Indian Council of Medical Research
Department of Health Research, Ministry of Health and Family Welfare, Government of India

MERA/31/2021-ECD-II

Dated: 07-09.2021

To,

The Dean,
Rohilkhand Medical College & Hospital
Bareily 243006

Subject:-Sanction and budget allotment for the New Schemes entitled:- "Community behavior and its determinants in relation to malaria prevention and control in Bareilly" under Dr. Deepak Upadhyay, Associate Professor, Rohilkhand Medical College & Hospital, Bareilly.

Sir,

The Director General of the Council sanctions the above mentioned research scheme initially for a period of **One Year** subject to extension upto the total duration specified in para 3(3) below.

The Director General of the Council also sanctions the budget allotment of **Rs.8,94,520/- (Eight Lakh Ninety Four Thousand Five Hundred And Twenty Only)** as detailed in the attached statement for the period w.e.f **17.09.2021** year ending on **16.09.2022** during the current financial year **2021-22.**

The grant-aid will be given subject to the following conditions:-

1. The payment of the grant will be made in lump-sum to the Head of the Institution. The first installment of the grant will be paid generally as soon as a report regarding the commencement of the project and appointment of the staff is received by the Council. The demand for payment of the subsequent installment of the grant should be placed with the Council in the prescribed Performa attached.

2. The staff appointed on the project should be paid as indicated in the budget statement attached.

3. The approved duration of the scheme is for **2 Years.** The annual extension will be given after review of the work done on the scheme during the previous year.

4. Fifteen copies of the Annual Progress Report of work done be submitted to the Council every year after completion of ten months of the project. Failure to submit the report in time may lead to termination of the project.

Bareilly International University ★ Bareilly ★ Registrar

SUSHIL KUMAR THAKUR

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5. The institute will maintain a **Separate Saving Bank Account** of the receipts and the expenditure incurred on the scheme and will furnish a utilization certificate and an audited statement of account pertaining to the grant.

6. **The grant shall be utilized after following provision laid down in GFR-2017 and TA rules.**

7. The other terms and conditions are indicated in the website of ICMR (www.icmr.nic.in) for "Guidelines for operation of projects for Grantees of ICMR's Extramural Research Projects". The receipt of this letter may please be acknowledged.

8. You are advised to seek concurrence of the council before disseminating the findings to journal, media or repositories."

Yours faithfully,

07/9/21

(Harjeet Kaur Bajaj)
Administrative Officer

No. MERA/31/2021-ECD-II

Copy to:-

1. **Dr. Deepak Upadhayay, Associates Professor, Rohilkhand Medical College & Hospital, Bareilly.**
2. Copy together with a copies of the budget statement forwarded to the **Accounts Section-V, ICMR** for information and necessary action.
   RFC No.(P-42)/ECD/Other Programme/17/2021-22 dated 30.07.2021
3. Mrs. Vandana, Sr. Technical Officer-II, ICMR
4. IRIS ID No-2020-6047N

Administrative Officer

वी. रामलिंगास्वामी भवन, पोस्ट बॉक्स नं. 4911
अंसारी नगर, नई दिल्ली - 110 029, भारत
V. Ramalingaswami Bhawan, P.O. Box No. 4911,
Ansari Nagar, New Delhi - 110 029, India

Tel: +91-11-26589889 / 26588980 / 26589494
+91-11-26589436 / 26588707
Fax: +91-11-26589662 E-mail: icmr@nic.in

national University Registrar * Bareilly *

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Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No: RMCH/1115/2023 Date: 03-07-2023

Utilization Certificate
(Annual)

Certified that out of Rs **8,94,520 only** of grants-in-aid sanctioned during the **Financial year 2021-2022** in favour of **The Dean, Rohilkhand Medical College & Hospital** under ICMR Letter No **MERA/31/2021-ECD-II dated:07/09/2021,** a sum of Rs **7,56,382 only** has been utilized for the purpose of conducting research titled **Community behavior and its determinants in relation to Malaria prevention and control in Bareilly, Uttar Pradesh** for which it was sanctioned and that the balance of Rs. **1,78,738 only** remaining unutilized at the end of the year and will be adjusted towards the grants-in-aid payable during the next year i.e. **from 06-01-2023 to 05-01-2024**.

For Rohilkhand Medical College & Hospital

Upadhyay 30/6/2023

Signature of Principal Investigator with date

05/07/2023

Signature of The Dean of the Institute with date

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

Account Officer

Signature of Accounts Officer of the Institute with date
3/7/23

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, प्राचार्य
Department of Community Medicine
सामुदायिक चिकित्सा विभाग
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखंड मेडिकल कॉलेज एवं अस्पताल, बरेली
Ph. No: 0583-2526011,12,14

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Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No. RMCH/1115/2023 Date: 03-07-2023

Check list for covering note to accompany Utilization Certificate of grant for the project for the period from 06-01-2022 to 05-01-2023

1) Title of the Project - **Community behavior and its determinants in relation to Malaria prevention and control in Bareilly, Uttar Pradesh**

2) Name of the Institutions – **Rohikhand Medical College & Hospital, Bareilly**

3) Principal Investigator - **Dr Deepak Upadhyay**

4) ICMR letter No. and date sanctioning the project. : **MERA/31/2021-ECD-II dated:07/09/2021**

5) Head of account as given in the original sanction letter : **The Dean, Rohilkhand Medical College & Hospital**

6) Amount received during the year (Please give No. & Date of ICMR's sanction letter for the amount and period) : INR **8,94,520 only**

7) Total amount that was available for expenditure (excluding commitments) during the year (Sl.No.6+7) = INR **8,94,520 only**

8) Actual expenditure (excluding commitments) incurred during the year. INR **7,56,382 only**

9) Balance amount available at the end of the year. **INR 1,78,738 only**

10) Amount already committed, if any.

11) Amount to be carried forward to the next year (if applicable). Indicate the amount already committed with supporting documents. **INR 1,78,738 only**

For Rohilkhand Medical College & Hospital

Account Officer
31/7/23

Upadhyay 30/6/2023

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, प्राचार्य
Department of Community Medicine
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखण्ड मेडिकल कॉलेज, बरेली
83 2526011, 12, 14

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Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No.RMCH/1115/2023

Date: 03-07-2023

Annual Statement of Accounts
(Period from 06-01-2022 to 05-01-2023)

1.	Sanction Letter No.	:	MERA/31/2021-ECD-II dated:07/09/2021
2.	Total Project Cost	:	Rs 8,94,520 only for 1st year
3.	Sanction /Revised Project cost (if applicable)	:	Rs
4.	Date of Commencement of Project	:	06-01-2022
5.	Proposed Date of Completion	:	05-01-2024
6.	Statement of Expenditure	:	**From 06-01-2022 To 05-01-2023**

S. No.	Sanctioned / Heads	Funds Allocated	Expenditure Incurred		Balance as on (Date)	Remarks
			I Year	II Year		
1.	Salaries	5,04,000	4,68,000		36,000	As staffs were recruited from March, 2023
2.	Contingencies					
2.1.	Non-recurring (Equipments)	2,45,400	1,46,898		98,102	As Qualitative data software was not purchased
2.2	Recurring (Supplies, Materials, Consumables, etc.)	80,000	67,143		12,858	
3.	Travel	48,000	48,000		0	
4.	Overhead Expenses	17,520	10,342		7178	For attending training under Recurring expenditure
5.	Others (if any)	-	-		24,600	Interest on amount in saving account
	Total	8,94,520	7,56,382		1,78,738	

Upadhyay 30/6/2023

Signature of Principal Investigator
with date

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, आचार्य
Department of Community Medicine
सामुदायिक चिकित्सा विभाग
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखंड मेडिकल कॉलेज एवं अस्पताल, बरेली

For Rohilkhand Medical College & Hospital

Signature of Accounts Officer
With date

Accounts Officer

SUSHIL KUMAR THAKUR

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Details About Funds Received from Govt Agencies / Non Govt Agencies

Sl No.	Name of the Funding agency	2018-19	2019-20	2020-21	2021-22	2022-23
1	PMJAY – AYUSHMAN BHARAT	34,44,969	1,79,94,322	1,44,54,315	2,87,82,654	5,38,75,971
2	CAPF – AYUSHMAN BHARAT	-	-	-	-	8,10,810
3	CGHS	-	-	-	-	-
4	ECHS	-	-	4,60,696	11,95,896	27,08,816
5	ESIC	-	-	-	97,268	21,15,197
6	CARI	-	-	-	-	-
7	IFFCO	-	-	-	2,25,595	-
8	IVRI	-	5,75,492	4,69,677	21,02,427	26,60,179
9	UP GOVT. MINISTRY FUND	41,77,800	-	1,78,97,071	2,68,48,318	4,35,88,017
10	ICMR	-	-	-	8,94,520	-



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संख्या -एफ- 573 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रेषक,

बृजेश कुमार सिंह
अनु सचिव (लेखा) मुख्यमंत्री,
उत्तर प्रदेश शासन ।

सेवा में

MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT
BY PASS RD BAREILLY

मुख्यामंत्री कार्यालय लेखा अनुभाग-2(वि०को०) लखनऊ , दिनांक : 28-02-2023

विषय- मुख्यमंत्री विवेकाधीन कोष से उपचार हेतु स्वीकृत आर्थिक सहायता ।

महोदय,

मुझे आपसे यह कहने का निर्देश हुआ है कि संलग्नक में उल्लिखित व्यक्ति/व्यक्तियों के उपचार हेतु, उनके नाम के सम्मुख अंकित धनराशि मा० मुख्यमंत्री विवेकाधीन कोष से स्वीकृत की गयी है । कुल स्वीकृत धनराशि का कोषागार, जवाहर भवन,लखनऊ/रिजर्व बैंक ऑफ़ इंडिया के UTR संख्या RBI0602323033694 दिनांक 28-02-2023 अंकन रू 675300 (छः लाख पचहत्तर हज़ार तीन सौ मात्र) संलग्न है।

2. यदि किसी प्रकरण में चालू वित्तीय-वर्ष में एक बार से अधिक धनराशि स्वीकृत हो गयी है तो प्रथम बार स्वीकृत धनराशि के अतिरिक्त अन्य स्वीकृत धनराशि का उपयोग केवल अतिरिक्त सहायता स्वीकृत के प्रकरण में ही किया जाए जिन प्रकरणों में अतिरिक्त सहायता का उल्लेख न हो, उन प्रकरणों में प्रथम बार के अतिरिक्त स्वीकृत धनराशि को वापस कर दिया जाए।

3. कृपया, स्वीकृत धनराशि का उपयोग सम्बन्धित लाभार्थी के उपचार पर ही किया जाए।

4. स्वीकृत धनराशि के सापेक्ष उपयोग की गई धनराशि का व्यय विवरण प्रत्येक माह सी०एम०आर०एफ० पोर्टल पर ऑनलाइन दर्शाया जाए।

5. धनराशि का पूर्ण उपयोग हो जाने अथवा लाभार्थी के उपचार की आवश्यकता न रह जाने की दशा में/ पूर्ण उपयोगिता प्रमाण-पत्र सत्यापित मूल बिल/वाउचर्स आदि के साथ ऑनलाइन प्रेषित किया जाना सुनिश्चित करेंगे ।

6. 6. स्वीकृत धनराशि में से अप्रयुक्त/अवशेष धनराशि को यथाशीघ्र अनु सचिव (लेखा), मुख्यमंत्री, उत्तर प्रदेश शासन के पक्ष में भारतीय स्टेट बैंक, जवाहर भवन शाखा, लखनऊ पर देय बैंक ड्राफ्ट के माध्यम से उपलब्ध अथवा उत्तर प्रदेश सरकार की वेबसाइट https://cmrf.up.gov.in पर उपलब्ध 'Pay Online' विकल्प में लेखा शीर्षक संख्या 0070-अन्य प्रशासनिक सेवाये- 60- अन्य सेवाये- 800-अन्य प्राप्तियाँ-07 अन्य प्रकीर्ण प्राप्तियाँ मद में चालान के माध्यम से जमा कराने के उपरान्त ई-चालान का समस्त विवरण उत्तर प्रदेश शासन को प्रेषित करना सुनिश्चित करने का कष्ट करें ।

भवदीय

✓

Digitally Signed By
बृजेश कुमार सिंह
अनु सचिव (लेखा) ।
2023-02-28 16:26:48.73321

संलग्नक:- उपरोक्तानुसार ।

संख्या -एफ- 573 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित :-

1. सम्बन्धित जिलाधिकारी को इस अनुरोध के साथ कि कृपया प्रकरणों में स्वीकृत धनराशियों की सूचना सम्बन्धित मा० संस्तुतिकर्ता व लाभार्थी को अपने स्तर से भी उपलब्ध कराते हुए संगत अभिलेखों में अंकन कराने का कष्ट करें।

2. सम्बन्धित लाभार्थी के पंजीकृत मोबाइल नं० पर इस आशय से संदेश प्रेषित कि कृपया चिकित्सालय से सम्पर्क कर उपचार करायें।

✓

आज्ञा से,

बृजेश कुमार सिंह

SUSHIL KUMAR THAKUR

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Nurn^besr-F- 573hirty-four/M.M.Ka-Account-2 (V.K.)/ 2023

Sender,

gnjBsh kiifTAr Singh

Urv&sr aHWHUry (AaHMiill&J Chwf

To,

MEDICAL SUPER1ENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSP1TAL.P1LIBHIT BY PASS RD BAREILLY

Chef Minislor'R OfKos ACCOUAla SOCliiin-2 (Finance)

LuC*fWW, Date: 28-02-2023

SubjKb Fifmxiyi ewislancc approved For treatment 1'ftm Ch*r Mn«te7s Diswetkraiy Fund.

Sir,

Il ani drecfad In 1?Hl you 9101Tflf the ireartmant nf ihg psregrVpe<BOh8mentioned in ehe gEachifinenL Iha amounl mcrrtkinsd against Iher name has befn sansdfaned 1rc»m lire HWible Chier Minister's Dippreltonsiy Fund. THeiixal sanctioned amount^ R& $75300 fslK lavi seventy live thausand Ifma hundred only! i& enclosed with thellTR rRirrWer HBICKIZ3Z-3&33694 dated 2942^20^ of Ihe TrcdSiiy. Ja^aror Elw^n. LL^n^Vteserye Bank of India

2. If in any case funds hBV9 teen Sanctioned marn than once ki Che CdiVertt Fmancinl year, then Iha funds sanctioned other than the amount saixakined far the fr^t true should be used only in cases where additional ssslslsnoe is Sanctioned. In tho&R G9hs Where addSfanfll assistance is not mRHlKHnad. thB 9ddiBonfll Snitunt sanctianenl for Ihi? irst 1Une Should be rsLumed. Lei ri txt done.

3. Please. Ite sanclJawd auxm^ should be ubiwd only Inr the iraalmirt cf the «0wenwd beneficiary.

4. The expendLire statement of ihe Smount utilised In refeUon lo llws sanctimed amount should he displayed cnlinn cm the CMRF parId every month

5. In case ihe amount is fully utilized or ihe beneficiary no longer requires treatment, ensure that the compile utilization certificate is sent online along with verified original bills/vouchers etc.

H Ths uwMwiflHAmeiiWMM Oxi ul &■uncfconM jmajei should W dQMsiifcd ci accon mi pcwMx^ m favour of Under Sw&vlHy l4==anhi Gh^Mr«wcr Bosunnart ci Ul»r Pnrtath. in 5i3B 9jr*: tf trtw Ihrulw Wumt; lk?Mi. Luqlqk^.

After depositing, the amount through chaMan in Ihe account head number 0070-Qther Administrative Services - 60-Other Services- 800-Other Receipts-07 Other Miscellaneous Receipts head in Ihe 'Pay Online' option i*v?ilable on the Utta'' Pradesh Government website hnps:f/cmrf,up pov in, please ensure that all Ihe details of the c-challan are sen! 1o 1he Utlar Pradesh Government

Sncardy

✓

Errclosure :- As above.

Digitally signed By Bried-i Kumar Singh

Under &sy«arj lAcKtim)

2023-02-28 16^26:4® 73321

Numt^-F-573 thirty-four«M M Accounl-Z (V.KJ / 2023

Copy: For information and necessary action to th& following:-

1. With Ihe request 101hd conoemsd Distncl MBfliStraLe ihal ptaaM! provide 1he ififdrriiaiian regarding Ihe aasiLiitxied amount in Wecssss Id Ihe cDncnmecl reccmmender and benofiMry at your io^l end also ges it recorded in bne ifeinveni records.

2. Send a message to the registered mobile number of ihe concerned beneficiary with Ihe ir*emwn id please contact ttie hosniw ard get UeainiHnL

✓

Ey Letter,

SUSHIL KUMAR THAKUR

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अनु सचिव (लेखा) ।

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संख्या -एफ- 573 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023 , दिनांक: 2023-02-28 16:26:48.73321 का संलग्नक

क्र० सं०	आवेदन संख्या	लाभार्थी का नाम व पता	प्रयोजन	अस्पताल पंजीकरण संख्या	धनराशि
1	14115123000016	फरमीदा बेगम पत्नी श्री वारिश अली,, मो० ढका ज० पूरनपुर, वार्ड नं०–15, तहसील - पूरनपुर, जिला – पीलीभीत।	उपचार हेतु सहायता	00000	₹300000/- (रुपये ₹ तीन लाख मात्र मात्र)
	द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY				
2	14114923000011	मुकेश पाल पुत्र श्री झाझन लाल ,, नि0ग्राम हसनपुर पोस्ट मझारा ब्लाक समरेर थाना व तहसील दातागंज जिला बदायूँ	कैंसर के उपचार हेतु सहायता	00000	₹200000/- (रुपये ₹ दो लाख मात्र मात्र)
	द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY				
3	14114923000016	महेश सिंह पुत्र श्री ओमकार सिंह ,, नि0ग्राम इटौआ पोस्ट पेंपल परगना सतासी तहसील बिसौली जिला बदायूँ	उपचार हेतु सहायता	CR NO-4535748	₹175300/- (रुपये ₹ एक लाख पचहत्तर हज़ार तीन सौ मात्र मात्र)
	द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY				
		कुल धनराशि	छः लाख पचहत्तर हज़ार तीन सौ मात्र		675300



SUSHIL KUMAR THAKUR

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Under

No. F-57334/M.M. Accounts-2 (V.K.) / 2023, Date: 2023-02-28 16:26:48.73321 Annexure

No.	application Number	Name and address of the beneficiary	Purpose	hospital registration number	amount of money
1	14115123000016	Farmida Begum wife of Shri Waris Ali,, Mo. Dhaka J. Puranpur, Ward No.-15, Tehsil - Puranpur, District - Pilibhit.	Assistance for treatment	00000	☐300000/- (Rs 1.3 lakh only)
	BY:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL, PILIBHIT BY PASS RD BAREILLY				
2	Hasanpur Post 14114923000011 Majhara Block Sarmer Police Station and Tehsil Dataganj District Badaun	Mukesh Pal son of Shri Jhajan Lal, resident of Village	Help for cancer treatment 00000		☐200000/- (Rupees two lakh only)
	BY:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL, PILIBHIT BY PASS RD BAREILLY				
3	14114923000016 Mahesh Singh	son of Shri Omkar Singh, resident of Village Itaua Post Pemple Pargana Satasi Tehsil Bisauli District Badaun	treatment assistance	CR NO-4535748	₹175300/- (Rupees One Lakh Seventy Five Thousand Three Hundred only)
	BY:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL, PILIBHIT BY PASS RD BAREILLY				
		sum of money		six lakh seventy five thousand three hundred only	675300

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संख्या -एफ- 608 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रेषक,

बृजेश कुमार सिंह
अनु सचिव (लेखा) मुख्यमंत्री,
उत्तर प्रदेश शासन।

सेवा में

MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT
BY PASS RD BAREILLY

मुख्यामंत्री कार्यालय लेखा अनुभाग-2(वि०को०) लखनऊ, दिनांक : 24-03-2023

विषय- मुख्यमंत्री विवेकाधीन कोष से उपचार हेतु स्वीकृत आर्थिक सहायता।

महोदय,

मुझे आपसे यह कहने का निर्देश हुआ है कि संलग्नक में उल्लिखित व्यक्ति/व्यक्तियों के उपचार हेतु, उनके नाम के सम्मुख अंकित धनराशि मा० मुख्यमंत्री विवेकाधीन कोष से स्वीकृत की गयी है। कुल स्वीकृत धनराशि का कोषागार, जवाहर भवन,लखनऊ/रिजर्व बैंक ऑफ़ इंडिया के UTR संख्या RBI0842371185053 दिनांक 24-03-2023 अंकन रू 500000 (पांच लाख मात्र) संलग्न है।

2. यदि किसी प्रकरण में चालू वित्तीय-वर्ष में एक बार से अधिक धनराशि स्वीकृत हो गयी है तो प्रथम बार स्वीकृत धनराशि के अतिरिक्त अन्य स्वीकृत धनराशि का उपयोग केवल अतिरिक्त सहायता स्वीकृत के प्रकरण में ही किया जाए जिन प्रकरणों में अतिरिक्त सहायता का उल्लेख न हो, उन प्रकरणों में प्रथम बार के अतिरिक्त स्वीकृत धनराशि को वापस कर दिया जाए।

3. कृपया, स्वीकृत धनराशि का उपयोग सम्बन्धित लाभार्थी के उपचार पर ही किया जाए।

4. स्वीकृत धनराशि के सापेक्ष उपयोग की गई धनराशि का व्यय विवरण प्रत्येक माह सी०एम०आर०एफ० पोर्टल पर ऑनलाइन दर्शाया जाए।

5. धनराशि का पूर्ण उपयोग हो जाने अथवा लाभार्थी के उपचार की आवश्यकता न रह जाने की दशा में/ पूर्ण उपयोगिता प्रमाण-पत्र सत्यापित मूल बिल/वाउचर्स आदि के साथ ऑनलाइन प्रेषित किया जाना सुनिश्चित करेंगे।

6. 6. स्वीकृत धनराशि में से अप्रयुक्त/अवशेष धनराशि को यथाशीघ्र अनु सचिव (लेखा), मुख्यमंत्री, उत्तर प्रदेश शासन के पक्ष में भारतीय स्टेट बैंक, जवाहर भवन शाखा, लखनऊ पर देय बैंक ड्राफ्ट के माध्यम से उपलब्ध अथवा उत्तर प्रदेश सरकार की वेबसाइट https://cmrf.up.gov.in पर उपलब्ध 'Pay Online' विकल्प में लेखा शीर्षक संख्या 0070-अन्य प्रशासनिक सेवाये- 60- अन्य सेवाये- 800-अन्य प्राप्तियाँ-07 अन्य प्रकीर्ण प्राप्तियाँ मद में चालान के माध्यम से जमा कराने के उपरान्त ई-चालान का समस्त विवरण उत्तर प्रदेश शासन को प्रेषित करना सुनिश्चित करने का कष्ट करें।

भवदीय

संलग्नक:- उपरोक्तानुसार।

Digitally Signed By
बृजेश कुमार सिंह
अनु सचिव (लेखा)।
2023-03-24 17:05:22.538497

संख्या -एफ- 608 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाहीं हेतु प्रेषित :-

1. सम्बन्धित जिलाधिकारी को इस अनुरोध के साथ कि कृपया प्रकरणों में स्वीकृत धनराशियों की सूचना सम्बन्धित मा० संस्तुतिकर्ता व लाभार्थी को अपने स्तर से भी उपलब्ध कराते हुए संगत अभिलेखों में अंकन कराने का कष्ट करें।

2. सम्बन्धित लाभार्थी के पंजीकृत मोबाइल नं० पर इस आशय से संदेश प्रेषित कि कृपया चिकित्सालय से सम्पर्क कर उपचार करायें।

Bareilly International University ★ Bareilly ★ Registrar

आज्ञा से,

बृजेश कुमार सिंह

SUSHIL KUMAR THAKUR

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Number-F-608 Thirty-four/M.M. Account-2 (V.K.) / 2023

Sender,

Brijesh Kumar Singh

Under Secretary (Accounts) Chief

Minister, Uttar Pradesh Government

To,

MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY

Chief Minister's Office Accounts Section-2 (Finance)

Lucknow, Date: 24-03-2023

Subject - Financial assistance approved for treatment from Chief Minister's Discretionary Fund.

Sir,

I am directed to tell you that for the treatment of the person/persons mentioned in the attachment, the amount mentioned against their name has been sanctioned from the Hon'ble Chief Minister's Discretionary Fund. The total sanctioned amount of Rs 500000 (five lakh only) is enclosed with the UTR number RBI0842371185053 dated 24-03-2023 of Treasury, Jawahar Bhawan, Lucknow / Reserve Bank of India.

2. If in any case amount has been sanctioned more than once in the current financial year, then the amount sanctioned other than the amount sanctioned for the first time should be used only in cases where additional assistance is sanctioned. In those cases where additional assistance is not mentioned, the additional amount sanctioned for the first time should be returned.

3. Please, the sanctioned amount should be utilized only for the treatment of the concerned beneficiary.

4. The expenditure statement of the amount utilised in relation to the sanctioned amount should be displayed online on the CMRF portal every month.

5. In case the amount is fully utilized or the beneficiary no longer requires treatment, ensure that the complete utilization certificate is sent online along with verified original bills/vouchers etc.

6. The unutilized balance amount out of the sanctioned amount should be deposited as soon as possible in favour of Under Secretary (Accounts), Chief Minister, Government of Uttar Pradesh, in State Bank of India, Jawahar Bhawan Branch, Lucknow.

After depositing the amount through challan in the account head number 0070-Other Administrative Services- 60-Other Services 800-Other Receipts-07 Other Miscellaneous Receipts item through bank draft payable at or in the 'Pay Online' option available on the Uttar Pradesh Government website https://cmrf.up.gov.in, please ensure that all the details of the e-challan are sent to the Uttar Pradesh Government.

Sincerely

✓

Digitally Signed By Brijesh Kumar Singh Under Secretary (Accounts).

2023-03-24 17:05:22.538497

Enclosure :- As above.

Number-F- 608 Thirty-four/M.M. Account-2 (V.K.)/ 2023

Copy: For information and necessary action to the following:-

1. With the request to the concerned District Magistrate that please provide the information regarding the sanctioned amounts in the cases to the concerned recommender and beneficiary at your level and also get it recorded in the relevant records.

2. Send a message to the registered mobile number of the concerned beneficiary with the intention to please contact the hospital and get treatment.

Bareilly International University ★ Bareilly ★ Registrar

✓

By order,

Brijesh Kumar Singh

SUSHIL KUMAR THAKUR

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अनु सचिव (लेखा) ।

2023-03-24 17:05:22.538497

संख्या -एफ- 608 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023 , दिनांक: 2023-03-24 17:05:22.538497 का संलग्नक

क्र० सं०	आवेदन संख्या	लाभार्थी का नाम व पता	प्रयोजन	अस्पताल पंजीकरण संख्या	धनराशि
1	14150230001632	श्री गोपाल पुत्र श्री मंगली राम ,, नि0 ग्राम दुनकी ब्लॉक शेरगढ तह0 मीरगंज जिला-बरेली	उपचार हेतु सहायता	00000	₹500000/- (रुपये ₹ पांच लाख मात्र मात्र)

द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY

कुल धनराशि	पांच लाख मात्र	500000

Bareilly International University
Registrar
Bareilly

SUSHIL KUMAR THAKUR

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Under

Secretary(Accounts), 2023-03-24 17:05:22.538497

No. F- 608 Thirty-four / Accounts of M.M.-2 (V.K.) / 2023, Date: 2023-03-24 17:05:22.538497 Attachment

serial no.	application Number	Name and address of the beneficiary	Purpose	hospital registration number	amount of money
1		Shri Gopal son of Shri Mangali Ram, resident of Village Dunki Block 14150230001632 Shergarh Tehsil Mirganj District- Bareilly	Assistance for treatment	00000	☐500000/- (Rupees 1 five lakh only)

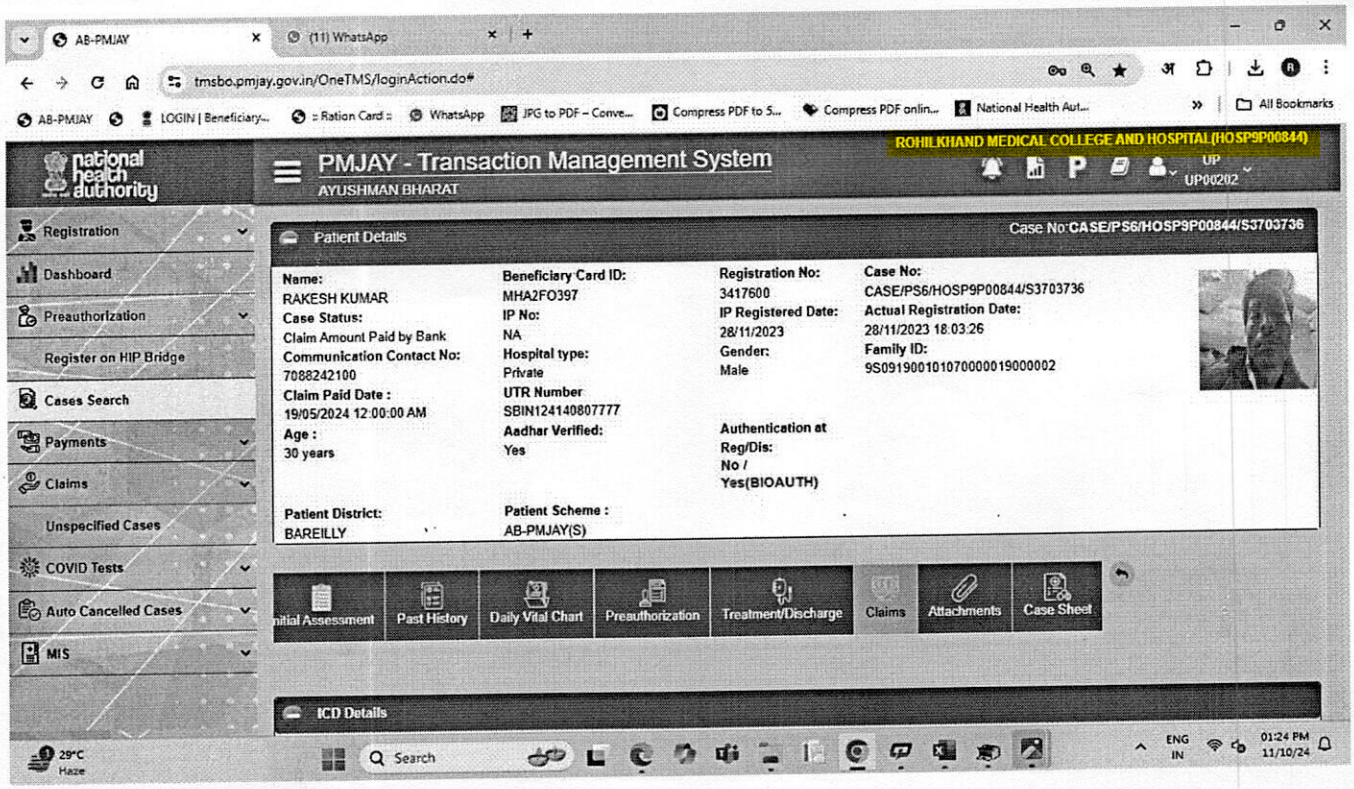
BY:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL, PILIBHIT BY PASS RD BAREILLY

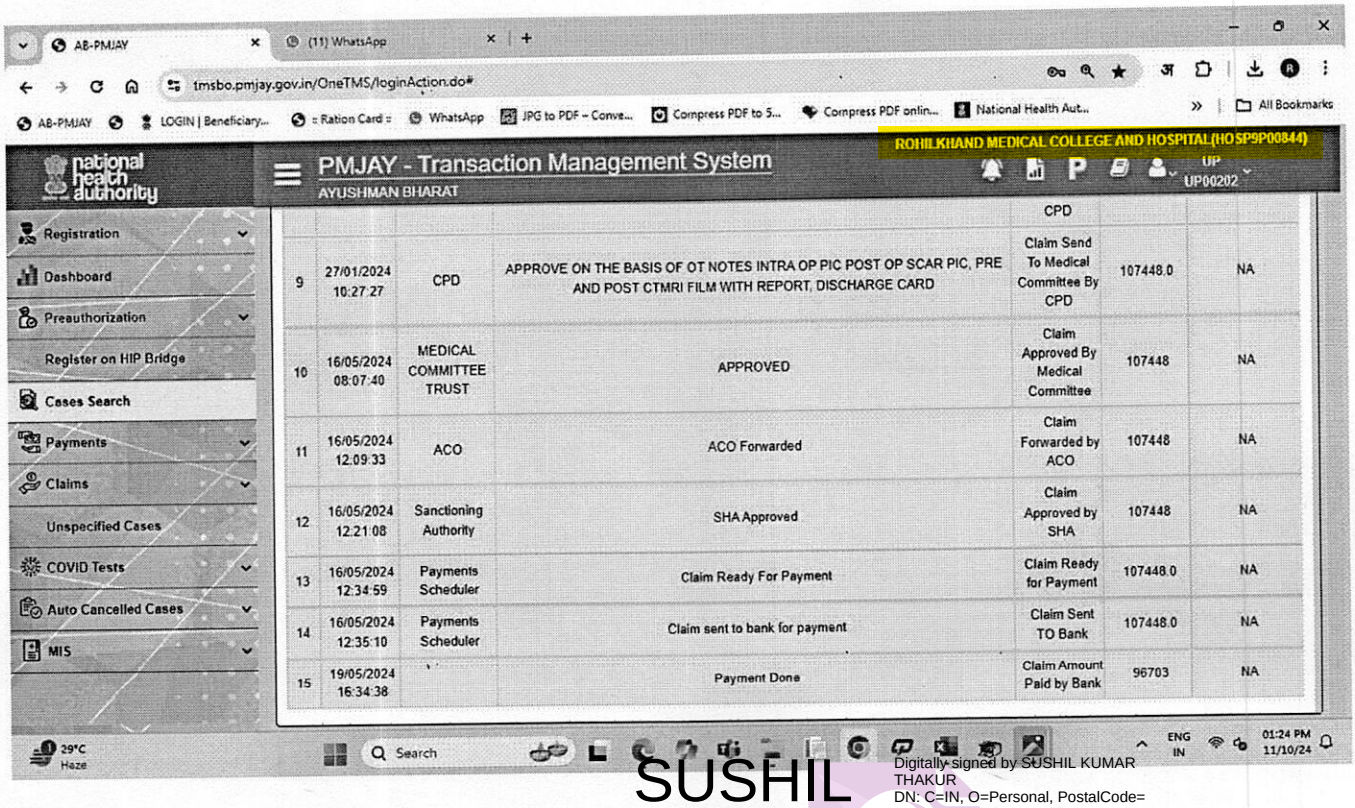
sum of money five lakh only 500000

Bareilly International University * Bareilly * Registrar

SUSHIL KUMAR THAKUR

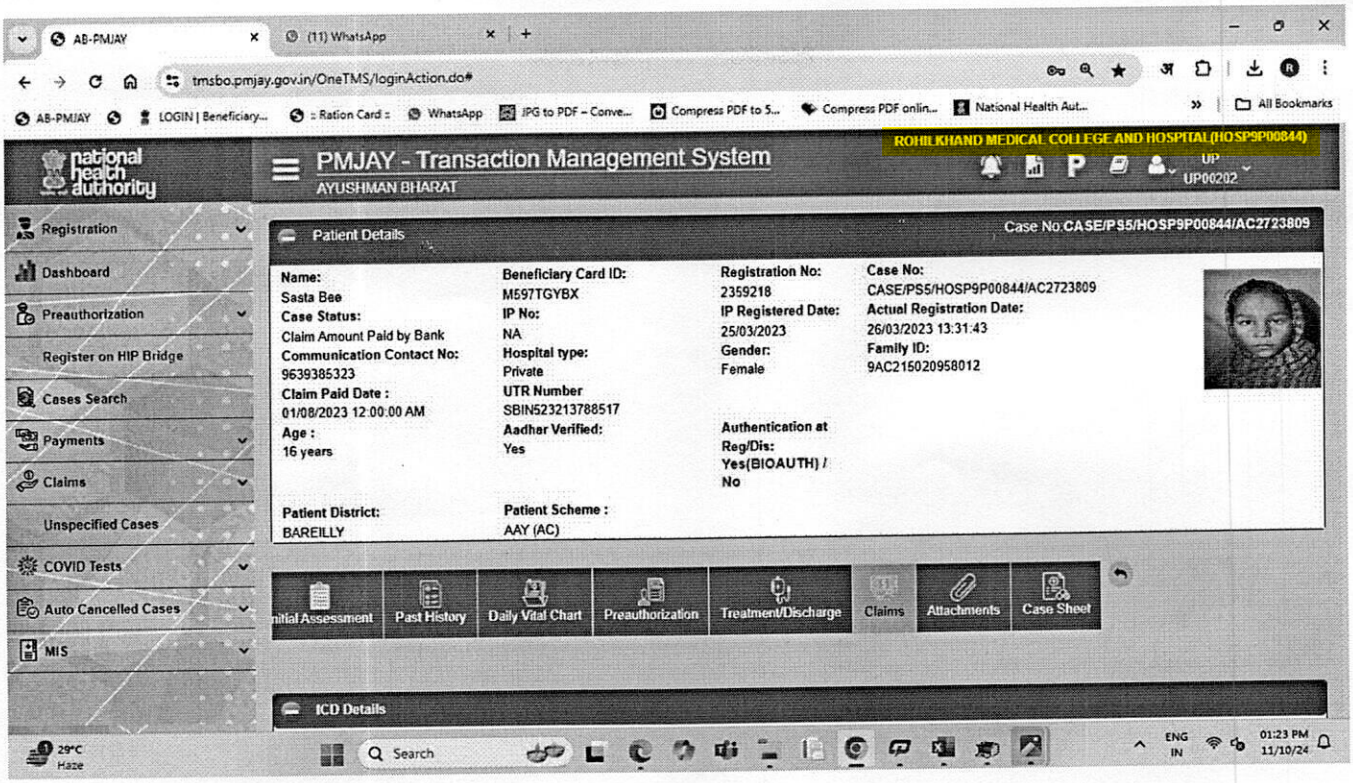
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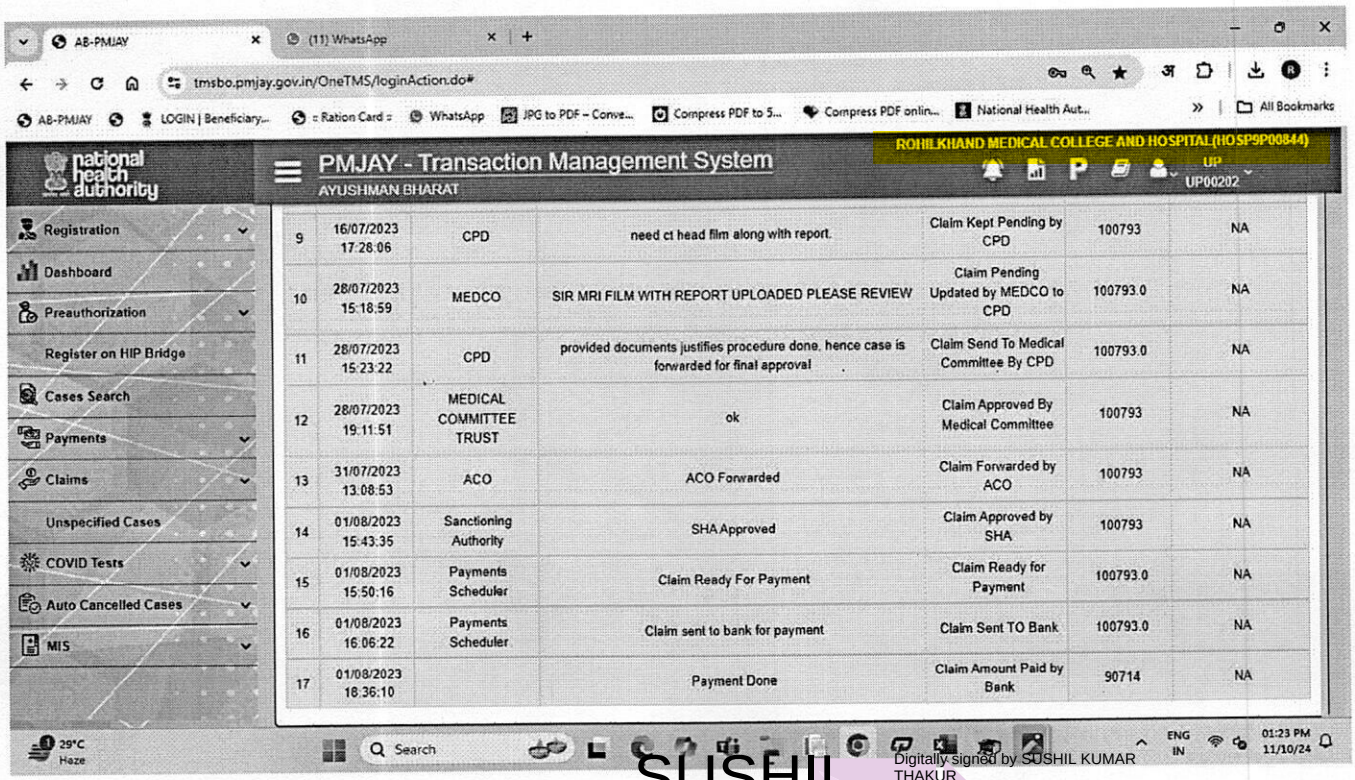




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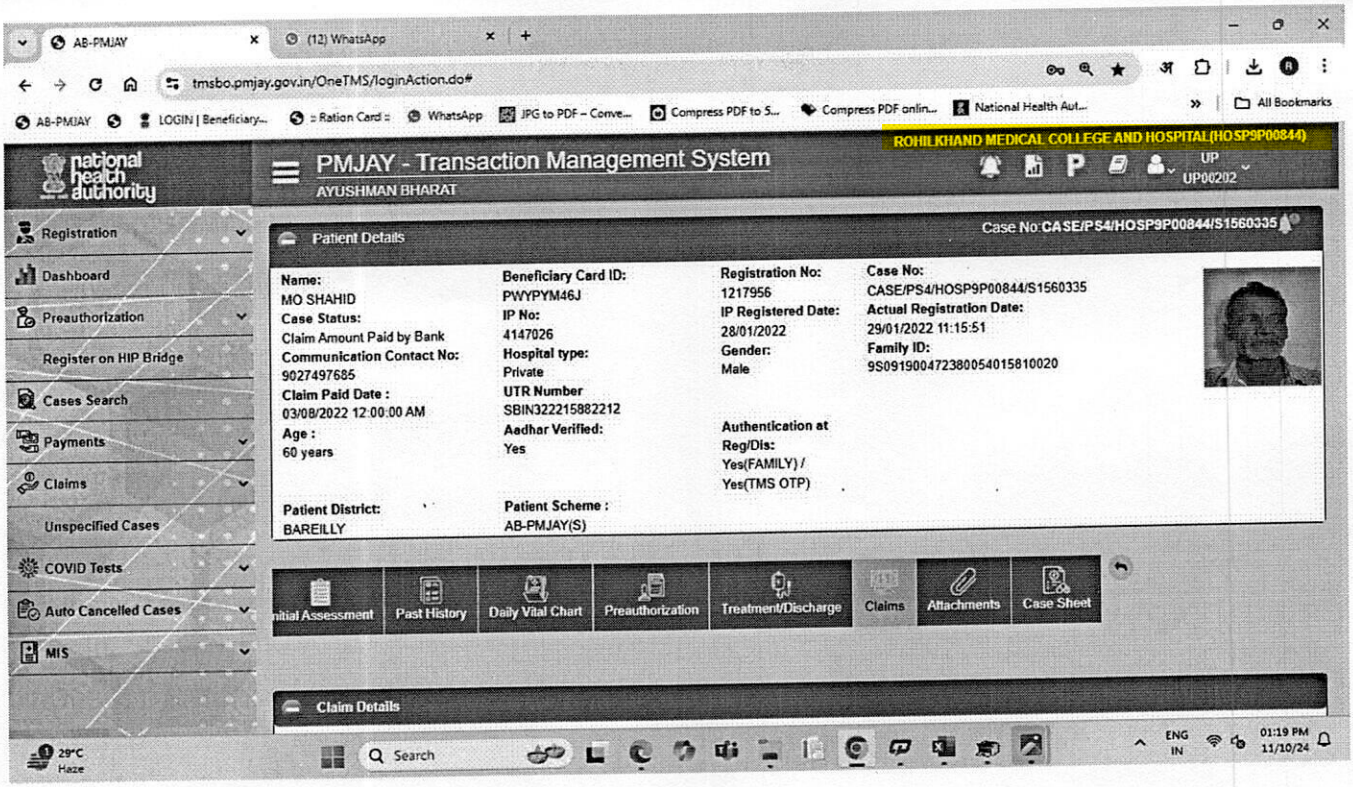
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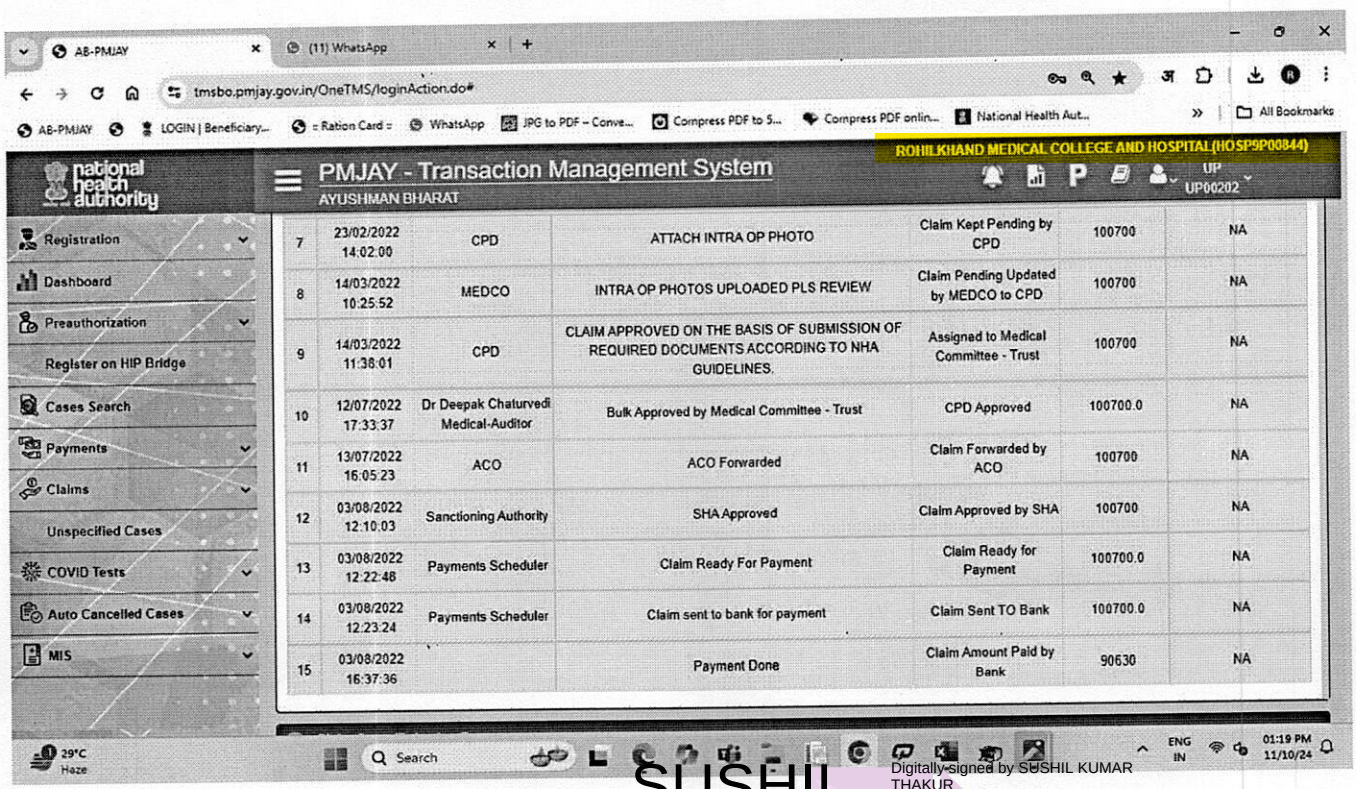




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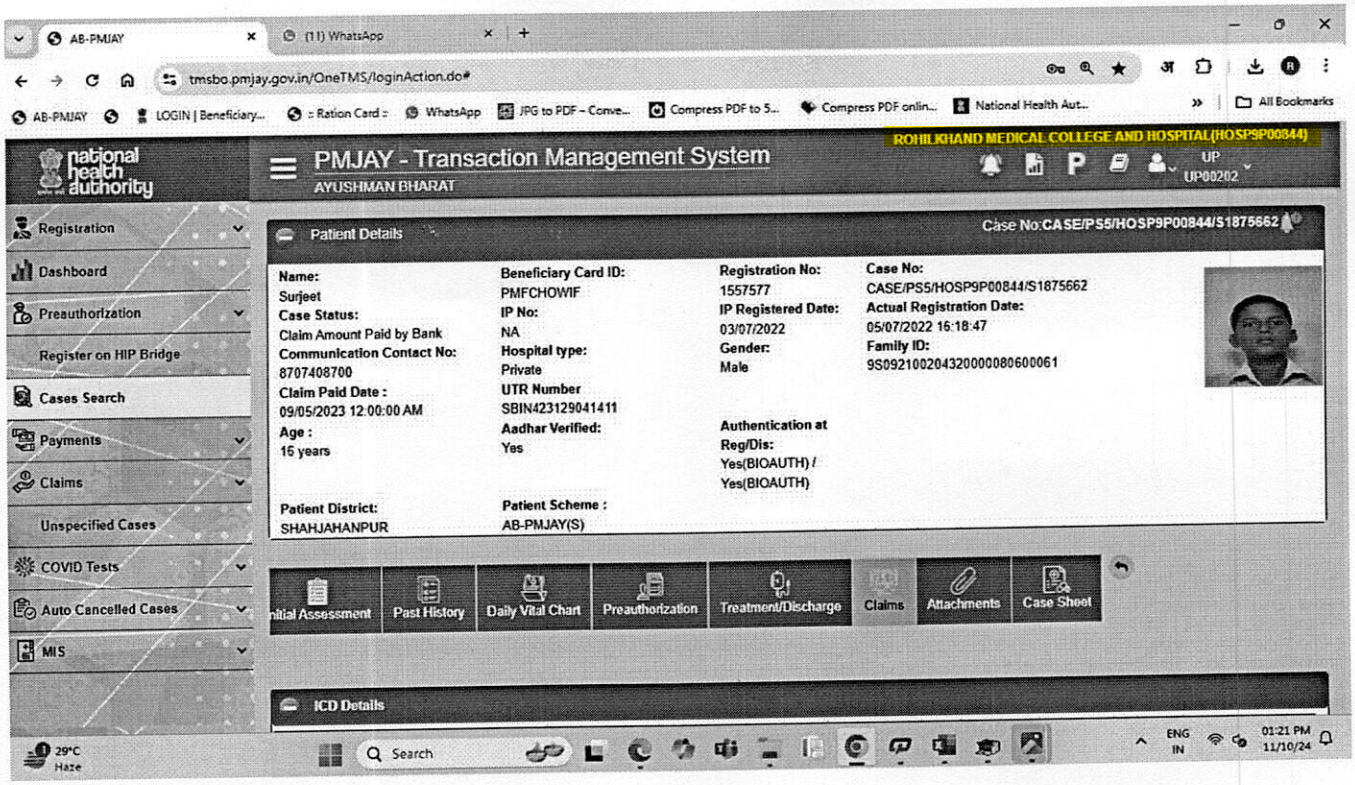
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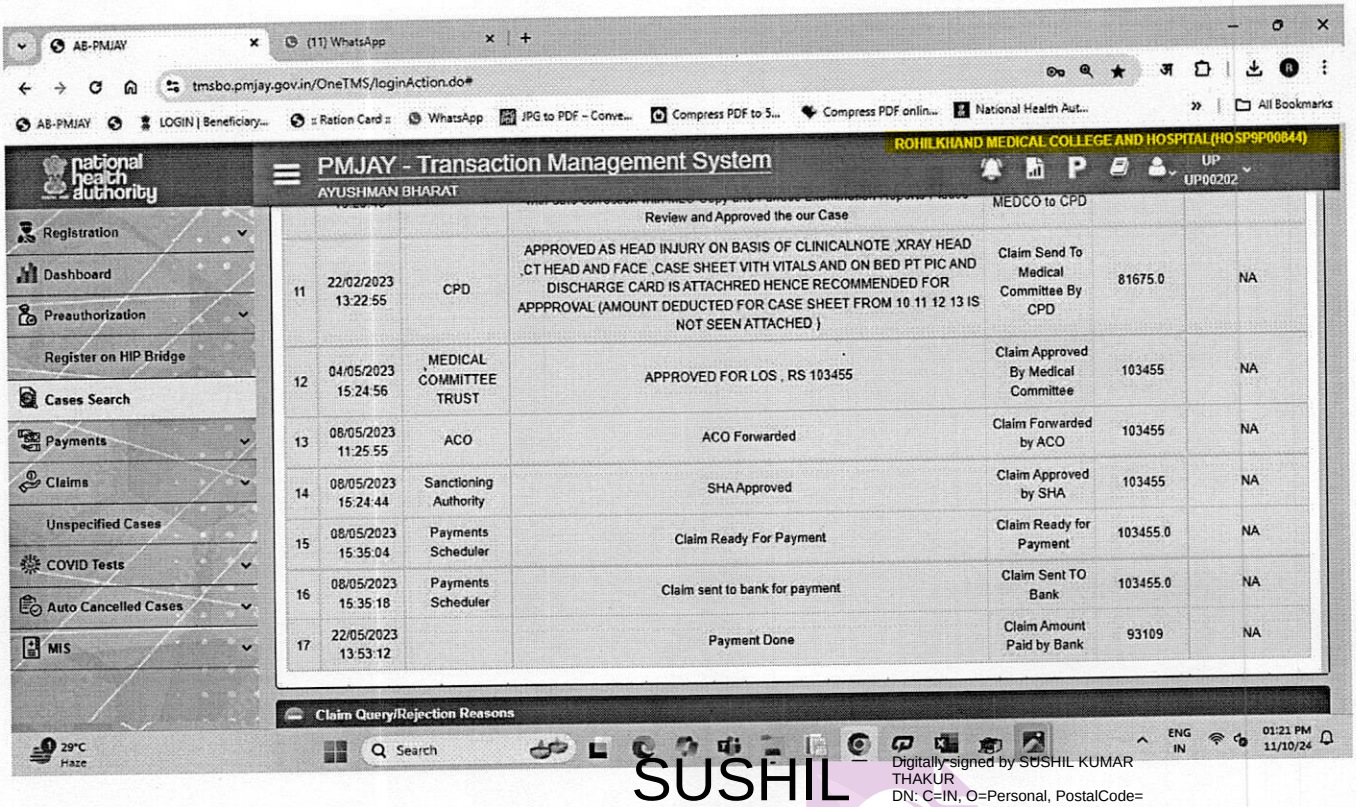




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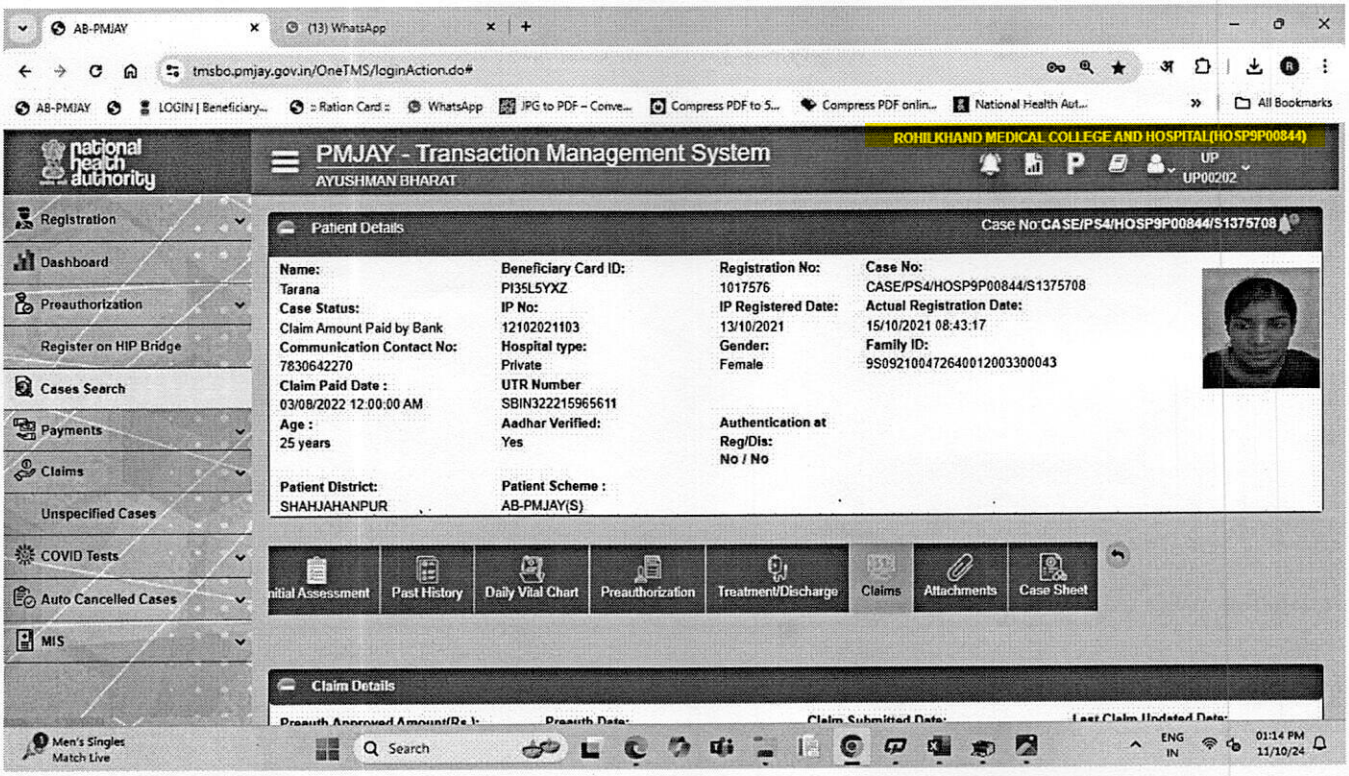


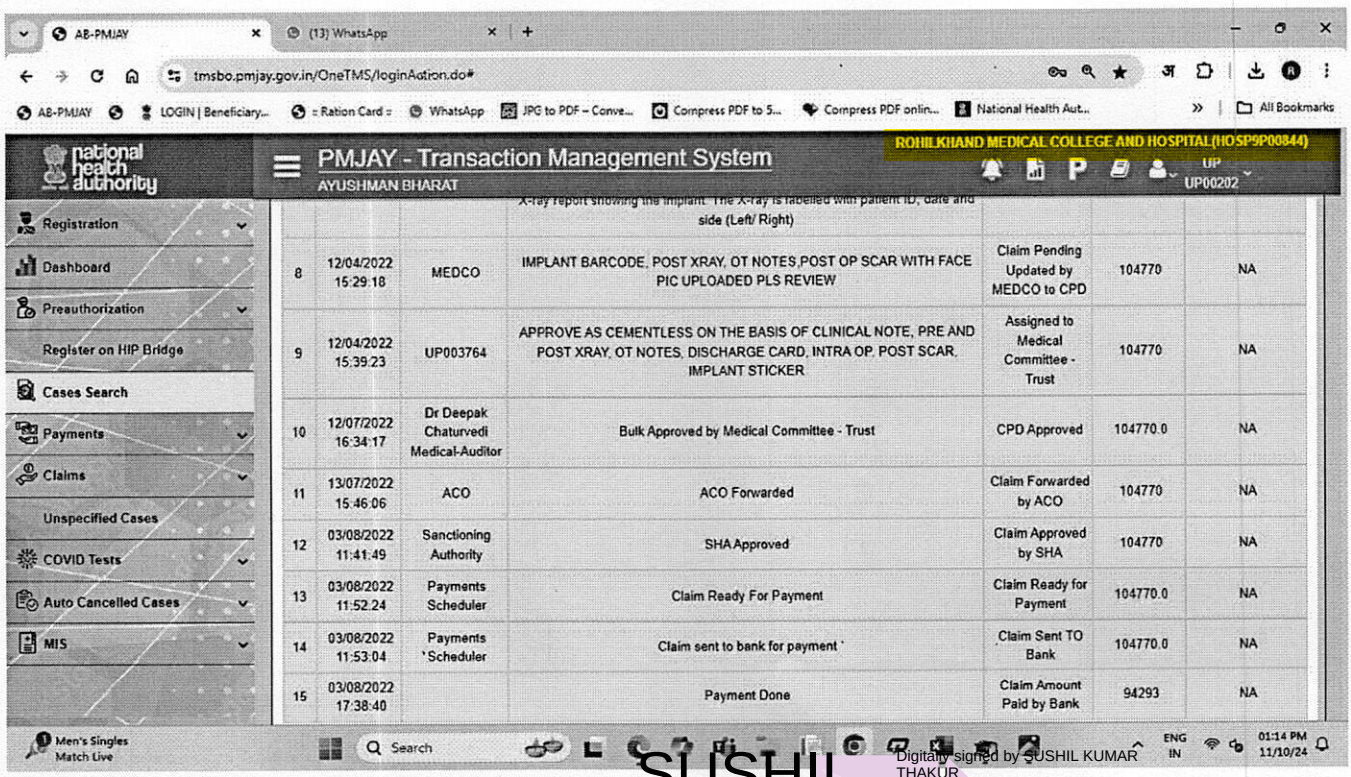


			Review and Approved the our Case	MEDCO to CPD		
11	22/02/2023 13:22:55	CPD	APPROVED AS HEAD INJURY ON BASIS OF CLINICALNOTE ,XRAY HEAD ,CT HEAD AND FACE ,CASE SHEET VITH VITALS AND ON BED PT PIC AND DISCHARGE CARD IS ATTACHRED HENCE RECOMMENDED FOR APPPROVAL (AMOUNT DEDUCTED FOR CASE SHEET FROM 10 11 12 13 IS NOT SEEN ATTACHED)	Claim Send To Medical Committee By CPD	81675.0	NA
12	04/05/2023 15:24:56	MEDICAL COMMITTEE TRUST	APPROVED FOR LOS , RS 103455	Claim Approved By Medical Committee	103455	NA
13	08/05/2023 11:25:55	ACO	ACO Forwarded	Claim Forwarded by ACO	103455	NA
14	08/05/2023 15:24:44	Sanctioning Authority	SHA Approved	Claim Approved by SHA	103455	NA
15	08/05/2023 15:35:04	Payments Scheduler	Claim Ready For Payment	Claim Ready for Payment	103455.0	NA
16	08/05/2023 15:35:18	Payments Scheduler	Claim sent to bank for payment	Claim Sent TO Bank	103455.0	NA
17	22/05/2023 13:53:12		Payment Done	Claim Amount Paid by Bank	93109	NA

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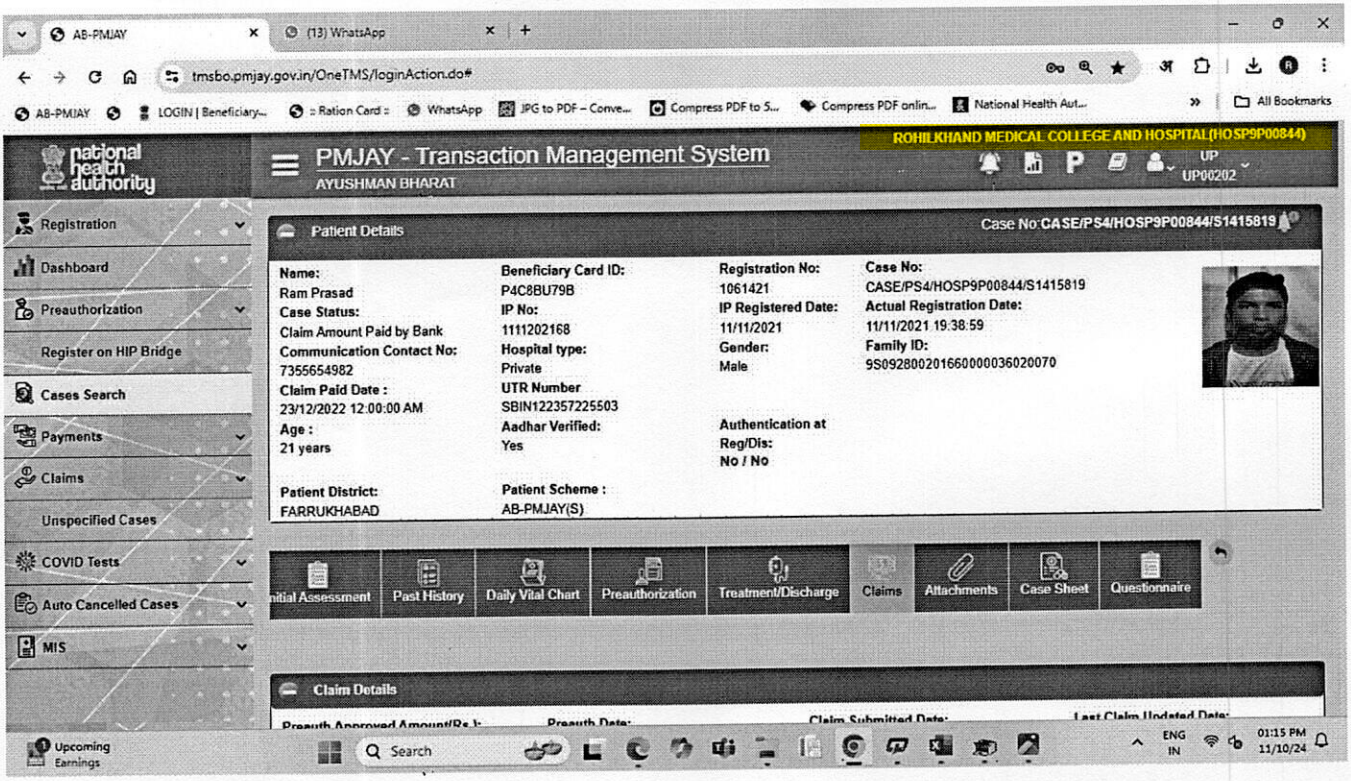
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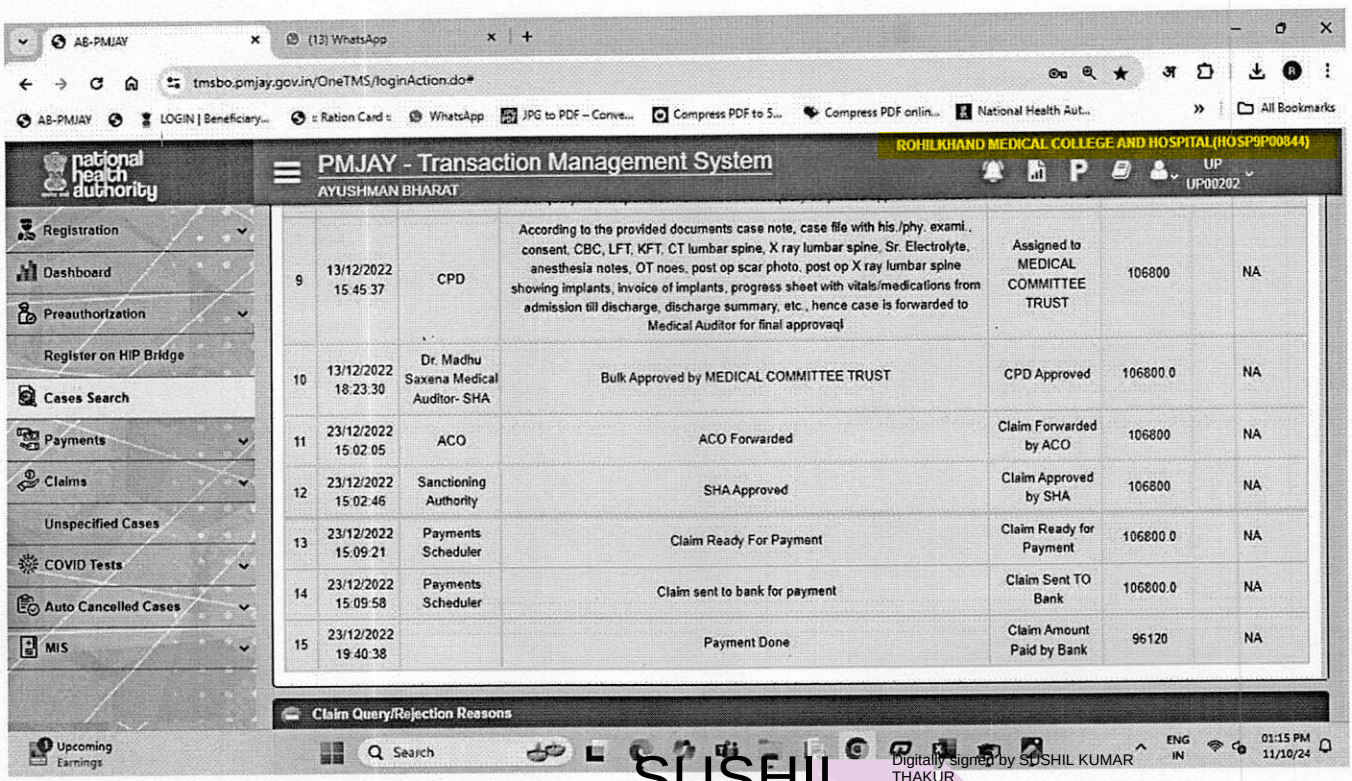




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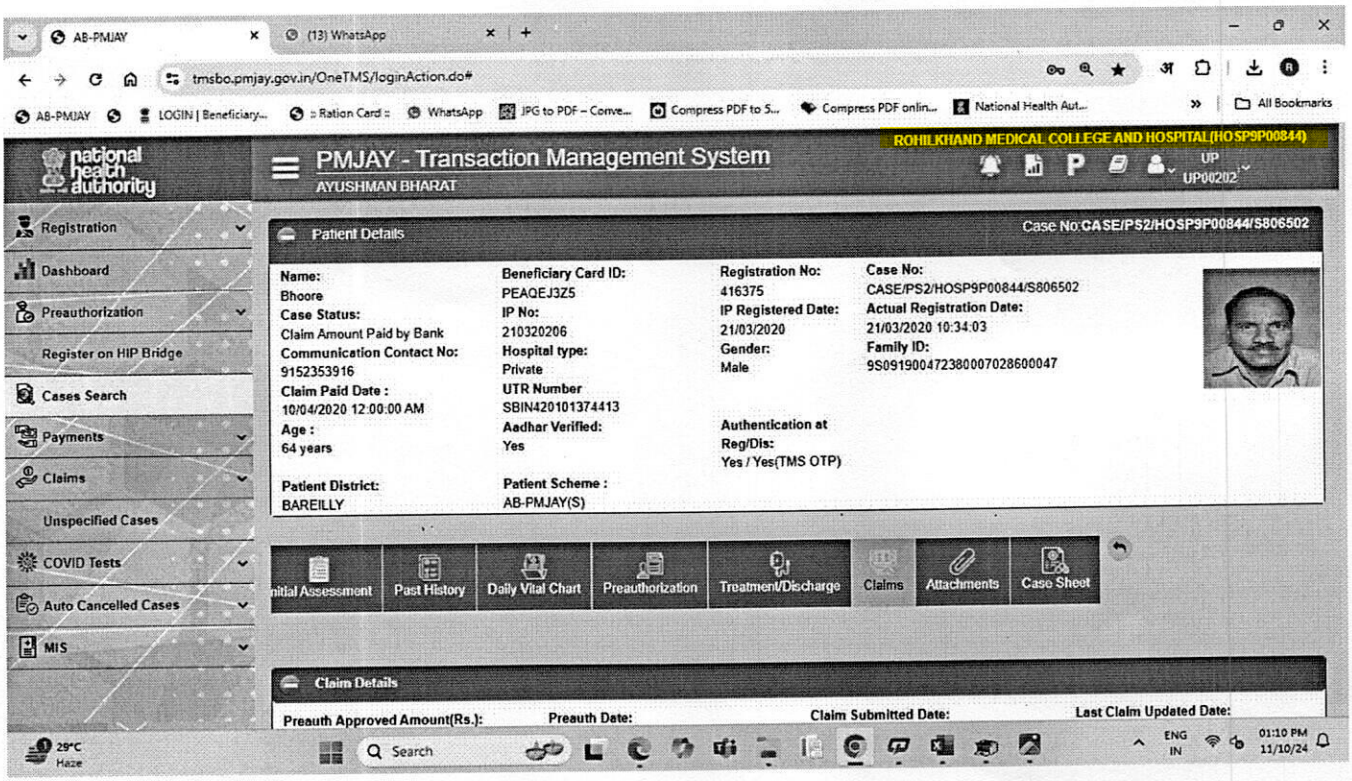
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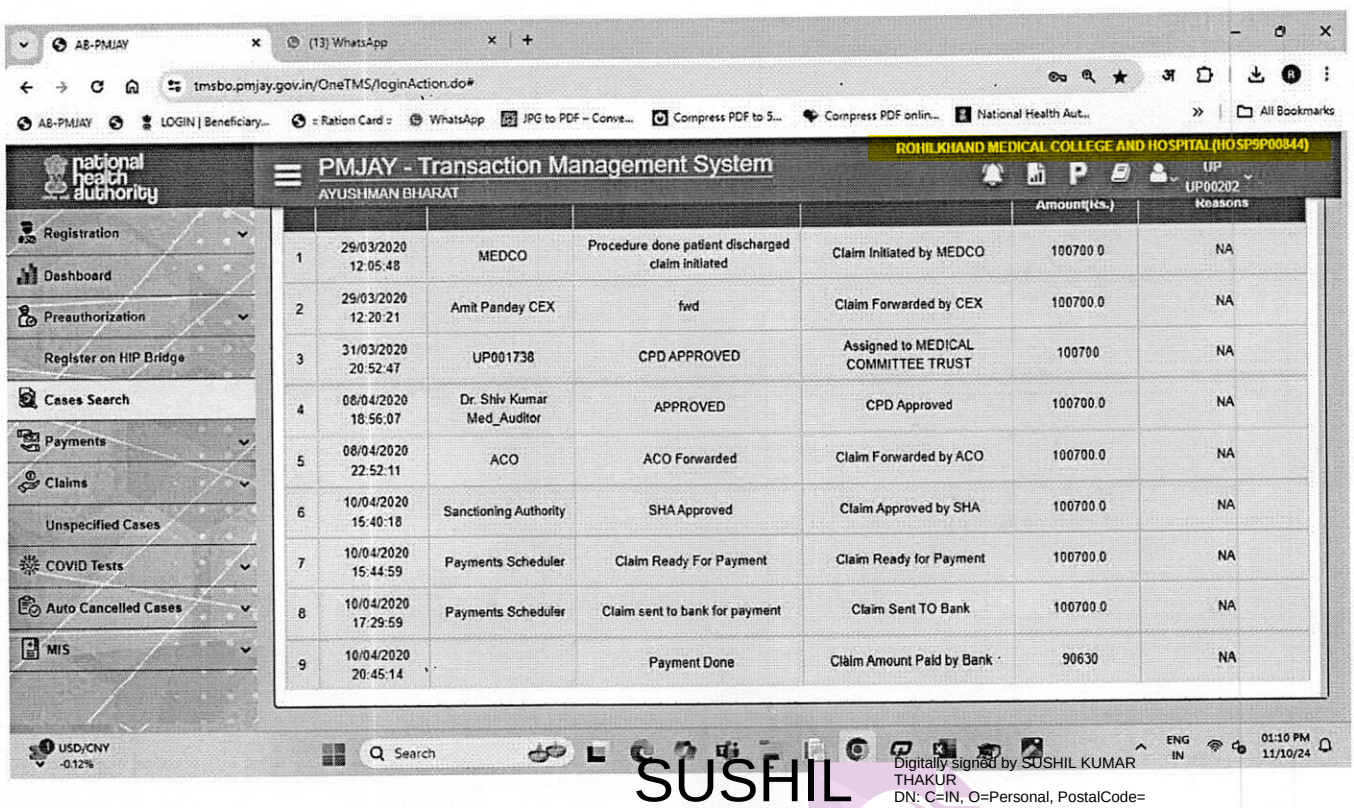




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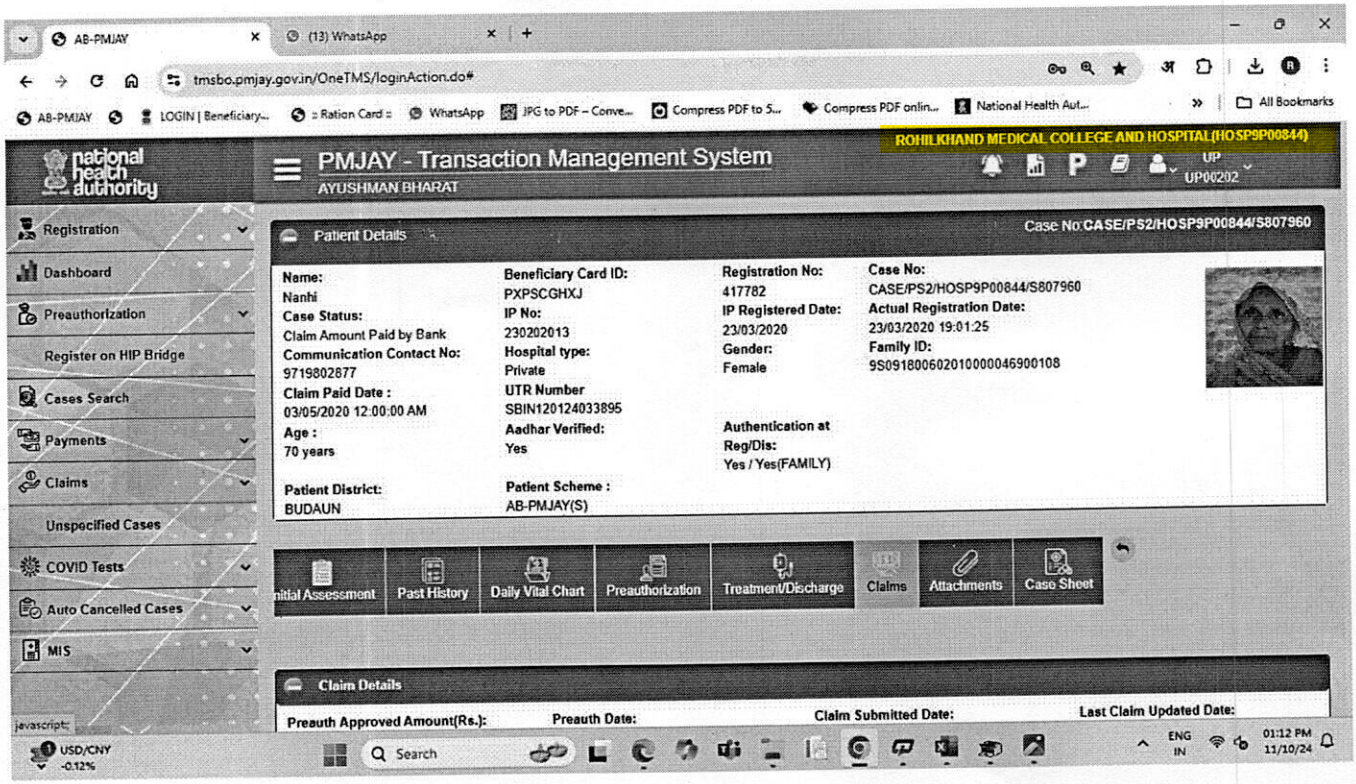
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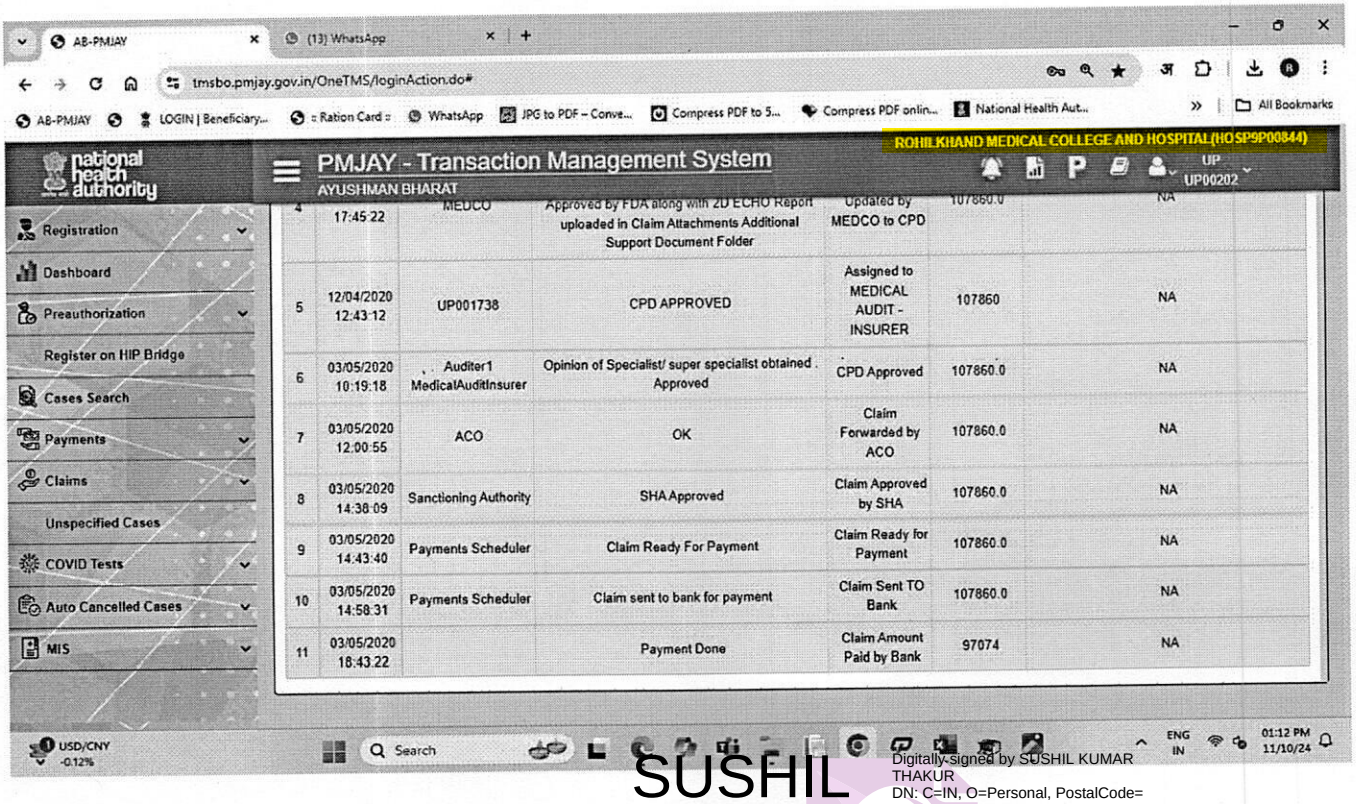




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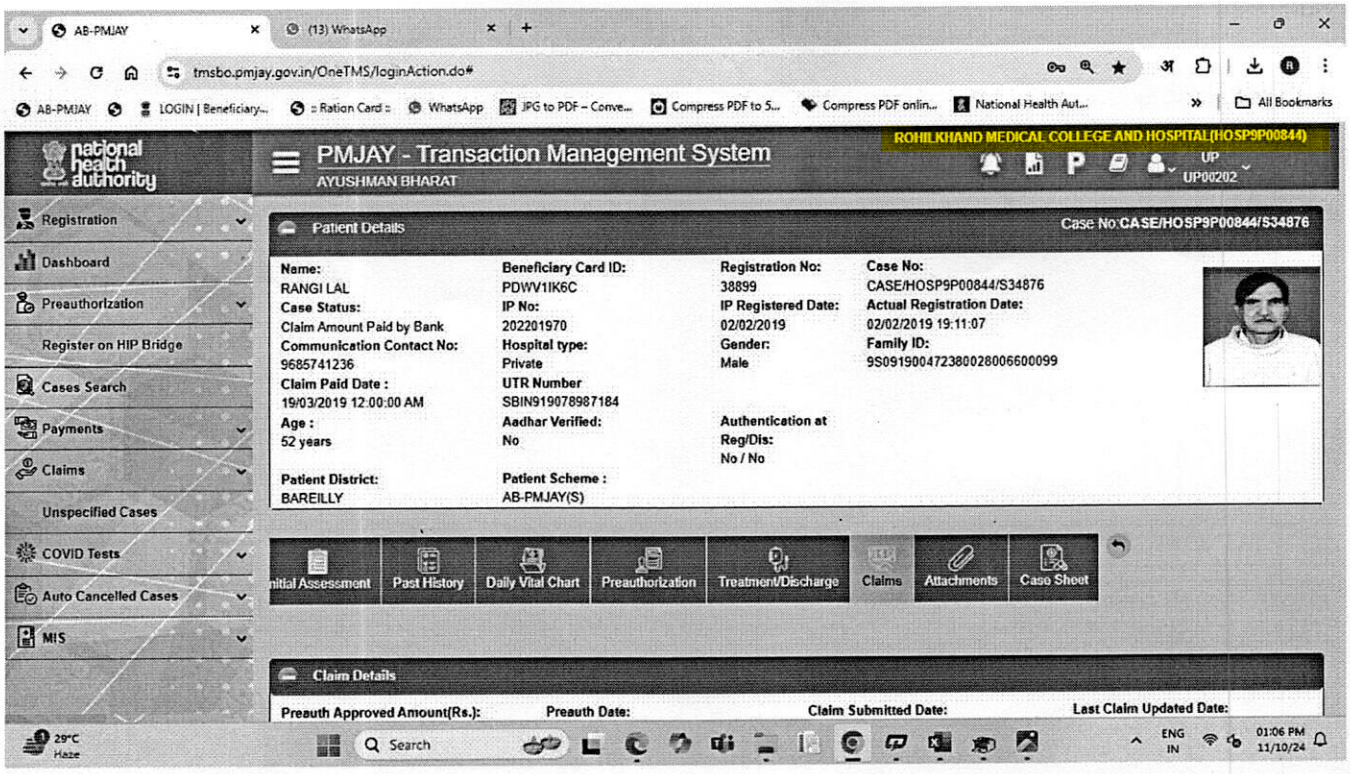
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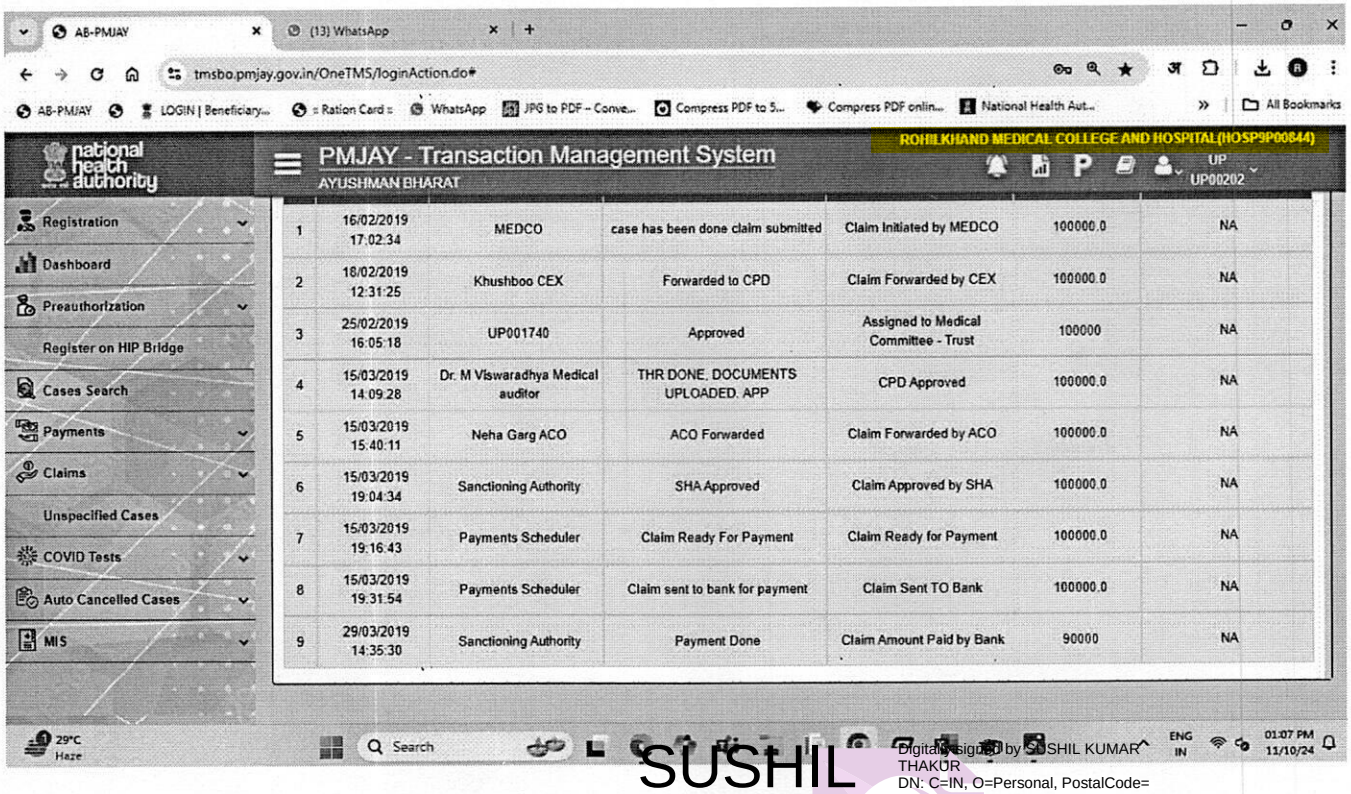




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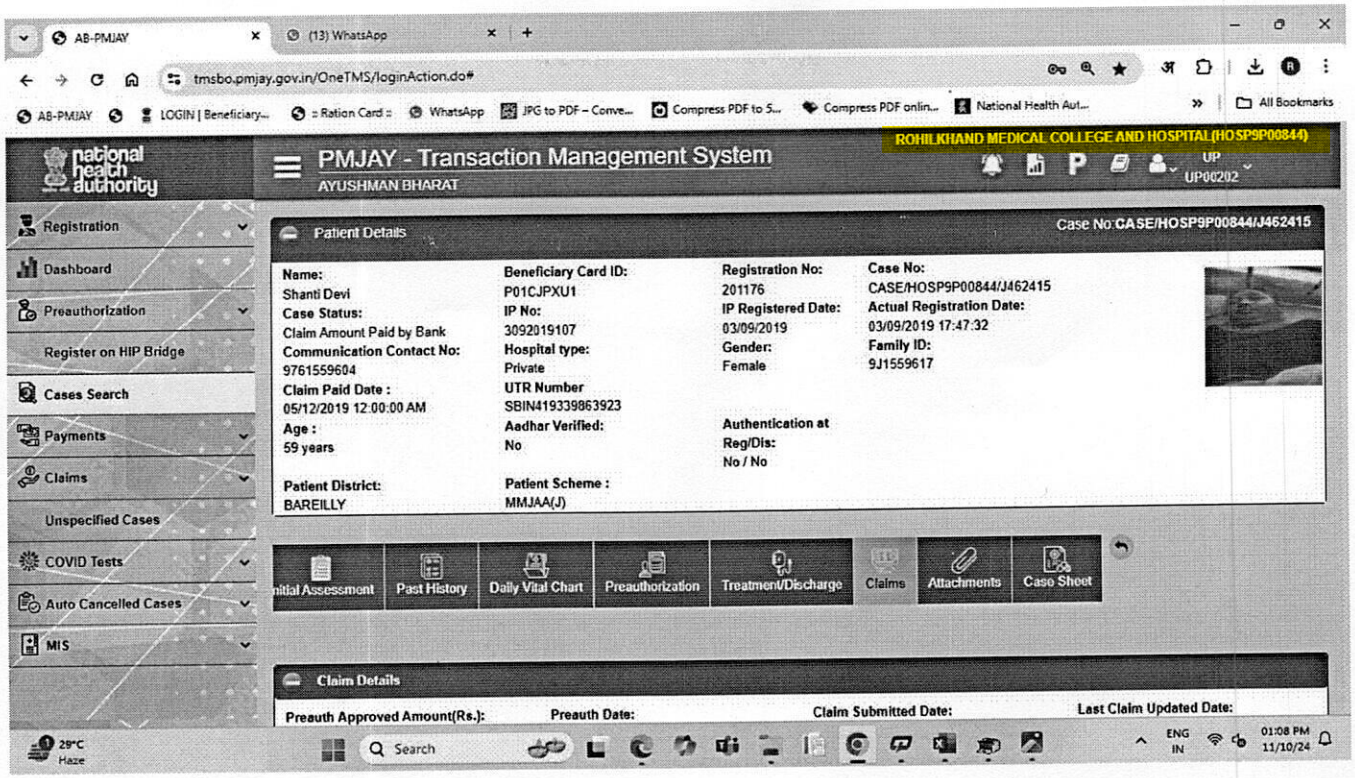
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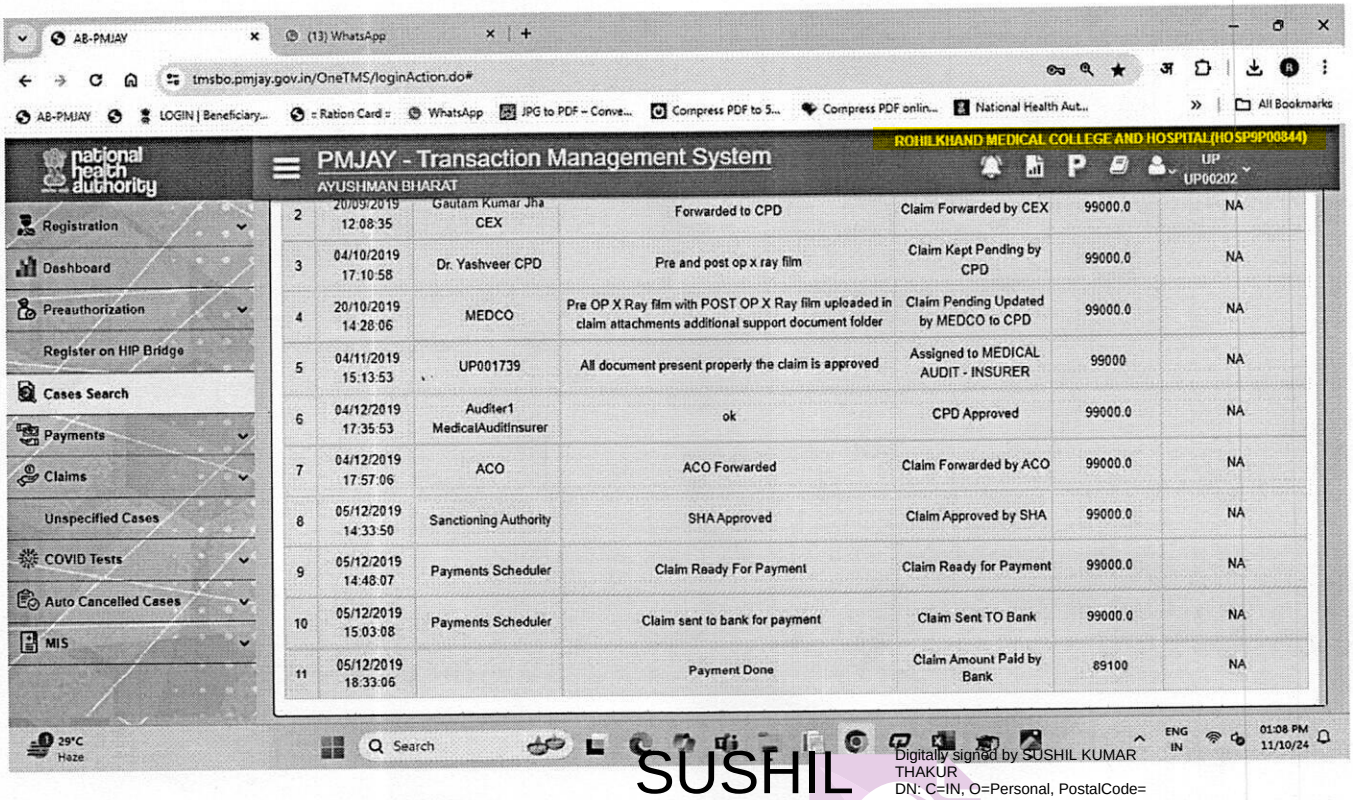




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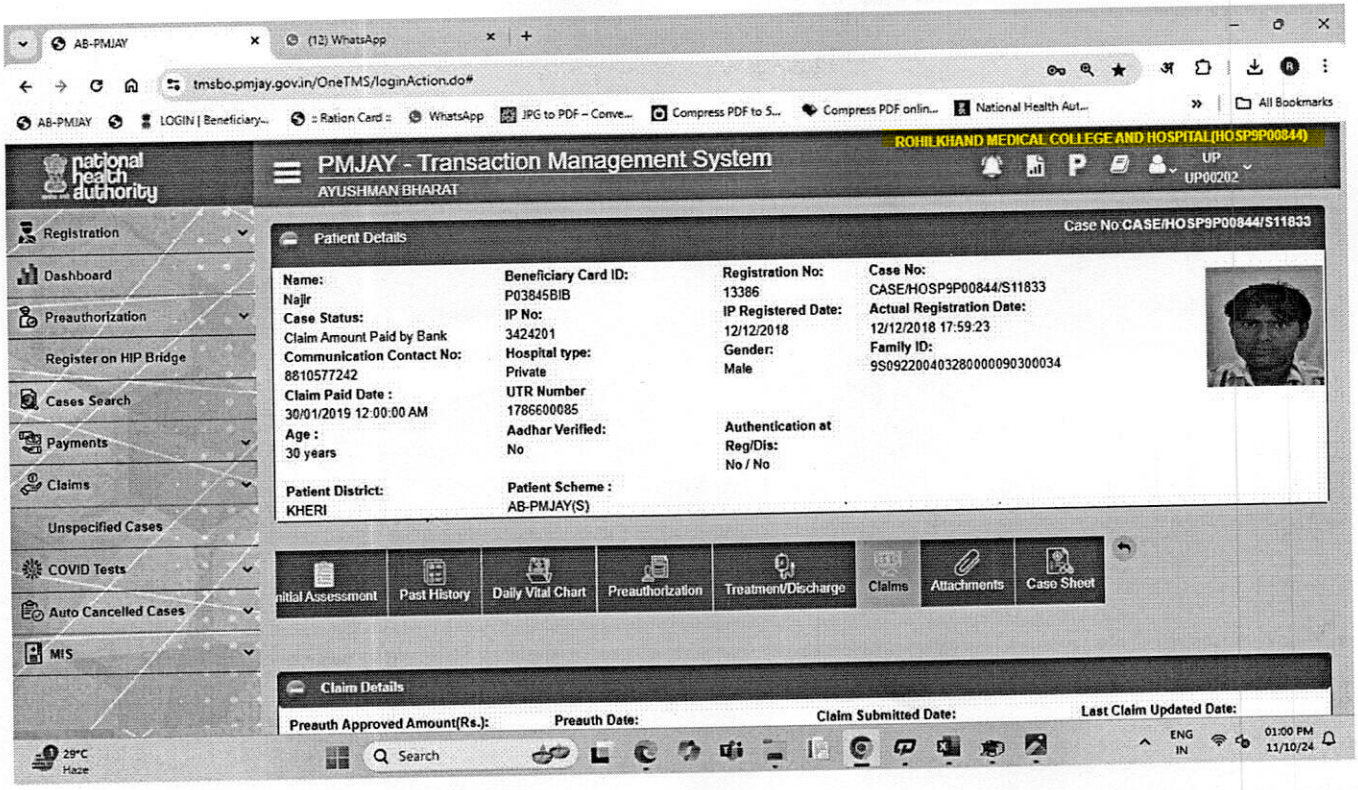
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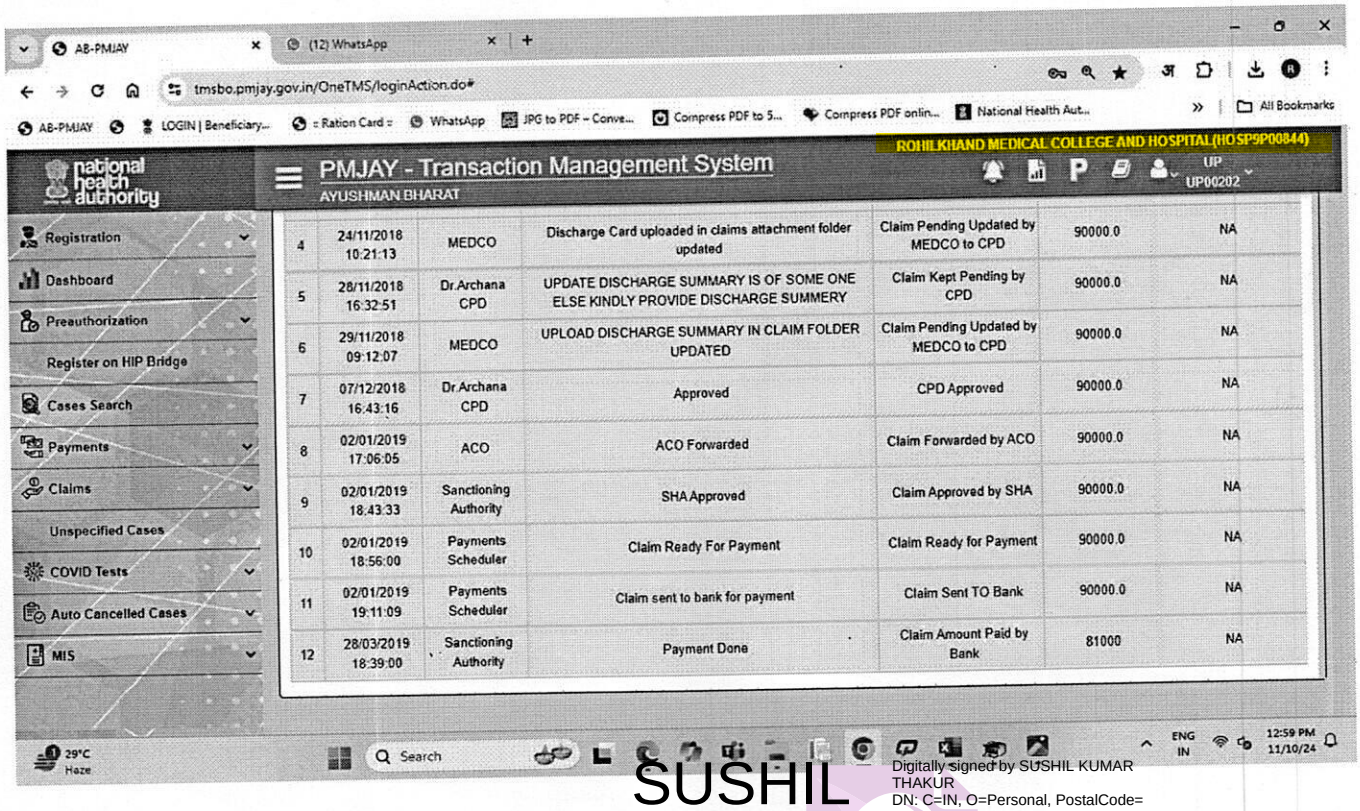




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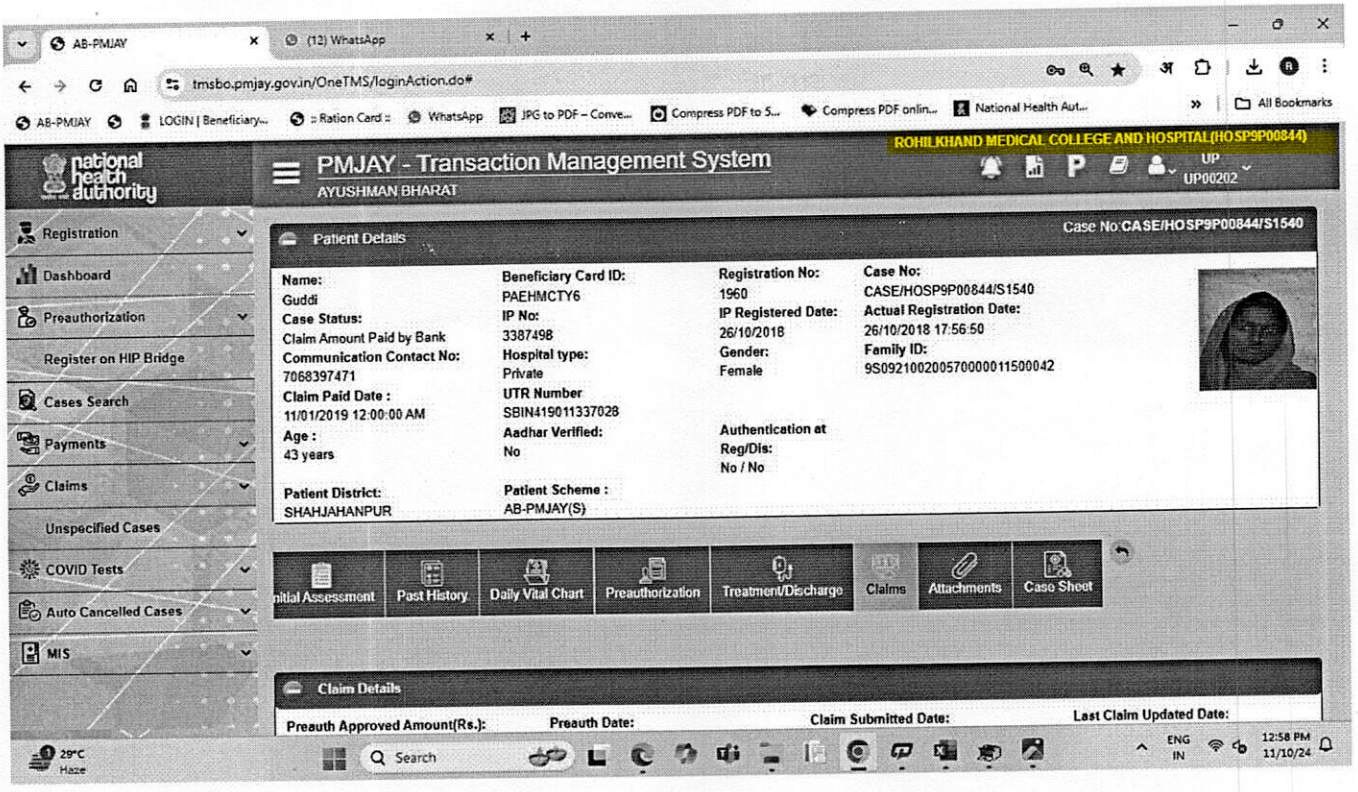


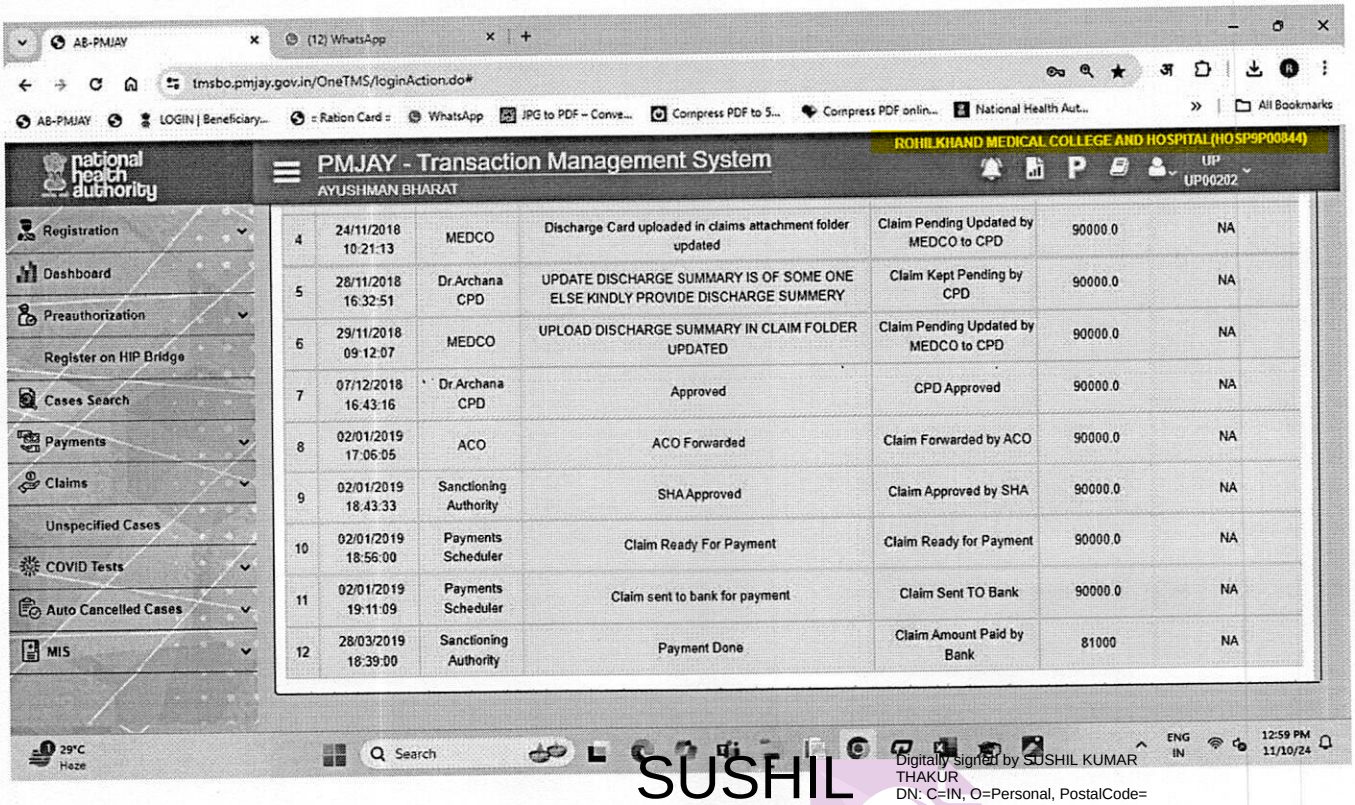


4	24/11/2018 10:21:13	MEDCO	Discharge Card uploaded in claims attachment folder updated	Claim Pending Updated by MEDCO to CPD	90000.0	NA
5	28/11/2018 16:32:51	Dr.Archana CPD	UPDATE DISCHARGE SUMMARY IS OF SOME ONE ELSE KINDLY PROVIDE DISCHARGE SUMMERY	Claim Kept Pending by CPD	90000.0	NA
6	29/11/2018 09:12:07	MEDCO	UPLOAD DISCHARGE SUMMARY IN CLAIM FOLDER UPDATED	Claim Pending Updated by MEDCO to CPD	90000.0	NA
7	07/12/2018 16:43:16	Dr.Archana CPD	Approved	CPD Approved	90000.0	NA
8	02/01/2019 17:06:05	ACO	ACO Forwarded	Claim Forwarded by ACO	90000.0	NA
9	02/01/2019 18:43:33	Sanctioning Authority	SHA Approved	Claim Approved by SHA	90000.0	NA
10	02/01/2019 18:56:00	Payments Scheduler	Claim Ready For Payment	Claim Ready for Payment	90000.0	NA
11	02/01/2019 19:11:09	Payments Scheduler	Claim sent to bank for payment	Claim Sent TO Bank	90000.0	NA
12	28/03/2019 18:39:00	Sanctioning Authority	Payment Done	Claim Amount Paid by Bank	81000	NA

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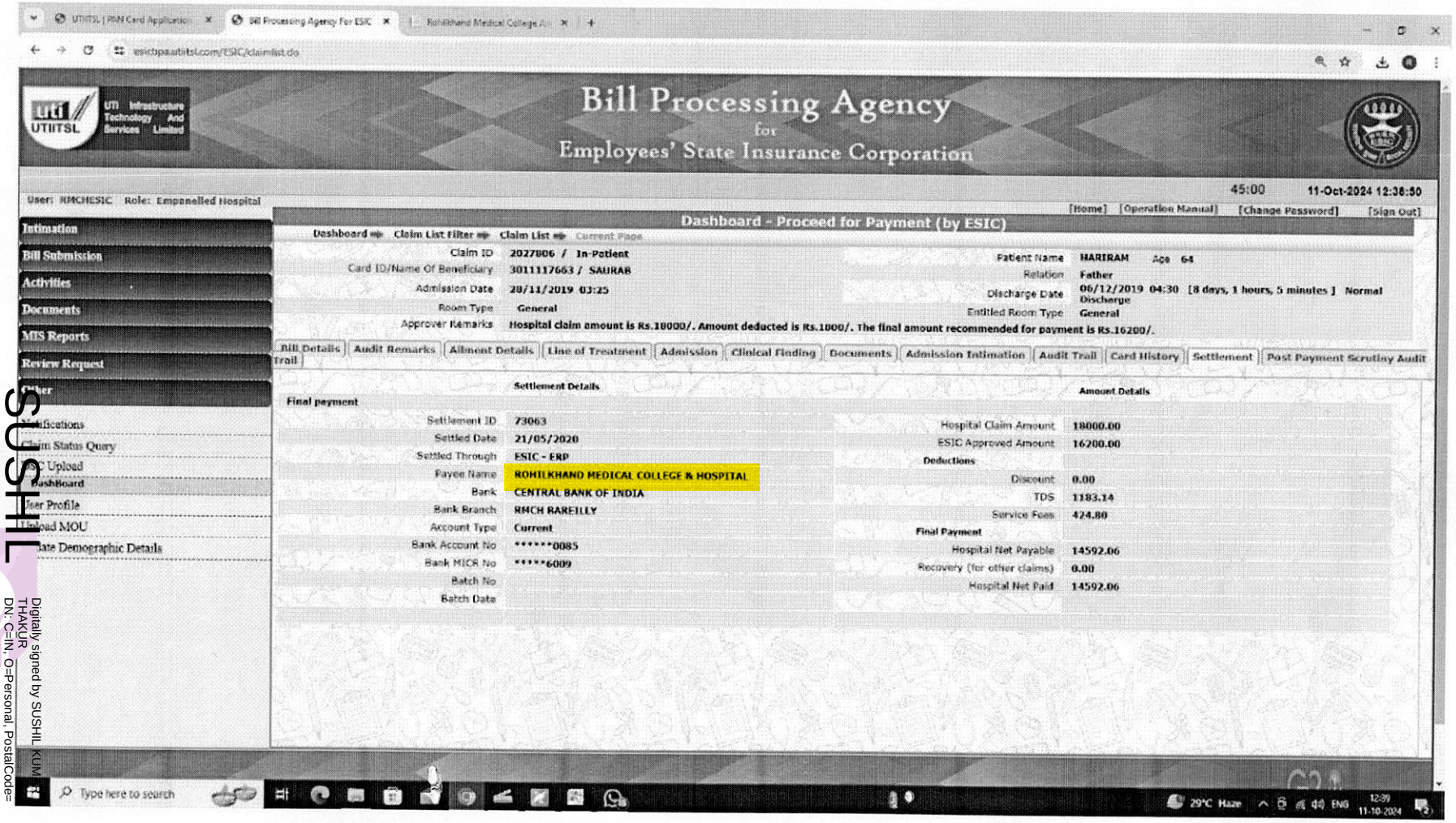
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Card Application | Bill Processing Agency For ESIC | Rohilkhand Medical College An

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Bill Processing Agency for Employees' State Insurance Corporation

Infrastructure hology And ces Limited

Role: Empanelled Hospital

45:00 11-Oct

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Dashboard - Proceed for Payment (by ESIC)

Dashboard ➡ Claim List Filter ➡ Claim List ➡ Current Page

Claim ID	3248320 / Out-Patient	Patient Name	MR. ASHOK KUMAR SHARMA . Age 56
Card ID/Name Of Beneficiary	3011601194 / MR.PARAS SHARMA	Relation	Dependant Father
OPD Visit Date	01/07/2021 10:15		
Approver Remarks	The hospital claim for Rs.135/ is recommended for sanction without any deduction		

Bill Details | Audit Remarks | Ailment Details | Past History | Documents | OPD Details | Audit Trail | Card History | Settlement | Post Payment Scrutiny Audit Trail

Final payment

Settlement Details		Amount Details	
Settlement ID	175947	Hospital Claim Amount	135.00
Settled Date	30/04/2022	ESIC Approved Amount	135.00
Settled Through	ESIC - ERP	**Deductions**	
Payee Name	ROHILKHAND MEDICAL COLLEGE & HOSPITAL	Discount	0.00
Bank	CENTRAL BANK OF INDIA	TDS	12.03
Bank Branch	RMCH BAREILLY	Service Fees	14.75
Account Type	Current	**Final Payment**	
Bank Account No	******0085	Hospital Net Payable	108.22
Bank MICR No	*****6009	Recovery (for other claims)	0.00
Batch No		Hospital Net Paid	108.22
Batch Date			

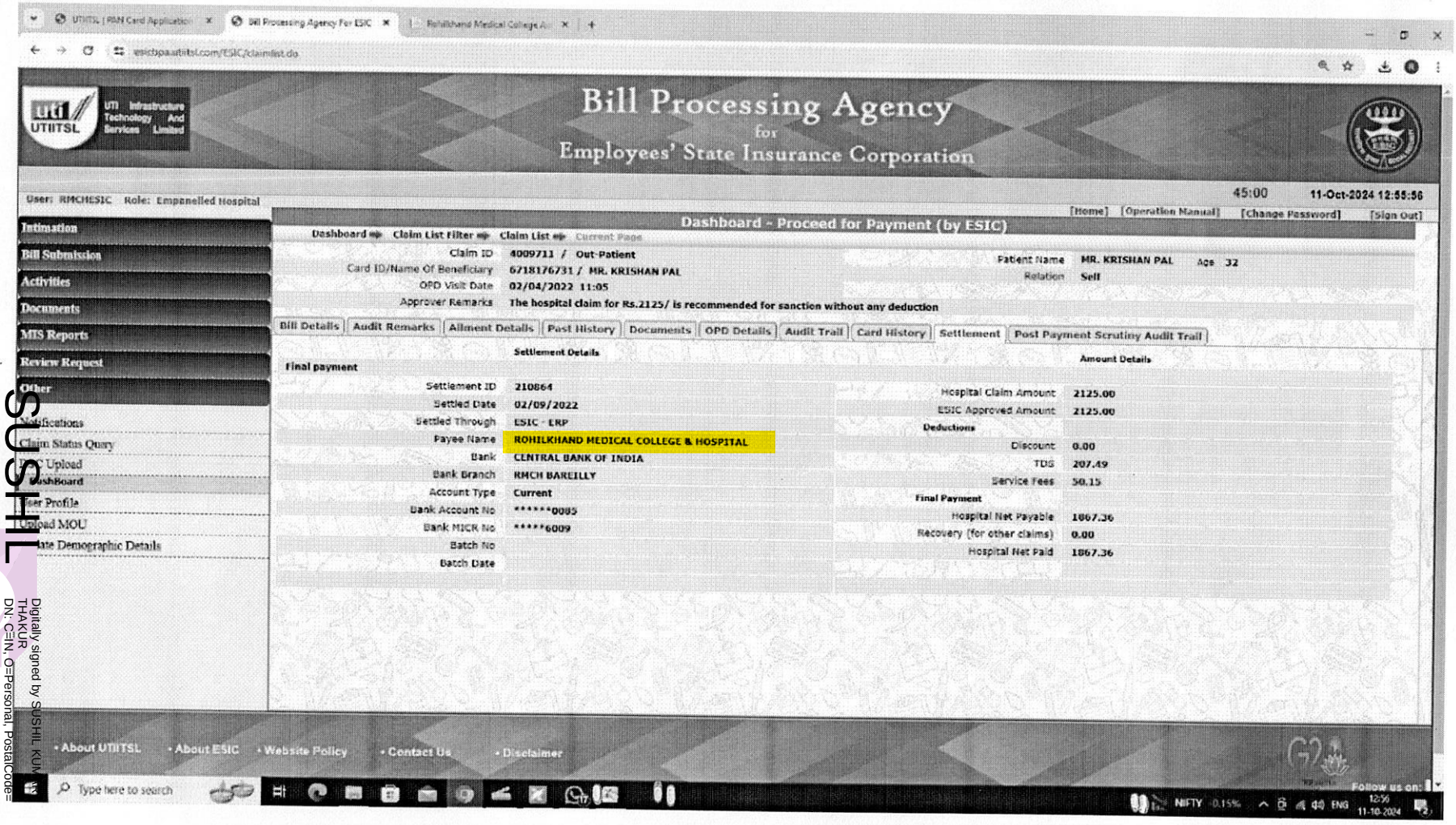
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UTI Infrastructure Technology And Services Limited

Bill Processing Agency for Employees' State Insurance Corporation

User: RMCHESIC Role: Empanelled Hospital

45:00 11-Oct-2024 12:54:30

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- Bill Submission
- Activities
- Documents
- MIS Reports
- Review Request
- Other
  - Notifications
  - Claim Status Query
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  - Upload MOU
  - ...date Demographic Details

Dashboard - Proceed for Payment (By ESIC)

Dashboard ➡ Claim List Filter ➡ Claim List ➡ Current Page

Claim ID	5914333 / Out-Patient	Patient Name	MR. SAURABH SINGH Age 37
Card ID/Name Of Beneficiary	3012695706 / MRS.VIMLESH .	Relation	Spouse
OPD Visit Date	05/04/2024 11:25		
Approver Remarks	The hospital claim for Rs.10350/ is recommended for sanction without any deduction\ as per HQ CIRCULAR NO F: U-16/30/534/2017-Pro.Cell (SST)/UTI (Integ.		

Bill Details | Audit Remarks | Ailment Details | Past History | Documents | OPD Details | Audit Trail | Card History | Settlement | Post Payment Scrutiny Audit Trail

Final payment

Settlement Details		Amount Details	
Settlement ID	345227	Hospital Claim Amount	10350.00
Settled Date	15/06/2024	ESIC Approved Amount	10350.00
Settled Through	ESIC - ERP	**Deductions**	
Payee Name	ROHILKHAND MEDICAL COLLEGE & HOSPITAL	Discount	0.00
Bank	CENTRAL BANK OF INDIA	TDS	1010.57
Bank Branch	RMCH BAREILLY	Service Fees	244.26
Account Type	Current	**Final Payment**	
Bank Account No	******0085	Hospital Net Payable	9095.17
Bank MICR No	*****6009	Recovery (for other claims)	0.00
Batch No		Hospital Net Paid	9095.17
Batch Date			

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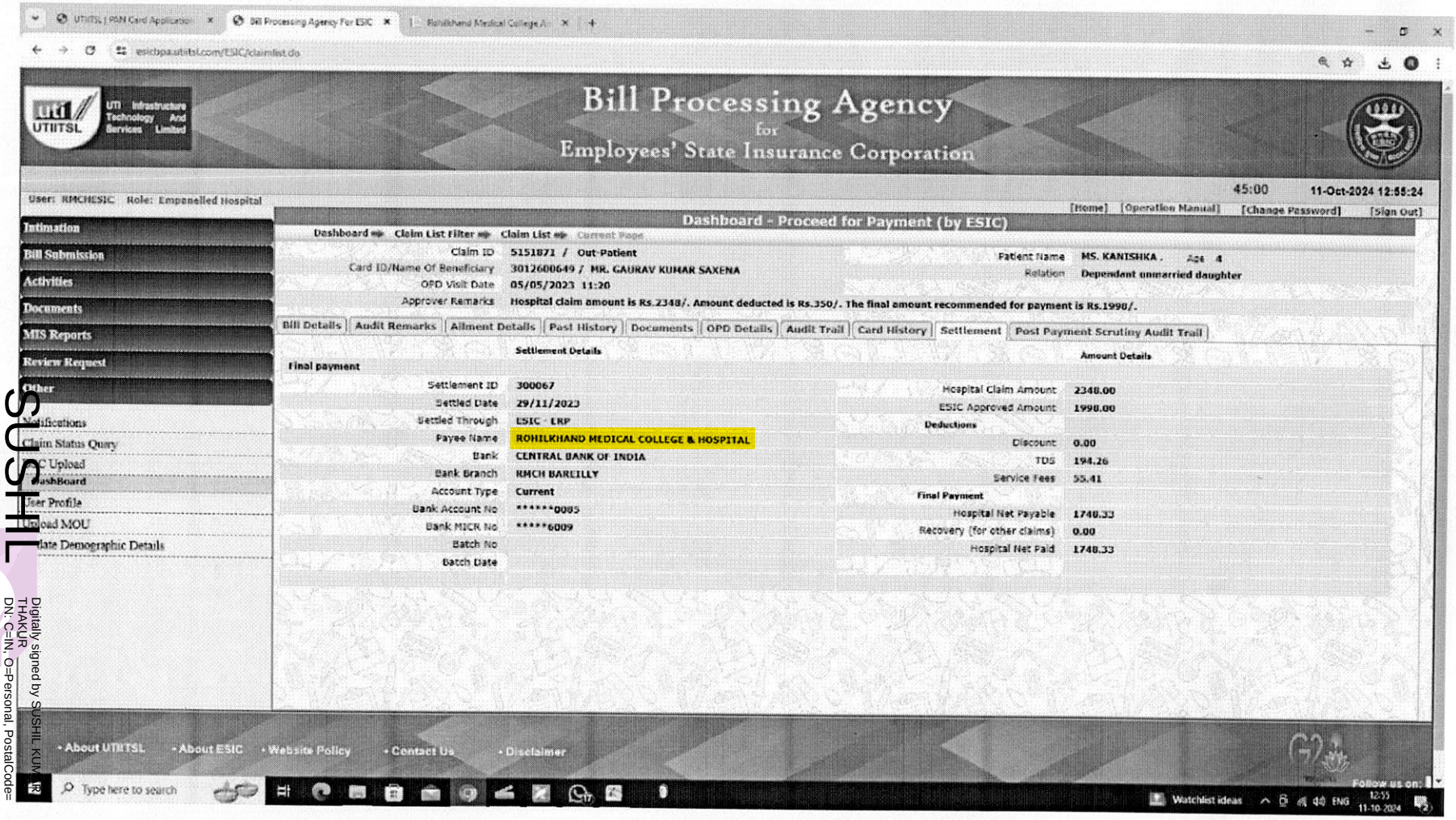
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Watchlist ideas

ENG 12:54 11-10-2024

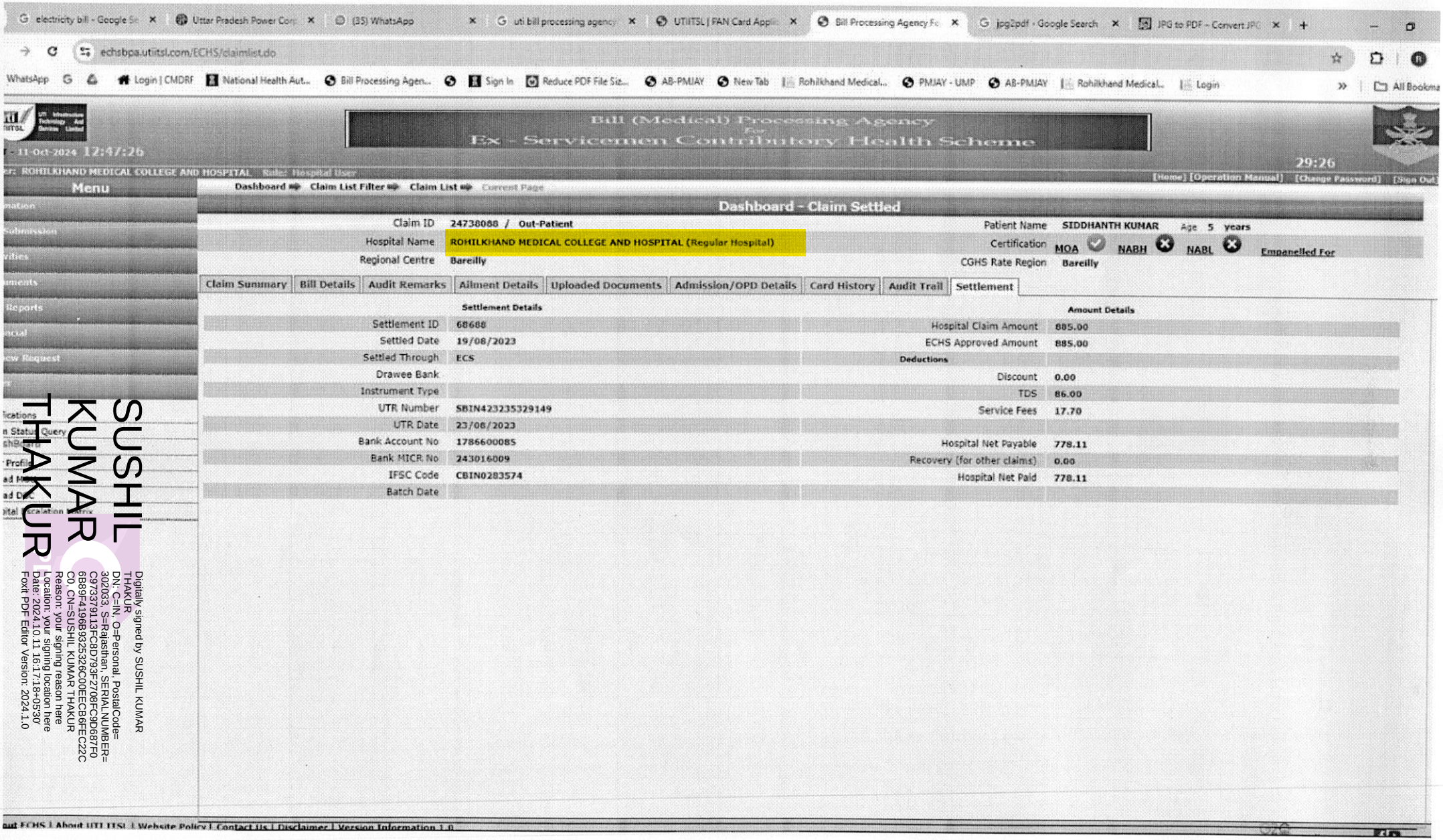
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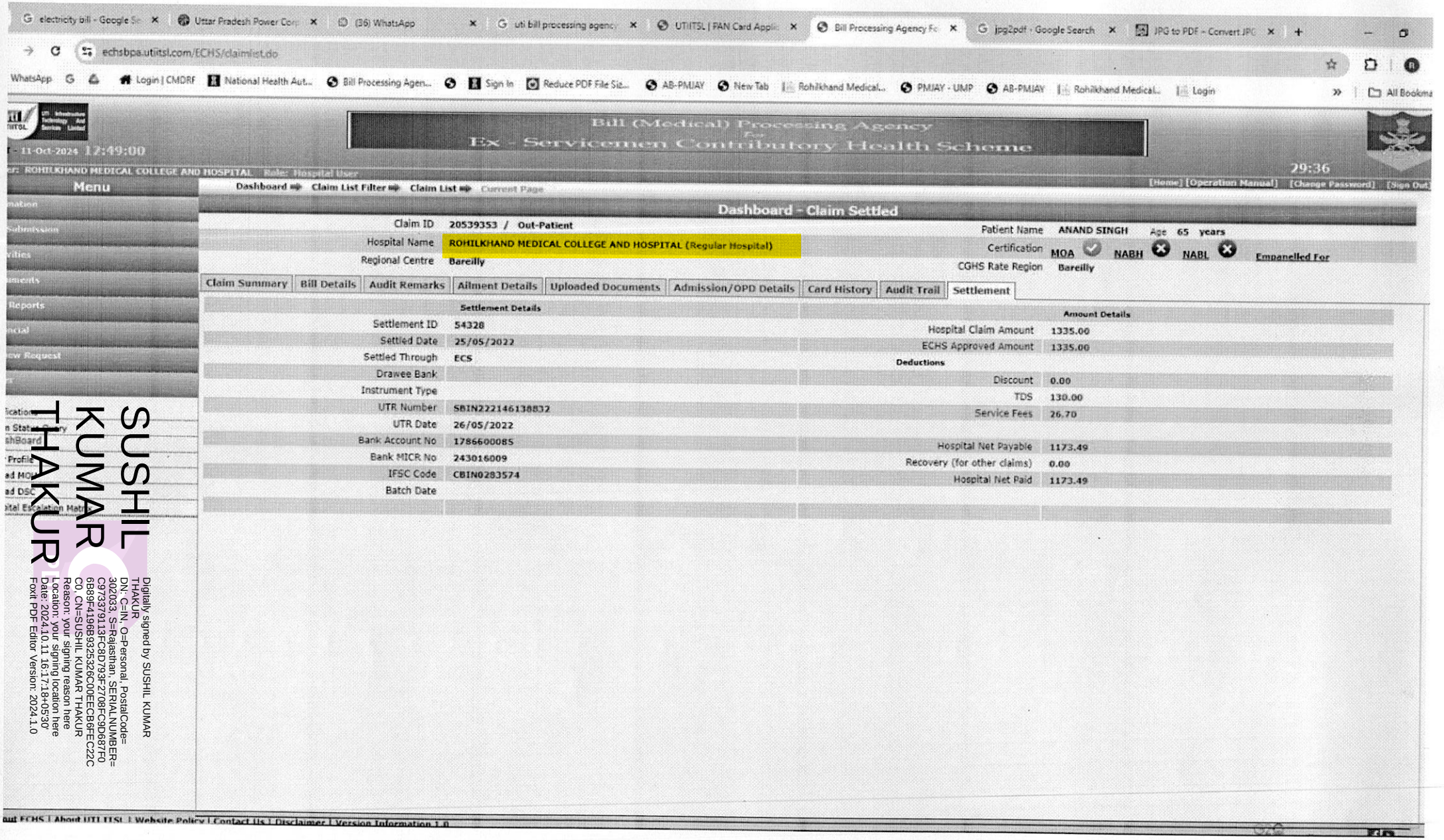
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Bill (Medical) Processing Agency for Ex - Servicemen Contributory Health Scheme

AL COLLEGE AND HOSPITAL Role: Hospital User

Dashboard ➡ Claim List Filter ➡ Claim List ➡ Current Page

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Dashboard - Claim Settled

Claim ID	30011893 / Out-Patient	Patient Name	ARAVIND KUMAR Age 54 years
Hospital Name	ROHILKHAND MEDICAL COLLEGE AND HOSPITAL (Regular Hospital)	Certification	MOA ✓ NABH ✗ NABL ✗ Empanelled
Regional Centre	Bareilly	CGHS Rate Region	Bareilly

Claim Summary | Bill Details | Audit Remarks | Ailment Details | Uploaded Documents | Admission/OPD Details | Card History | Audit Trail | Settlement

Settlement Details		Amount Details	
Settlement ID	83327	Hospital Claim Amount	3380.00
Settled Date	05/08/2024	ECHS Approved Amount	3380.00
Settled Through	ECS	**Deductions**	
Drawee Bank		Discount	0.00
Instrument Type		TDS	330.00
UTR Number	SBIN524233470147	Service Fees	67.60
UTR Date	20/08/2024		
Bank Account No	1786600085	Hospital Net Payable	2970.23
Bank MICR No	243016009	Recovery (for other claims)	0.00
IFSC Code	CBIN0283574	Hospital Net Paid	2970.23
Batch Date			

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Bill (Medical) Processing Agency for Ex - Servicemen Contributory Health Scheme

Dashboard - Claim Settled

Claim ID	16031777 / In-Patient	Patient Name	RAMBETI Age 53 years
Hospital Name	ROHILKHAND MEDICAL COLLEGE AND HOSPITAL (Regular Hospital)	Certification	MOA ✓ NABH ✗ NABL ✗ Empanelled
Regional Centre	Bareilly	CGHS Rate Region	Bareilly

Claim Summary | Bill Details | Audit Remarks | Ailment Details | Line of Treatment | Admission | Clinical Finding | Uploaded Documents | Admission/OPD Details | Card History | Audit Trail | Settlement

Card ID	0000714956 / CHANDRA PAL	Relation	Wife
Admission Date	12/10/2020 18:00	Discharge Date	19/11/2020 14:20
Discharge Type	Normal Discharge	Days In Hospital	37 days, 20 hours, 20 minutes
Room Type	General	Entitled Room Type	General

Referral Details

Referred Issued By Polyclinic	Type D Badaun	Reference Number	42/21
Issued Date	12/10/2020	Validity Upto	11/11/2020
Maximum Sessions Allowed	3		
Referred Procedures			

Admission /OPD Details

Ailment	Abdomen distended in infraumbilical region.
Treating Doctor(s)	DR. AQUIL
Pharmacy & Consumable Charges	₹ 32032.00
Net Claim Amount	₹ 57171.00
Validator Remarks	Hospital claim amount is Rs.57171/. Amount deducted is Rs.4620/. The final amount recommended for payment is Rs.52551/.
Approver Remarks	recommended for approval.

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- Registration
- Claims without invoices
- Preauthorization
- Cases Search
- Claims
- MIS

Patient Details

Rohilkhand Medical College and Hospital(HOSP9P128257)
Case No:CASE/PS1/HOSP9P128257/CAPFCGW115389



Name: Santosh Singh	**Beneficiary Id:** PV8EPCG90	**Registration No:** 142040	**Case No:** CASE/PS1/HOSP9P128257/CAPFCGW1
Case Status: Claim Amount Paid by Bank	**IP No:** 4413904	**IP Registered Date:** 27/09/2022 .	**Actual Registration Date:** 27/09/2022 11:15:01
Contact No: 9479524552	**Communication Contact No:** 9479524552	**Patient Address:** , BHIND, MADHYA PRADESH	**Communication Address** , BHIND, MADHYA PRADESH
Hospital Name: Rohilkhand Medical College and Hospital	**Hospital Address:** BAREILLY,UTTAR PRADESH	**Hospital type:** Private	**Family ID:** 91ITIT090120229
Claim Paid Date : 18/09/2023 12:00:00 AM	**UTR Number** SBIC300196074751		
Gender: Male	**Age :** 34 years 0 months 0 days	**Is Aadhaar Beneficiary:** Yes	**Authentication at Reg/Dis:** No / No
Contact Type: Self	**Patient District:** CAPF	**Patient Type:** IP	**Force Type:** ITBP
Ward Eligibility General ward			

IP Details | Past Claim History | Clinical Notes | Intimation/Enhancement | Discharge | Claims | Attachments | Case Sheet

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14	08/02/2023 17:51:02		Claim Ready For Payment	Claim Ready for Payment	14886.0	NA
15	09/02/2023 23:07:33		Claim sent to bank for payment	Claim Sent to DDO or PAO	14886.0	NA
16	29/03/2023 17:03:29	Dr. Kala Kumari SHA	Bulk Approved by Sanctioning Authority	Claim Approved by Sanctioning Authority	14886.0	NA
17	29/03/2023 22:17:24		Claim Ready For Payment	Claim Ready for Payment	14886.0	NA
18	30/03/2023 09:36:59		Claim sent to bank for payment	Claim Sent to DDO or PAO	14886.0	NA
19	10/04/2023 12:25:26	Dr. Kala Kumari SHA	Bulk Approved by Sanctioning Authority	Claim Approved by Sanctioning Authority	14886.0	NA
20	10/04/2023 12:32:45		Claim Ready For Payment	Claim Ready for Payment	14886.0	NA
21	15/04/2023 15:02:21		Claim sent to bank for payment	Claim Sent to DDO or PAO	14886.0	NA
22	25/09/2023 11:58:01		Payment Done	Claim Amount Paid by Bank	14886.0	NA

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Patient Details

Case No:CASE/PS1/HOSP9P128257/CAPFCGW155980



Name: Gautam Kumar	**Beneficiary Id:** PKXV8MV3Z	**Registration No:** 185695	**Case No:** CASE/PS1/HOSP9P128257/CAPFCGW1
Case Status: Claim Amount Paid by Bank	**IP No:** 4459903	**IP Registered Date:** 10/11/2022	**Actual Registration Date:** 10/11/2022 14:29:44
Contact No: 9473486257	**Communication Contact No:** 9473486257	**Patient Address:** VILL:FARIDPUR VIA NEORA PO:FARIDPUR PS-JANIPUR TEH-PHULWARI SHARIF DISTT-PATNA BIHAR, PATNA, BIHAR	**Communication Address** VILL:FARIDPUR VIA NEORA PO:FARIDPUR PS-JANIPUR TEH-PHULWARI SHARIF DISTT-PATNA BIHAR, PATNA, BIHAR
Hospital Name: Rohilkhand Medical College and Hospital	**Hospital Address:** BAREILLY,UTTAR PRADESH	**Hospital type:** Private	**Family ID:** 91SSSS14120257
Claim Paid Date : 31/03/2023 12:00:00 AM	**UTR Number** SBIC300177026963		
Gender: Male	**Age :** 39 years 0 months 0 days	**Is Aadhaar Beneficiary:** Yes	**Authentication at Reg/Dis:** No / No
Contact Type: Self	**Patient District:** CAPF	**Patient Type:** OP	**Force Type:** SSB
Ward Eligibility General ward			

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Rohilkhand Medical College and Hospital(HOSP9P128257)

S.No	Date & Time	Name	Remarks	Action	Approved Amount(Rs.)	Claim Query/Rejection Reasons
1	15/11/2022 14:34:10	Dr Faiz Shamsi MEDCO(MEDCO)	NA	Claim Initiated by MEDCO	603	NA
2	28/11/2022 12:46:51	CEX (CGHS0011519)	NA	Claim Forwarded by CEX	603	NA
3	30/11/2022 10:17:00	CPD (CGHS0011511)	NA	CPD Approved	603.0	NA
4	14/02/2023 14:26:53	Sanctioning Authority (CAPF00571)	approve	Claim Approved by Sanctioning Authority	603.0	NA
5	14/02/2023 14:40:56		Claim Ready For Payment	Claim Ready for Payment	603.0	NA
6	21/03/2023 17:38:26		Claim sent to bank for payment	Claim Sent to DDO or PAO	603.0	NA
7	01/04/2023 21:38:07		Payment Done	Claim Amount Paid by Bank	603.0	NA

14588

PFMS Workflow Details

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Patient Details

Rohilkhand Medical College and Hospital(HOSP9P128257)
Case No:CASE/PS1/HOSP9P128257/CAPFCGW390268



Name: Lekh Ram	**Beneficiary Id:** PVQ4QC1Y7	**Registration No:** 422326	**Case No:** CASE/PS1/HOSP9P128257/CAPFCGW
Case Status: Claim Amount Paid by Bank	**IP No:** 202341038	**IP Registered Date:** 24/05/2023	**Actual Registration Date:** 24/05/2023 09:54:32
Contact No: 6200703964	**Communication Contact No:** 6200703964	**Patient Address:** VILL RAUNA PO ZAKATKHANA, BILASPUR, HIMACHAL PRADESH	**Communication Address** VILL RAUNA PO ZAKATKHANA, BILASPUR, HIMACHAL PRADESH
Hospital Name: Rohilkhand Medical College and Hospital	**Hospital Address:** BAREILLY,UTTAR PRADESH	**Hospital type:** Private	**Family ID:** 91SSSS11200131
Claim Paid Date : 22/08/2023 12:00:00 AM	**UTR Number** SBIC300193139243		
Gender: Male	**Age :** 48 years 0 months 0 days	**Is Aadhaar Beneficiary:** Yes	**Authentication at Reg/Dis:** No / No
Contact Type: Self	**Patient District:** CAPF	**Patient Type:** OP	**Force Type:** SSB
Ward Eligibility General ward			

IP Details | Past Claim History | Clinical Notes | Intimation/Enhancement | Claims | Attachments | Case Sheet

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Rohilkhand Medical College and Hospital(HOSP9P128257)

S.No	Date & Time	Name	Remarks	Action	Approved Amount(Rs.)	Claim Query/Rejection Reasons
1	01/06/2023 14:38:52	Dr Faiz Shamsi MEDCO(MEDCO)	NA	Claim Initiated by MEDCO	1619	NA
2	01/06/2023 19:07:22	CEX (CGHS0013769)	CHECKED	Claim Forwarded by CEX	1619	NA
3	02/06/2023 16:27:23	CPD (CGHS0011200)	Claim Of Investigation Charges Approved For Rs 1619	CPD Approved	1619.0	NA
4	06/06/2023 10:09:21	Sanctioning Authority (CAPF00760)	APPROVED	Claim Approved by Sanctioning Authority	1619.0	NA
5	06/06/2023 10:19:12		Claim Ready For Payment	Claim Ready for Payment	1619.0	NA
6	06/06/2023 19:49:11		Claim sent to bank for payment	Claim Sent to DDO or PAO	1619.0	NA
7	22/08/2023 15:39:52		Payment Done	Claim Amount Paid by Bank	1619.0	NA

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Patient Details

Rohilkhand Medical College and Hospital (HOSP9P128257)
Case No:CASE/PS1/HOSP9P128257/CAPFCGW436811

Name:	Beneficiary Id:	Registration No:	Case No:
Jagdish Chandra joshi	PX0ME9T0D	482484	CASE/PS1/HOSP9P128257/CAPFCGW4
Case Status:	**IP No:**	**IP Registered Date:**	**Actual Registration Date:**
Claim Amount Paid by Bank	202387231	04/07/2023	04/07/2023 13:34:06
Contact No:	**Communication Contact No:**	**Patient Address:**	**Communication Address**
9997502539	9997502539	, BAREILLY, UTTAR PRADESH	, BAREILLY, UTTAR PRADESH
Hospital Name:	**Hospital Address:**	**Hospital type:**	**Family ID:**
Rohilkhand Medical College and Hospital	BAREILLY,UTTAR PRADESH	Private	91ITIT020202195
Claim Paid Date :	**UTR Number**		
13/12/2023 12:00:00 AM	SBIC300206249708		
Gender:	**Age :**	**Is Aadhaar Beneficiary:**	**Authentication at Reg/Dis:**
Male	40 years 0 months 0 days	Yes	No / No
Contact Type:	**Patient District:**	**Patient Type:**	**Force Type:**
Self	CAPF	IP	ITBP
Ward Eligibility			
General ward			



IP Details | Past Claim History | Clinical Notes | Intimation/Enhancement | Discharge | Claims | Attachments | Case Sheet

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3	10/08/2023 22:42:27	CPD (CGHS009217)	PAN RS 60 FOR GLOVES RS 45 FOR COTTON) KINDLY CONFIRM THE DEDUCTION DONE FOR PROCESSING FURTHER	Claim Kept Pending by CPD	26791.0	NA
4	22/08/2023 11:09:34	Dr Faiz Shamsi MEDCO(MEDCO)	OKAY PROCED KINDLY APPROVED	Claim Pending Updated by MEDCO to CPD	26791	NA
5	22/08/2023 11:30:33	CPD (CGHS008295)	KINDLY ATTATCH PATIENT OR ATTENDANTS SIGNATURE ON FINAL BILL PROVIDE DISCHARGE SUMMARY AND DEDUCTED FOR BLOOD GROUP AND RHTYPE CONFIRM FOR FURTHER PROCESS	Claim Kept Pending by CPD	26764.0	NA
6	31/08/2023 18:55:40	Dr Faiz Shamsi MEDCO(MEDCO)	BILL WITH PT SIGN UPLOADED AND SUBMITTED	Claim Pending Updated by MEDCO to CPD	26764	NA
7	07/09/2023 15:07:25	CPD (CGHS008884)	APPROVED 26274 AFTER DEDUCTION OF NON PAYABLE CONSUMABLES AND ALL MANDATORY DOCUMENTS ARE PRESENT AND RELEVANT TO CLAIM PATIENT	CPD Approved	26764.0	NA
8	08/09/2023 10:32:02	Sanctioning Authority (CAPF00545)	APPROVED AS PER SUBMITTED DOCUMENTS	Claim Approved by Sanctioning Authority	26764.0	NA
9	08/09/2023 10:33:54		Claim Ready For Payment	Claim Ready for Payment	26764.0	NA
10	09/09/2023 11:38:55		Claim sent to bank for payment	Claim Sent to DDO or PAO	26764.0	NA

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Rohilkhand Medical College and Hospital(HOSP9P128257)
Case No:CASE/PS1/HOSP9P128257/CSPW6934670

Patient Details



Name: PREM PAL SINGH	**Beneficiary Id:** 7732108	**Registration No:** 7098456	**Case No:** CASE/PS1/HOSP9P128257/CSPW6934
Case Status: Claim Amount Paid by Bank	**IP No:** 202383178	**IP Registered Date:** 30/06/2023	**Actual Registration Date:** 30/06/2023 09:50:44
Contact No: 7906801262	**Communication Contact No:** 7906801262	**Patient Address:** H NO. 33 SUNRISE ENCLAVE PHASE 3 BAREILLY U.P.	**Communication Address** H NO. 33 SUNRISE ENCLAVE PHASE 3 BAREILLY U.P.
Hospital Name: Rohilkhand Medical College and Hospital	**Hospital Address:** BAREILLY,UTTAR PRADESH	**Hospital type:** Private	**Family ID:** 937732108
Claim Paid Date : 03/08/2023 12:00:00 AM	**UTR Number** BARBT23215011558		
Gender: Male	**Age :** 68 years 0 months 0 days	**Is Aadhaar Beneficiary:** No	**Authentication at Reg/Dis:** No / No
Contact Type: Self	**Patient District:** CGHS	**Patient Type:** OP	**Ward Eligibility** Semi Private ward

IP Details | Past Claim History | Clinical Notes | Intimation/Enhancement | Claims | Attachments | Case Sheet

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				Rohilkhand Medical College and Hospital(HOSP9P128257)	Amount(Rs.)	
1	04/07/2023 15:57:07	Dr Faiz Shamsi MEDCO(MEDCO)	NA	Claim Initiated by MEDCO	906	NA
2	19/07/2023 22:08:37	CEX (CGHS0012494)	NA	Claim Forwarded by CEX	906	NA
3	21/07/2023 14:50:10	CPD (CGHS0013133)	CASE/PS1/HOSP9P128257/CSPW6934670 All mandatory documents are attach and approve as per CGHS guidelines	CPD Approved	906.0	NA
4	21/07/2023 15:03:53	Sanctioning Authority (CGHS007583)	SHA Approved	Claim Approved by Sanctioning Authority	906.0	NA
5	21/07/2023 15:04:34		Claim Ready For Payment	Claim Ready for Payment	906.0	NA
6	31/07/2023 23:30:57		Claim sent to bank for payment	Claim sent to PFMS	906.0	NA
7	04/08/2023 20:58:54		Payment Done	Claim Amount Paid by Bank	906.0	NA

PFMS Workflow Details

Sno	Status	Status Description	Date

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Patient Details

Case No:CASE/PS1/HOSP9P128257/CGW12071061



Name: SONA DEVI	**Beneficiary Id:** 4878823	**Registration No:** 12411561	**Case No:** CASE/PS1/HOSP9P128257/CGW12071
Case Status: Claim Amount Paid by Bank	**IP No:** 2024284783	**IP Registered Date:** 18/07/2024	**Actual Registration Date:** 19/07/2024 10:36:41
Contact No: 8448467074	**Communication Contact No:** 8448467074	**Patient Address:** MEK 359 B STREET NO 6 BI MAHIPALPUR NEW DELHI 37	**Communication Address** MEK 359 B STREET NO 6 BI MAHIPALPUR NEW DELHI 37
Hospital Name: Rohilkhand Medical College and Hospital	**Hospital Address:** BAREILLY,UTTAR PRADESH	**Hospital type:** Private	**Family ID:** 934878812
Claim Paid Date : 03/08/2024 12:00:00 AM	**UTR Number** BARBX24216668584		
Gender: Female	**Age :** 81 years 0 months 0 days	**Is Aadhaar Beneficiary:** No	**Authentication at Reg/Dis:** No / No
Contact Type: Self	**Patient District:** CGHS	**Patient Type:** IP	**Ward Eligibility** General ward

IP Details | Past Claim History | Clinical Notes | Intimation/Enhancement | Discharge | Claims | Attachments | Case Sheet

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3	27/07/2024 16:34:39	CPD (CGHS0011368)	review	Assigned to CPD	9950	NA
4	28/07/2024 16:47:21	CPD (CGHS0011184)	k	Assigned to CPD	9950	NA
5	29/07/2024 16:51:19	CPD (CGHS0011368)	review	Assigned to CPD	9950	NA
6	30/07/2024 17:00:59	CPD (CGHS0011368)	review	Assigned to CPD	9950	NA
7	30/07/2024 22:25:18	CPD (CGHS0017313)	APPROVED	CPD Approved	9950.0	NA
8	30/07/2024 22:28:20	Sanctioning Authority (CGHS0014230)	SHA Approved	Claim Approved by Sanctioning Authority	9950.0	NA
9	30/07/2024 22:32:33		Claim Ready For Payment	Claim Ready for Payment	8955.0	NA
10	01/08/2024 03:57:49		Claim sent to bank for payment	Claim sent to PFMS	9950.0	NA
11	05/08/2024 19:39:08		Payment Done	Claim Amount Paid by Bank	9950.0	NA

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Patient Details

Case No:CASE/PS1/HOSP9P128257/CPW12271962



Name: SATYA PRAKASH SHARMA	**Beneficiary Id:** 1063559	**Registration No:** 12538695	**Case No:** CASE/PS1/HOSP9P128257/CPW12271
Case Status: Claim Amount Paid by Bank	**IP No:** 2024291611	**IP Registered Date:** 26/07/2024	**Actual Registration Date:** 27/07/2024 10:20:19
Contact No: 9868147810	**Communication Contact No:** 9868147810	**Patient Address:** H NO 27, GALINO 30 B BLOCK KAUSHIK ENCLAVE BURARI DELHI 110084	**Communication Address** H NO 27, GALINO 30 B BLOCK KAUSHIK ENCLAVE BURARI DELHI 110084
Hospital Name: Rohilkhand Medical College and Hospital	**Hospital Address:** BAREILLY,UTTAR PRADESH	**Hospital type:** Private	**Family ID:** 931063559
Claim Paid Date : 12/08/2024 12:00:00 AM	**UTR Number** BARBT24225242034		
Gender: Male	**Age :** 61 years 0 months 0 days	**Is Aadhaar Beneficiary:** No	**Authentication at Reg/Dis:** No / No
Contact Type: Self	**Patient District:** CGHS	**Patient Type:** OP	**Ward Eligibility** Private ward

IP Details | Past Claim History | Clinical Notes | Intimation/Enhancement | Claims | Attachments | Case Sheet

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3	01/08/2024 12:12:02	CEX (CGHS0013401)	NA	Claim Forwarded by CEX	769	NA
4	01/08/2024 12:12:02	CEX (CGHS0013401)	NA	Claim Forwarded by CEX	769	NA
5	01/08/2024 12:12:02	CEX (CGHS0013401)	NA	Claim Forwarded by CEX	769	NA
6	01/08/2024 12:12:31	CPD (CGHS0015891)	a	Assigned to CPD	769	NA
7	02/08/2024 11:42:59	CPD (CGHS0015890)	CLAIM OF INVESTIGATION CHARGES APPROVED FOR RS.769	CPD Approved	769.0	NA
8	03/08/2024 12:08:44	Sanctioning Authority (CGHS0014358)	OK	Claim Approved by Sanctioning Authority	769.0	NA
9	03/08/2024 12:18:00		Claim Ready For Payment	Claim Ready for Payment	692.0	NA
10	07/08/2024 19:52:02		Claim sent to bank for payment	Claim sent to PFMS	769.0	NA
11	13/08/2024 17:16:03		Payment Done	Claim Amount Paid by Bank	769.0	NA

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BAREILLY

UTTAR PRADESH 243403

To : ROHILKHAND MEDICAL COLLEGE AND HOSPI
Address : OPP. SURESH SHARMA NAGAR PILIB
HIT BYPASS ROAD BAREILLY BAREI
LLY UTTAR PRADESH 243006

Bene Code : 29040501866246 Our Ref : 220000422
Bene Name : ROHILKHAND MEDICAL COLLEGE AND HOSP

Credit A/c No. : 1786600085 Your Ref:220000422
Chq /DD/Ft No : N159211527466851 Value Date :08/06/2021
Amount : 202950.00
Amount In Words : Rupees Two Lakh Two Thousand Nine Hundred Fifty And Paise Zero Only
Bank Ref No : N159211527466851

Dear Sir/Madam,

We have initiated a credit to the Account Number 1786600085 with CENTRAL BANK OF INDIA with an IFSC Code CBIN0283574 through NEFT mode.

As Per The details are given below:

Invoice Number/Description/Ref.No.	Inv. Amount	Inv. date
3928419	225500.00	14/05/2021
PAYMENT OF MEDICAL OD SRI AJAY KUMAR DUBEY P.NO. 106850 28.04 TO 14.05.21		
3928419-TDS-CM-584886	-22550.00	14/05/2021
3928419-TDS-CM-584886		
TRADE SERVICE ENABLEDATE-29-08-15		

This is Computer generated advice & Does not require any signature.

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ROHILKHAND MEDICAL COLLEGE & HOSPITAL

Pilibhit Bypass Road, Opp. Suresh Sharma Nagar,Bareilly. (U.P.) 243 006 INDIA
Phone : 0581-2526011, 2526012 Fax : 0581-2526054, 2303345
e-mail : info@rmcbareilly.com, www.rmcbareilly.com

RMCH/IVRI/Ac/ /22

Date: 16/03/2022

To,
CAO
IVRI
Bareilly

Sub – With reference to the MOU. Dated 14/08/2019 for " IVRI (Empanel Hospital) " Payment.

Sir,

This is with reference to the payment to **Rohilkhand Medical College and Hospital under "IVRI (Empanel Hospital)"**. Kindly issue the payment for 42 Beneficiary for the month of February 2022.

Total amount to be paid is as follows –

S. No.	Patient Name	SECTION	BILL NO	IP/OPD	Investigation Amount & Others	Medicine Amount	Total Amount
1	SANGEETA	ASSISTANT	930	OPD	14490.00	34795.00	49285.00.
2	SUNITA DEVI	TECH	913	OPD	135.00	159.00	294.00
3	SHANKER LAL	SSS	903	OPD	135.00	797.00	932.00
4	PREM SINGH	SSS	908	OPD	135.00	130.00	265.00
5	SARVESH KUMAR	TECH	910	OPD	539.00	531.00	1070.00
6	CHANDAN SINGH	TECHNICAL OFFICER	911	OPD	135.00	1188.00	1323.00
7	RAKESH GIRI	LDC	912	OPD	135.00	748.00	883.00
8	JUBAIDA BEGUM	SS GRADE II	914	OPD	135.00	5696.00	5831.00
9	AFSAR KHAN	TECH	915	OPD	320.00	2896.00	3216.00
10	SHRI R.B. LOHANI	TECH	919	OPD	135.00	NIL	135.00
11	RAM DEVI	SSS	920	OPD	270.00	4226.00	4496.00
12	MOHIT PATEL	SSS	925	OPD	135.00	535.00	670.00
13	RADHA DEVI	SSS	928	OPD	135.00	1290.00	1425.00
14	ANURADHA		927	OPD	135.00	1493.00	1628.00
15	ASHOK SHARMA	SSS	926	OPD	430.00	2193.00	2623.00
16	ANT RAM		901	OPD	7711.00	3195.05	10906.05
17	ANGAN LAL		902	OPD	42771.00	63933.00	106704.00
18	SUNITA KUMARI	SSS	900	OPD	6803.00	5513.00	12316.00
19	DAKAN LAL	LDC	922	OPD	1116.00	4282.00	5398.00
20	KANIJAN	PENSIONER	931	OPD	24023.00	26039.00	50062.00
21	SANJEEV KUMAR	PR. SCIENTIST	932	OPDDENTAL	965.00	445.00	1410.00
22	MAMTA DEVI	STO	933	OPDDENTAL	135.00	60.00	195.00
		Total Amount Rs.					211782.00

The R.M.C.H. shall be highly obliged for the same. Copy of the bill &Referral letter attached.

Thanking You

Countersigned

Yours sincerely

PATRONAGE
ROHILKHAND EDUCATIONAL CHARITABLE TRUST

Medical Superintendent
Medical Superintendent
Rohilkhand Medical College Hospital
BAREILLY

Administrative Officer
Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Accountant

SUSHIL KUMAR THAKUR

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RMCH/IVRI/Ac/ /22

Date: 16/03/2022

To,
CAO
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Bareilly

Sub – With reference to the MOU. Dated 14/08/2019 for " IVRI (Empanel Hospital) " Payment.

Sir,

This is with reference to the payment to **Rohilkhand Medical College and Hospital under "IVRI (Empanel Hospital)".** Kindly issue the payment for 42 Beneficiary for the month of February 2022.

Total amount to be paid is as follows –

S. No.	Patient Name	SECTION	BILL NO	IP/OPD	Investigation Amount & Others	Medicine Amount	Total Amount
23	SHWETA ANAND	TECH	934	OPDDENTAL	1470.00	NIL	1470.00
24	RUCHI SAXENA	UDC	935	OPDDENTAL	435.00	30.00	465.00
25	HAR DEVI	TECH	936	OPDDENTAL	1720.00	187.00	1907.00
26	SATYWATI	UDC	937	OPDDENTAL	420.00	801.00	1221.00
27	SANJAY KUMAR	TECH	938	OPDDENTAL	285.00	455.00	740.00
28	DEV KUMAR	TECH	939	OPDDENTAL	185.00	85.00	270.00
29	SIRASTI	SSS	940	OPDDENTAL	135.00	NIL	135.00
30	HARI BAHADUR	SSS	941	OPDDENTAL	335.00	83.00	418.00
31	B.D. JOSHI	SSS	942	OPDDENTAL	235.00	374.00	609.00
32	PREM SINGH	SSS	943	OPDDENTAL	265.00	475.00	740.00
33	MANOJ PATHAK	TECH OFF	944	OPDDENTAL	785.00	105.00	890.00
34	PRAKASH VERMA	UDC	945	OPDDENTAL	435.00	153.00	588.00
35	SURESH KUMAR	SSS	946	OPDDENTAL	535.00	133.00	668.00
36	ADITI AGARWAL	PERS. ASS.	947	OPDDENTAL	285.00	30.00	315.00
37	DEEPIKA EASTHER	SSS	948	OPDDENTAL	2135.00	90.00	2225.00
38	PUSHPA KANDPAL	SUP	949	OPDDENTAL	720.00	296.00	1016.00
39	HITESHI AGARWAL	PERS. ASS.	950	OPDDENTAL	635.00	139.00	774.00
40	HITESHI AGARWAL	PERS. ASS.	951	OPDDENTAL	135.00	51.00	186.00
41	KANTA DEVI	TECH. ASS.	952	OPDDENTAL	1254.00	536.00	1790.00
42	SURESH KUMAR	SSS	953	OPDDENTAL	695.00	463.00	1158.00
		Total Amount Rs.					**17585.00**
		PAGE NO 1 TOTAL AMOUNT					**211782.00**
		GRAND TOTAL					**229367.00**

The R.M.C.H. shall be highly obliged for the same. Copy of the bill &Referral letter attached.

Thanking You

Countersigned

Your sincerely

Medical Superintendent
Medical Superintendent
Rohilkhand Medical College Hospital
BAREILLY

PATRONAGE
ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Administrative Officer
Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Accountant

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Authorised Signatory

ROHILKHAND MEDICAL COLLEGE & HOSPITAL

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Phone : 0581-2526011, 2526012 Fax : 0581-2526054, 2303345
e-mail : info@rmcbareilly.com, www.rmcbareilly.com

RMCH/IVRI/Ac/ 23

Date: 15/03/2023

To,
CAO
IVRI
Bareilly

Sub – With reference to the MOU. Dated 14/08/2022 for " IVRI (Empanel Hospital) " Payment.

Sir,

This is with reference to the payment to **Rohilkhand Medical College and Hospital under "IVRI (Empanel Hospital)".** Kindly issue the payment for 40 Beneficiaries for the month of Feb. 2023.

Total amount to be paid is as follows –

S. No.	Patient Name	SECTION	BILL	IP/OPD	Investigation Amount & Others	Medicine Amount	Total Amount
1	GHASI RAM	S,S,S	1537-B	OPD	270.00	6039.00	6309.00
2	CHAYA JOHARI	ASSISTANT	1538-B	IPD	27500.00	00.00	27500.00
3	KHERUN NISHA	S,S,S	1539-B	OPD	635.00	7681.00	8316.00
4	RITU MEHTA	UPPER D ,C	1540-B	OPD	2344.00	92.00	2436.00
5	KRISHNA	S,S,S	1541-B	OPD	135.00	2835.00	2970.00
6	LALITA MEHTA	UPPER D,C	1542-B	OPD	510..00	536.00	1046.00
7	MANOJ KUMAR	TECHNICIAN	1543-B	OPD	187.00	265.00	452.00
8	RIYASAT SHAH	S,S,S	1544-B	OPD	4497.00	833.00	5330.00
9	VED RAM PALI	S,S,S	1545-B	OPD	405.00	4775.00	5180.00
10	SURENDRA	ASSISTANT	1546-B	OPD	1299.00	8386..00	9685.00
11	RIYASAT HUSSAIN	S,S,S	1547-B	OPD	1567.00	2655.	4222.00
12	RAKHI KUMARI	TECHNICIAN	1548-B	OPD	2006.00	178.00	2184.00
13	JAGDISH	S,S,S	1549-B	OPD	2458.00	323.00	2781.00
14	JYOTI	S,S,S	1550-B	OPD	654.00	00.00	654
15	ANIIT SINGH	S,S,S	1551-B	OPD	135.00	111.00	246.00
16	RAM DEYI	S,S,S	1552-B	OPD	135.00	1573.00	1708.00
17	SANJAY KUMAR	S,S,S	1553	OPD	135.00	00.00	135.00
18	CHAYA JOHARI	ASSISTANT	1554	OPD	135.00	00.00	135.00
19	DIVYA CHAUHAN	SR.TECH.ASSTT.	1555	OPD	135.00	1402.00	1537.00
20	SHIVPAL SINGHH	TECH.OFFICER	1556	OPD	1087.00	3772.00	4859.00
21	HEMLATA	ASSISTANT	1557	IPD	888.00	2406.00	3294.00
22	RAKHI KUMARI	TECHNICAIN	1558	OPD	2167.00	247.00	2414.00
		Total Amount Rs.					**93393.00**

The R.M.C.H. shall be highly obliged for the same. Copy of the bill &Referral letter is attached.
Thanking You

Your sincerely

Countersigned

15/03/23

Medical Superintendent
Rohilkhand Medical College Hospital
BAREILLY

Administrative Officer
Medical Superintendent
Rohilkhand Medical College
BAREILLY

For Rohilkhand Medical College & Hospital

Accountant

Authorised Signatory

ROHILKHAND EDUCATIONAL TRUST

SUSHIL KUMAR THAKUR

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RMCH/IVRI/Ac4/0/23

Date: 15/3/2023

To,
CAO
IVRI
Bareilly

Sub – With reference to the MOU. Dated 14/08/2022 for " IVRI (Empanel Hospital) " Payment.

Sir,

This is with reference to the payment to **Rohilkhand Medical College and Hospital under "IVRI (Empanel Hospital)".** Kindly issue the payment for 40 Beneficiaries for the month of Feb. 2023.

Total amount to be paid is as follows –

S. No.	Patient Name	SECTION	BILL NO	IP/OPD	Investigation Amount & Others	Medicine Amount	Total Amount
23	LATA SHARMA		1560	OPD	135.00	3857.00	3992.00
24	JASODA DEVI	SSS	1561	IPD	23061.00	17887.00	40948.00
25	BABU LAL	ASSISTANT	1562	OPD	1785.00	1150.00	2935.00
26	BABU LAL	ASSISTANT	1563	OPD	1515.00	74.00	1589.00
27	ZUBAIDA BEGUM	S,S GRAD TO	1564	OPD	270.00	5208.00	5478.00
28	AFSAR KHAN	TECHNICIAN	1564	OPD	135.00	2946.00	3081.00
29	RAKHI KUMARI	TECHNICIAN	1566	IPD	16100.00	00.00	16100.00
30	LAHU RAM	S,S,S	1567	IPD	11923.00	8256.00	20179.00
31	SUDHAMA DEVI	GENERAL	1568	IPD	3829.00	2652.00	6481.00
32	B/O RAKHI	TECHNICIAN	1569	OPD	8103.00	1530.00	9633.00
33	SURENDRA	ASSISTANT	1570	OPD DE	485.00	235.00	720.00
34	PREM SINGH	S,S,S	1571	OPD DE	185.00	00.00	185.00
35	KASROOI PANDEY	L,D,C	1572	OPD DE	560.00	311.00	871.00
36	KISHORI LAL	ASSISTANT	1573	OPD DE	695.00	790.00	1485.00
37	SASHI	U,D,C	1574	OPD DE	185.00	218.00	403.00
38	DEEPIKA ESTHER	S,S,S	1575	OPD DE	2955.00	366.00	3321.00
39	SUGRA BANO	SR.TECH ASSTT	1576	OPD DENT.	135.00	00.00	135.00
40	PRERNA CHAUHAN	SR.TECH.ASSTT	1577	OPD DENT.	1185.00	359.00	1544.00
41	Sangeeta Rani	Total Amount Rs.					119080.00
		PAGE NO 1 TOTAL AMOUNT					**93393.00**
		Grand Total					**212473.00**

The R.M.C.H. shall be highly obliged for the same. Copy of the bill &Referral letter is attached.

Thanking You

Countersigned

15/3/23

Medical Superintendent
Medical Superintendent
Rohilkhand Medical College Hospital
BAREILLY

Administrative Officer
Medical Superintendent
ROHILKHAND MEDICAL COLLEGE HOSPITAL
BAREILLY

Your sincerely

Accountant
For Rohilkhand Medical College & H.
Authorised Signatory

ROHILKHAND EDUCATIONAL CHARITABLE TRUST

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