEHO34/27/2022

Date: 18/05/2022

**Information of Employee**

1. Name (In Block Letter)	RABINDRANATH PARUI	2. HRMS ID	2019016174
3. Enrolment ID No.	WBEMP/02/000324947	4. GPF No.	2019016174
5. Designation of Employee	Office Peon	6. Date of Entry into Government Service	13/07/2019
7. Address of Employee	MAITY PARA, BHUARAH P O - AGUNSHI, P.S. - BAGNAN, DIST HOWRAH, PIN- 711303	8. Date of Superannuation	31/01/2042

**Hospital Accommodation Entitlement :**

1. Pay Bed in Government Hospital run by Govt. of West Bengal	DOUBLE OCCUPANCY LARGE CABIN
2. Tata Medical Centre, Rajarhat	GENERAL
3. Other Private Empanelled HCOs	GENERAL

**Information of All Beneficiaries (Including Employee)**

1. RABINDRANATH PARUI	Beneficiary ID : 2019016174//1/4 Relation with Employee : SELF Date of Birth : 20/01/1982 Blood Group : AB+		Enrollment w.e.f. : 01/11/2019 Mobile No : 9732630484 E-mail : rabinparui607@gmail.com Aadhaar No : 877363014859	Rabindranath Parui
2. PRATIMA PARUI	Beneficiary ID : 2019016174//2/4 Relation with Employee : MOTHER Date of Birth : 18/04/1960 Blood Group : B+		Enrollment w.e.f. : 01/11/2019 Mobile No : E-mail : Aadhaar No : 348394100381	Pratima Parui
3. MOUMITA PRAMANIK PARUI	Beneficiary ID : 2019016174//3/4 Relation with Employee : WIFE Date of Birth : 08/11/1990 Blood Group : B+		Enrollment w.e.f. : 01/11/2019 Mobile No : E-mail : Aadhaar No : 382446751891	Moumita Pramanik Parui
4. RITAMA PARUI	Beneficiary ID : 2019016174//4/4 Relation with Employee : UNMARRIED DAUGHTER Date of Birth : 26/06/2020 Blood Group : B+		Enrollment w.e.f. : 01/11/2019 Mobile No : E-mail : Aadhaar No :	Rabindranath Parui

Certified that above mentioned employee has been enrolled under the "West Bengal Health Scheme" along with above mentioned family members to get medical treatment under the scheme.

Name (Block Letter):	PARTHA SARATHI SINGHA
Signature:	Officer In Charge

PARTHA  
SARATHI  
SINGHA

Digitally signed by Parta Sarathi Singha, DN: cn=Parta Sarathi Singha, o=West Bengal Health Scheme, email=parta.sarathi.singha@wbhs.gov.in, postalCode=721149, serial=18052022, c=IN

**Digitally Signed. Does not require any Ink Signature.**



Government of West Bengal  
Office of the Officer In Charge  
Higher Education Department  
Govt. General Degree College, Kharagpur-II

No: 4HEHO0340017377(2)

Dated: 28/06/2022

To

1. The Principal Accountant General (A & E),  
West Bengal, Treasury Building Kol - 1.

Claim ID: E20222002173

2. Treasury Officer, Kharagpur Treasury  
P.O. – Kharagpur, Dist. – Paschim Medinipur, Pin:721301

**Sub:- Sanction order for Reimbursement Claim under West Bengal Health Scheme  
of Sri RABINDRANATH PARUI, Office Peon**

Sl. No	Particulars	Details
1.	HRMS ID / Registration No. of Employee	2019016174
2.	Name of Employee	Sri RABINDRANATH PARUI
3.	Name of Patient	MOUMITA PRAMANIK PARUI
4.	Beneficiary ID of Patient	NONGPF/WB/20191016110626763/3/4
5.	Relationship with the Employee	WIFE
6.	HOO Code of Head of Office	4HEHO034
7.	Designation of Head of Office	Officer In Charge
8.	DDO Code of Drawing & Disbursing Officer	MIFEDI011
9.	Designation of Drawing & Disbursing Officer	OFFICER IN CHARGE GOVT GENERAL DEGREE COLLEGE AT KHARAGPUR-II
10.	Type of Treatment	IPD Treatment
11.	Period of Treatment	03/06/2020 to 06/06/2020
12.	Name of Hospital where treatment availed	Mercy
13.	Type of Hospital	Non-Empanelled
14.	Head of Account	HE-70-2202-03-103-00-009-12-00-V
15.	Amount Claimed	Rs. 12000 /-
16.	Amount Sanctioned in figure (Rs.)	Rs. 12000 /-
17.	Amount Sanctioned in figure words (Rupees)	Twelve Thousand Only
18.	Name of Claimant (In case of death) and Relation	N/A

All others concerned are requested to access WBHS portal using their Login for verification and necessary action.

Partha  
Sarathi  
Singha

Digitally signed by Partha Sarathi  
DN: cn=Partha Sarathi, o=Government of West Bengal, ou=Higher Education Department, email=psingha@wbhs.gov.in, c=IN

**Digitally Signed. Does not require any Ink Signature.**



**Form - C2**

**Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation Under West Bengal Health Scheme**

*(As per Order No.127-F(MED)WB, dated 26.11.2021)*

*(Generated by Employee from Health Portal)*

To

The OFFICER IN CHARGE

Ambigeria, Madpur, Paschim Medinipur, Pin. - 721149

Sir / Madam,

I am submitting a claim of Rs. 12000 (Rupees. Twelve Thousand ) towards reimbursement for cost of In-Patient Department (IPD) treatment at non-empanelled hospital/nursing home/health care organisation under West Bengal Health Scheme as per details stated below:

**Part-I[General Information]**

1. Details of Employee.			
Full Name	RABINDRANATH PARUI	HRMS ID	2019016174
Enrolment ID No.	WB/EMP/02/000324947	Claim Application ID	E20222002173
Bed Entitlement	GENERAL	Date of Enrolment	01/11/2019
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient	MOUMITA PRAMANIK PARUI	
	Beneficiary ID	NONGPF/WB/20191016110626763/3/4	
	Relationship with Employee	WIFE	
2.2	Name of the hospital where treatment was availed.	Mercy	
	Bed Capacity of Hospital	40	
	CE Licence No.	34120757	
	CE Licence valid up to	04/11/2022	
	Address of Hospital	Mankur More. Bagnan.Howrah.	
2.3	Requirement of approval of delay Condonation, if any	NO	
3.Details of Claimant (Applicable in case of death of employee )			
Sl. No.	Name of Claimant	Relation	
3.1			

**Part-II [Details and Expenditure Statement of IPD treatment]**

4. Period of treatment					
Admission Date	03/06/2020	Discharge date	06/06/2020		
5. Type of Discharge					
Sl. No.	Type of Discharge	Tick mark in appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	<input checked="" type="checkbox"/>	5.3	Referral	<input type="checkbox"/>
5.2	Risk Bond	<input type="checkbox"/>	5.4	Death	<input type="checkbox"/>
6. Amount Claimed for					

**Form - C2**

**Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation Under West Bengal Health Scheme**

*(As per Order No.127-F(MED)WB, dated 26.11.2021)*

*(Generated by Employee from Health Portal)*

No.	Type of Treatment	Tick mark in appropriate box
1	Only Procedural/ Package Treatment	<input checked="" type="checkbox"/>
2	Only Non-Procedural/ Non-Package Treatment	<input type="checkbox"/>
3	Both Procedural/ Package and Non- Procedural/ Non-Package Treatment	<input type="checkbox"/>

1 Details of Procedural/ Package Treatment				
Period of Procedural/Package Treatment	From	To		
	03/06/2020	06/06/2020		
Sl. No	Name of Procedures/ Packages	Amount Claimed (Rs.)		
1	CESAREAN SECTION	12000		
Total-				12000

3 Details of Non-Procedural/ Non-Package Treatment				
Period of Non-Procedural/Non-Package Treatment	From	To		
	01/01/1900	01/01/1900		
3.1 Room/Bed Rent				
	Room Type	From	To	Amount Claimed (Rs.)
3.2	Consultation Fees			
3.3	Pathological and Radiological Investigations			0
3.4	Medicines			
3.5	Consumables			
3.6	Special Nursing/Ayah Charges			
3.7	Miscellaneous. (If Any Specify)			
Total-				0
No. of Vouchers-				1
Total Treatment Cost [6.1+ 6.2+6.3]-				12000

**Part-III [Details of Discount and Insurance Coverage]**

Details of Discount and Insurance Coverage, if any			
Sl. No	Particulars	Amount (Rs.)	Remarks
1.	Discount		
2.	Insurance Coverage		

Net Claim : (Part-II minus Part-III)	
12000	Twelve Thousand Only

**Part-IV [Declaration of Employee]**



**Form - C2**

**Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation Under West Bengal Health Scheme**

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Generated by Employee from Health Portal)

I hereby declare that the statements made in the application of claim for reimbursement are true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claims in sequential manner.

**[List of Enclosures]**

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not(Please Tick)	
1.	Annexure-II duly signed with proper stamp by the Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital/Nursing Home/Health Care Organisation where treatment availed.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2.	Bill Summary	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3.	Original Money Receipts in chronological dates	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4.	Copy of Discharge Summary (Case summary and copy of death certificate in case of death) and OT note	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5.	Detailed Bill	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6.	Original copy of Voucher/ Tax Invoice of Implants Used	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7.	Copy of investigation/ test report in sequentially	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8.	Copy of OT Note in case of package treatment and treatment summary or bed head ticket in case of package treatment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9.	In case of death of Employee, a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
10.	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Date: 09.06.2020

Signature of the Employee/Claimant: *Rabindranath Parui*

Name in Block Letters: RABINDRANATH PARUI

Designation: Office Peon.

## Annexure-II

Certification of Medical Superintendent/ Administrative Officer and Treating Specialist of treating in Non-Empanelled Hospital for claiming reimbursement of only "Indoor" treatment under WBHS

1. Certified that the patient, Sri/Smt. Moumit Pramanik. is a beneficiary of West Bengal Health Scheme having the Beneficiary ID is NONGP/WB/20191016110626763/32 availed indoor treatment from 03.06.2020 to 06.06.2020.
2. Certified that the Hospital/Nursing Home/Health Care Organisation has 040 ( ) nos. of bed.
3. Certified that the Hospital/Nursing Home/Health Care Organisation obtained a License under the West Bengal Clinical Establishment Act and Rules bearing no. 04120757 and this License is valid up to 04/11/2022.

Date: 06.06.2020

Kamrad 07/11/2020  
Signature of Medical Superintendent  
Mercy Hospital  
Official Seal of the Hospital





# Bill Summary

Of

Rabindranath Parui, Group-D Peon of Govt. General Degree College, Kharagpur-II

Disease Code	Description	Govt. approved rate	Rate for Non-empanelled hospital	Admissible amount
01012004	Cesarean Section	20000/-	12000/-	12000/-

*Rabindranath Parui*

Rabindranath Parui  
Group-D

Partha Sarathi Singha  
Officer-in-Charge  
Govt. General Degree College,  
Kharagpur-II, Paschim Medinipur,  
721149

# MERCY HOSPITAL

No. 1184

Mankur More ❖ Bagnan ❖ Howrah

Phone - 7319304080 / 9434436779 / 9932790463

Reg. No. - 311

RECEIPT

Date 06.06.2020

Received with thanks from Moumita Pramanik  
CO - Rabindranath Parui  
of Bhuarah, Bagnan, Howrah.  
of Rs. 16,000/- for his / her treatment under Dr. S. Dutta  
details are as follows.

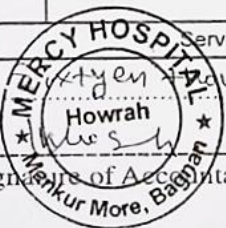
Bed No. - Female Ward From - 03.06.2020 To - 06.06.2020

Sl. No.	Description	Amount	
		Rs.	P.
✓ 1.	Bed Charge (Including / Excluding Diet)	2100	00
✓ 2.	O.T. Charges	2000	00
3.	L. R. Charges	/	/
4.	Gases Used During Anaesthesia & Operation	/	/
5.	Special Attendants	/	/
✓ 6.	Doctor's Charge (Surgeon)	7,000	00
✓ 7.	Assistant Charge	1,000	00
8.	O. Charge	/	/
9.	Nebulizer Charge <i>Paid by me</i>	/	/
10.	C.B.G. Charge <i>Rabindranath Parui</i>	/	/
11.	Blood Transfusion Charge	/	/
12.	Photo Therapy Charge	/	/
13.	Warmer Charge	<b>PAID</b>	
✓ 14.	Medicine <i>Date - 06.06.2021</i>	3,000	00
✓ 15.	Child Specialist Charge	9,00	00
16.	Forceps Delivery Charge	/	/
17.	Sister Charge	/	/
18.	Miscellaneous	/	/
	Service Charge 10%		

Rs. 16,000/- Total 16,000/-

Signature of Accountant

For MERCY HOSPITAL



# MERCY HOSPITAL

MANKUR (MORE), BAGNAN, HOWRAH.  
MOB. : 8597092684 / 9434436779 / 9932790463

## DISCHARGE CERTIFICATE

Patient's Name MOUMITA PRAMANIK Regn. No. 1921/MH/01764  
Age 29.00 Years Sex Female ICU / Cabin / Ward No. \_\_\_\_\_  
Guardian RABINDRANATH PARUI  
Address BHUARAH, AGUNSHI, BAGNAN, HOWRAH

Date of Admission 03/06/2020 Time 8:51AM  
Date of Discharge 06/06/2020 Time \_\_\_\_\_  
Name of Consultant DR.SOMRAJ DUTTA

### Certificate Details

#### Summary Of The case

Patient admitted in ICU  
Elevated LFT due

O.T Date 03/06/2020

#### Advice on Discharge

• Rest  
• Normal diet  
• T Belpain - 300mg x 5dy  
• T Pyridoxin (6mg) - 300mg x 10dy  
• T Sorafenib - 200mg x 10dy  
• G LCC - low on starting  
On v. dose n. Lowly 300mg  
To return on 14/6/2020 at 9.00am  
On Mercy. Home of end and / care

Signature of Doctor  
Name DR.SOMRAJ DUTTA  
Regn. No 60791

GOVERNMENT OF WEST BENGAL

Tel:

Fax:

Date : 02/05/2022

Memo No : 57-AC

SUB- ALLOTMENT ORDER

Sub. Allotment of fund under Major Head- 2202 - Higher Education for the financial Year 2022 - 2023

Sanction is hereby accorded to the re-allotment of fund of Rs. 23205400 (in words Rs. Two Crore Thirty Two Lakh Five Thousand Four Hundred Only. ) under various Heads of accounts in favour of to the Sub-Allotting Officers/DDOs as per annexure enclosed to meet the expenditure related to their own establishment and/or establishment, within their financial powers.

The fund hereby re-allotted and placed under the disposal of the Sub-Allotting Officers/DDOs shall not be used for any other purpose.

The fund is placed towards expenditure pertaining to salary and non-salary items in favour of the college in respective sub-head of account for the F.Y. 2022 - 2023 subject to compliance of financial rules as per W.B.F.R. All concerned are hereby informed accordingly.

This Order is not an authority to incur any expenditure which is not permitted under West Bengal Financial Rules or any order of the State Government. Utmost Care should be taken at the time of preparation of the bill so that the accounts code as indicated against each item of expenditure along with detailed head of account are mentioned on the bill correctly.

\*\*This Order issues in exercise of the powers delegated under Finance Department Memo. No. 1212-FB Dt 31 03 2022

ADPI(A)

DIRECTOR OF PUBLIC INSTRUCTION, WEST BENGAL

Officer-in-charge  
Govt. General Degree College  
Kharagpur-II, Madpur  
Paschim Medinipur-721149



## Sub-Alloting Officer / DDO wise Alloted Amount Summary

No	Sub-Alloting Code / DDO Code	Designation	Amount
1	MIFEDI011-OFFICER IN CHARGE KHARAGPUR-II	GOVT GENERAL DEGREE COLLEGE AT	23,205,400 00
			23,205,400 00

ADPI(A)

Officer-in-charge  
Govt. General Degree College  
Kharagpur-II, Madpur  
Paschim Medinipur-721149