

# Master JAYDEN 4/Years



COSMOS HOSPITAL  
(A Unit Of Emerging Projects Pvt. Ltd.)  
Prem Nagar, Po - Kajipura, Kanth Road ,Moradabad (244001)  
Ph. 0591-2555500,50 , e-mail - cosmos.mbd@gmail.com  
GST 09AACCE1978J2Z9

**RECEIPT**  
**OPD RECEIPT**

Receipt No 2400013445  
UHID 24P04015  
Name Master JAYDEN  
Guar. Name SHAWN

Receipt Date 02/May/2024 13:37  
Reg. No 24OP007514  
Age/Sex 4 Yrs /M  
Panel Standard  
Referred By Dr. GAURAV AGARWAL  
Lab No L24F/03732

Description	Rate	Qty	Amount
Pathology APTT	300.00	1.00	300.00
<b>Total Amout (Rs.)</b>			300.00
<b>Net Amount (Rs.)</b>			300.00
<b>Paid Amount (Rs.)</b>			300.00

Received With Thanks from Master JAYDEN a sum of Rupees Three Hundred Only  
Payment vide PHONE\_PAY Auth No. 0000 dated: 02/May/2024 on AXIS Payment Type-Bill Settlement



Prepared By: MUNISH  
Run Date : 02/May/2024 13:37

Auth. Sign  
MUNISH



# Rajiv Gandhi Cancer Institute and Research Centre



## Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Homoeopathic Cancer Society  
Registered under "Societies Registration Act 1860"

Accredited by:



D - 18, Sector - 5, Rohini, Delhi - 110085 | Tel. : +91-11- 4702 2222 | GSTIN: 07AAATD4601ZD | Email ID: info@rgcic.org | Website: www.rgcic.org

### Receipt (Original Copy)



CR No : 347448  
Patient Name : MAST JAYDEN ATTWELL  
Age/Sex : 3 Years/Male  
Address : A-24 KAMAKHYAS VILLAS  
SHAHBERI

Receipt No : RR/24-25/61199  
Category : Cash  
Date : 11-05-2024  
Corporate : PRIVATE

Particulars	Amount(Rs)
IP Advance	10000.000
<b>Total Amount</b>	<b>10000.00</b>

Received with thanks from / on-behalf of MAST JAYDEN ATTWELL, an amount of Ten Thousand Rupees only  
(By Credit Card : 10000.00, Credit Card No : XXXXXXXX7746, Date : 11-05-2024, Bank : State Bank of India, Card Holder : )

Description : Advance    Remarks :

Created By : RAHUL\_11250

Printed By : RAHUL\_11250





**Hemogen.**  
HEMATOLOGY CLINIC & DIAGNOSTICS

**DAY CARE CENTRE**



MIG, GATE NO.1, SHRADDHA PURAM COLONY  
NEAR GUPTA NURSING HOME, 24 MTR ROAD, MORADABAD



Tel. No. : 8193809030

E-Mail : drhimanshuchaturvedi@gmail.com

**OPD Cum Receipt**

Receipt No. : 58 Date & Time : 21/May/2024 17:54  
UHID No. : 134 OPD No. : 61  
Patient Name : Mst. JAYDEN Age/Sex : 4 Years/Male  
Consultant Name : DR. HIMANSHU CHATURVEDI Valid Upto : 27/May/2024  
Serial No. : 3

Charge Name	Amount
OPD Registration/Consultation Fee	800.00
<b>Gross Total :</b>	<b>800.00</b>
Payment Mode : Cash	<b>Net Amount : 800.00</b>

Authorized Signatory

Prepared By : AMAN

Printed on 21/May/2024 17:55

**COSMOS HOSPITAL**  
(A Unit Of Emerging Project Pvt. Ltd.)  
PREMNAGAR P.O. KAZIPURA, KANTH ROAD, MORADABAD, PIN-244001 (UP)

**Sale Invoice**

DL.NO. - MB-2016/20/00093, MB-2016/21/00093 GST- 09AACCE1978J2Z9

**Original**

Patient Name **Master JAYDEN**  
Panel **Standard**  
Age/Sex **4 / M**  
Contact No. **7302648326**  
Address **MBD, Moradabad**  
Pres.By. **Dr. GAURAV AGARWAL**

Bill No. **C24S018450**  
Date **02-May-2024 3:36 pm**  
IPD No **24O004201**

S.No	ITEM	HSN	QTY	BATCH	EXP.	MRP	CGST%	CGST	SGST%	SGST	Dis%	NET AMT
1	LEVOFUXIN 500MG/100ML (LEVOF)	3004	1	DJ30295	09/25	186.00	6.00	9.96	6.00	9.96	0.0	166.08
2	LEVOFUXIN 500MG/100ML (LEVOF)	3004	1	DJ30336	09/25	186.00	6.00	9.96	6.00	9.96	0.0	166.08
3	10 MG INJ KENADION (KENA1)	3004	3	I6PMDB2315A	09/25	59.45	6.00	9.55	6.00	9.55	0.0	159.25
4	TRENAXA 500MG INJ, (TREI)	300490	3	TNA2337	10/25	71.97	2.50	5.14	2.50	5.14	0.0	205.63
5	SYRINGE 10 ML. (SYR1)	901831	2	G230420692	03/28	9.00	6.00	0.96	6.00	0.96	0.0	16.08
6	SYRINGE 5ML. (SYR5)	901831	2	2402051	01/29	5.00	6.00	0.54	6.00	0.54	0.0	8.92
7	P-250.SYP (P250)	3004	1	PTS23222	08/26	45.02	6.00	2.41	6.00	2.41	0.0	40.20
8	MEFKIND-P SYP (MEFS)	3004	1	B1AJW022	05/25	37.63	6.00	2.02	6.00	2.02	0.0	33.59
9	FUROPED SYP (FURS)	300490	1	FP-2303	11/24	111.21	6.00	5.96	6.00	5.96	0.0	99.29

Total Qty. **15.00**

Gross Amount **895.12**

Taxable Amt	CGST%	CGST Amt	SGST%	SGST Amt
689.49	6.00	41.36	6.00	41.36
205.63	2.50	5.14	2.50	5.14

Total CGST	<b>46.50</b>
Total SGST	<b>46.50</b>
Round Off	<b>-0.12</b>
Net Amount	<b>988.00</b>

**CAVOTOP  
FOUNDATION  
MEDICINE  
DELIVERED**



Prepared By : ALISHA

Amount Received By- ABHISHEK

GOODS ONCE SOLD CAN NOT BE RETURNED



# Rajiv Gandhi Cancer Institute and Research Centre

[Back](#)

## Final Bill Summary(Original)

PAN No	AAATJ0440C	Service Tax No.	AAATJ0440CST001	GSTIN	07AAATJ0440CZID
Date & Time	13-05-2024 18:03	Bill No	1924-25/7360		
LOCATION	Place of supply- Delhi RGCRC				
State Code	07				
Name	MASTJAYDEN ATTWELL	CR No., IP No	347848, 24IP7117		
Father/Spouse Name	MR SHAWN ATTWELL	Admission Date	11-05-2024 19:23		
Temporary Address	A-24 KAMAKHYAS VILLAS, SHAHBERI, NOIDA	Discharge Date	13-05-2024 18:03		
Permanent Address	H-05-A RAILWAY COLONY HARTHALA COLONY, MORADABAD	Ward	GENERAL WARD		
Age & Sex	7 Years Male	Patn No			
Admitting Doctor	Dr. Gauri Kapoor/Sandeep/Payal	Bed No	216C-GNW		
Consultant	RGCRC PRIVATE	Treating Doctor	DR. GAURI KAPOOR-SANDEEP/PAYAL		
Source	OPD	Next of Kin	Mr Shawn Attwell		
Bill To	RGCRC GENERAL	Ship To			
PAN No		Company GSTIN			

M.No.	DESCRIPTION	AMOUNT
1	ROOM RENT	
	Description Bed No Per Day Charge Stay Amount	
	11-05-2024 19:23:00 To 12-05-2024 23:59:00	
	GENERAL WARD 216C-GNW 4200.00 2.00Day(s) 8400.00	
	<b>Room Rent</b>	<b>8400.00</b>
2	Consultant's Visit	
	Dr. Gauri Kapoor/Sandeep/Payal	2250.00
	<b>Sub Total</b>	<b>2250.00</b>
3	ADMISSION CHARGE	550.00
4	BLOOD BANK	6225.00
5	MRI	2000.00
6	Pharmacy	720.00
	<b>Sub Total</b>	<b>9495.00</b>

### Advance Receipts

RR 24-25061190	Advance 11-05-2024	10000.00
RR 24-25063345	Advance 13-05-2024	9875.00
	<b>Total Advance Amount</b>	<b>19875.00</b>

CGST (5%)	949.50
Total Bill Amount	21315.40
Less Discount (RD)	-273.00
Net Amount	19872.00
Less Advance Paid	19872.00
In Words	Zero Rupees

For HSN/SAC code please refer to Detail bill of supply

9% and 1%

Patient/Attendant Signature & Name

Revision with Patient

Phone No.

Printed By: AJAY\_11131

Created By: AJAY\_11131

Subject to Delhi Jurisdiction only

FOR RAJIV GANDHI CANCER INSTITUTE

Printed Date & Time: 13-05-2024 18:04:05



# COSMOS HOSPITAL

(A UNIT OF EMERGING PROJECT PVT. LTD.)

*A Super Speciality Hospital* **QUALITY & AFFORDABLE CARE**

Prem Nagar P.O. Kajipura, Kanth Road, Moradabad, Pin-244001 (U.P)  
Ph. 0591-2555500, 50 | E-Mail: cosmos.mbd@gmail.com | GST : 09AACCE1978J2Z9



Receipt No. 2400002226

Date 05/Apr/2024 13:20

Name Master JAYDEN

Age/Sex 4 Yrs/M

Consultant Dr. ANURAG AGARWAL

Reg. No. 24IP00113

Address SAI MANDIR ROAD MBD

Bill No.

Panel Standard

UH No. 24P00438

Received with thanks from Master JAYDEN Received A Sum of Rupees Twenty Nine Thousand Only

Payment vide PHONE\_PAY Auth No. RTGS dated: 05/Apr/2024 on AXIS BANK Payment Type-Admission Advance

Amount Received

29,000.00

Receipt No



Run Date :- 05/Apr/2024 13:20



**SAVIOUR**  
FOUNDATION

USER-YOGESH

**COSMOS HOSPITAL**  
(A Unit Of Emerging Project Pvt. Ltd.)  
PREMNAGAR P.O. KAZIPURA, KANTH ROAD, MORADABAD, PIN-244001 (UP)

DL.NO. - MB-2017/20/000297, MB-2017/21/000297 GST- 09AACCE1978J2Z9

**SALE INVOICE**  
Original

Patient Name **Master JAYDEN**  
Panel **Standard**  
Age/Sex **4 / M**  
Contact No. **7895934727**  
Address **SAI MANDIR ROAD MBD ,**  
Pres.By. **Dr. ANURAG AGARWAL**

Bill No. **C24S002301**  
Date **04-Apr-2024 1:44 pm**  
IPD No **24IP00113**

S.No	ITEM	HSN	QTY	BATCH	EXP.	MRP	CGST%	CGST	SGST%	SGST	Dis%	NET AMT
1	ADVENT 300MG ING. (ADV3)	3004	2	C2VAX26	05/25	116.74	6.00	12.51	6.00	12.51	0.0	208.46
2	GENTICYN 80 MG INJ (GEI8)	3004	2	AHI0248	11/25	10.86	6.00	1.16	6.00	1.16	0.0	19.40
3	EMESET2 ML. INJ. (EME1)	3004	1	S630208	11/26	13.35	6.00	0.72	6.00	0.72	0.0	11.91
4	PARIDE-IV (PAR)	3004	1	233101A	08/25	320.00	6.00	11.83	6.00	11.83	31.00	197.14
5	COMBIFLAME SYP. (COMS)	3004	1	CM1223103	06/25	44.69	6.00	2.39	6.00	2.39	0.0	39.91
6	SYRINGE 10 ML. (SYR1)	901831	6	102332452	10/28	9.00	6.00	2.89	6.00	2.89	0.0	48.22
7	SYRINGE 5ML. (SYR5)	901831	5	240058AB	11/28	5.00	6.00	1.34	6.00	1.34	0.0	22.32
8	SYRINGE 2 ML. (SYR2)	901831	4	3236127	07/28	5.00	6.00	1.07	6.00	1.07	0.0	17.86
9	NORMAL SALINE 500 ML (NOSA)	300450	2	3hb01930.	11/26	39.00	6.00	4.18	6.00	4.18	0.0	69.64
10	TEDDY LARGE 2PC (TEDL)	3004	2	123.	01/27	33.00	6.00	3.54	6.00	3.54	0.0	58.92

Total Qty. **26.00**

Gross Amount **693.78**

Taxable Amt	CGST%	CGST Amt	SGST%	SGST Amt
693.78	6.00	41.63	6.00	41.63

Total CGST **41.63**

Total SGST **41.63**

Round Off **-0.04**

Net Amount **777.00**

Prepared By : QASIM      Amount Received By- ward  
GOODS ONCE SOLD CAN NOT BE RETURNED







# Rajiv Gandhi Cancer Institute and Research Centre

Accredited by:



MC-2143



## Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Indraprastha Cancer Society  
Registered under "Societies Registration Act 1860"

D - 18, Sector - 5, Rohini, Delhi - 110085 | Tel.: +91- 11- 4702 2222 | GSTIN: 07AAAT10440C1ZD | E-mail: info@rgcirc.org | Web: www.rgcirc.org

ISO No. : F/MISC/09-04-02

### Receipt (Original Copy)

CR No. :	347848	Receipt No	RR-24-2560865
Patient Name :	MAST JAYDEN ATTWELL	Category	Cash
Age/Sex :	3 Years/Male	Date	11-05-2024
Address :	A-24 KAMAKHYAS VILLAS SHAHBERI	Corporate	PRIVATE

Particulars	Amount (Rs)
OP Advance	25000.000
<b>Total Amount</b>	<b>25000.00</b>

Received with thanks from / on-behalf of MAST JAYDEN ATTWELL an amount of Twenty-Five Thousand Rupees only  
(By E-Wallet :25000.00)

Description : Advance    Remarks : for bone marrow test

Created By : NEHA\_6371

Printed By : NEHA\_6371

11-05-2024 14:35:39

**SAVIOUR**  
FOUNDATION



**Rajiv Gandhi Cancer Institute  
and Research Centre**

ISO No. : F/MISC/09-04-01

**CASH MEMO (Original Copy)**

Receipt No	RR/24-25/61159	Date	11-05-2024	Patient	MASTJAYDEN ATTWELL
CR No	347848			Age/Sex	3 Years/Male
Category	PRIVATE			Ref By	
Location	RGCI				
State Code	7				

SLNo	Particulars	Unit	Amount(Rs)
	<b>Blood Bank</b>		
1	Blood Group Type & Screen (First Admission) [Dr. Anurag Mehta ]	1	1020.00
		Gross Amount	1020.00
		Amount Paid	1020.00

Received with thanks from / on-behalf of MASTJAYDEN ATTWELL an amount of One Thousand Twenty Rupees only  
(By E-Wallet : 1020.00)

**Note:** You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no.  
To update mobile no for future correspondence kindly contact our registration desk.

11-05-2024 06:11 pm

Printed By  
SANDEEP 11158



**SAVIOR  
FOUNDATION**



# COSMOS HOSPITAL

QUALITY & AFFORDABLE CARE | A Super Speciality Hospital

Prem Nagar P.O. Kajipura, Kanth Road, Moradabad, Pin-244001 (U.P.)  
Ph. 0591-2555500, 2555550 | E-mail: cosmos.mbd@gmail.com

GST : 09AACCE197BJZZ9



H-2023-1155

## FINAL - BILL

IPD No.	24IP00113	Bill No.	24B00182
Name	<b>Master JAYDEN</b>	Bill Date	05/Apr/2024 01:23 PM
	S/o SHAWN ATTWELL	UHID	24P00438
Address	SAI MANDIR ROAD MBD	Age	4 Yrs /M
Consultant	<b>Dr. ANURAG AGARWAL</b>	Admission Date	03/Apr/2024 02:55 PM
Panel	Standard	Current Location	PVT. AC (230)
Mobile		Discharge Date	05/Apr/2024 01:23 PM
Status	RELIEVE		

Code	Description	Rate	Qty	Amount
	Advances/Payments			32,000.00
	Balance Rs. :			0.00
Balance : Rupees Zero only				

### Deposit Details

### Receipt

Ref #	Date	Amount	Description
2400001459	03/Apr/2024	3,000.00	By E-Wallet (PHONE_PAY),AXIS
2400002226	05/Apr/2024	29,000.00	By E-Wallet (PHONE_PAY),AXIS



# Rajiv Gandhi Cancer Institute and Research Centre

## CASH MEMO (Original Copy)

ISO No. : F/MISC/09-04-01

Receipt No	: RR/24-25/60881	Date	: 11-05-2024	Patient	: MASTJAYDEN ATTWELL
CR No	: 347848	Age/Sex	: 3 Years/Male	Ref By	:
Category	: PRIVATE				
Location	: RGC1				
State Code	: 7				

Sl.No	Particulars	Unit	Amount(Rs)	
<b>HAEMATOLOGY</b>				
1	CBC (HEMOGRAM COMPLETE) (Whole blood EDTA) [Dr. Anurag Mehta.]	1	600.00	
<b>BIOCHEMISTRY</b>				
2	KIDNEY FUNCTION TEST (INCLD. SOD.POTASSIUM) [Dr. Anurag Mehta.]	1	1430.00	
3	SERUM TOTAL BILRUBIN [DPD] [Dr. Anurag Mehta.]	1	225.00	
4	SGPT [IFCC WITH PP ] AT 37 C] [Dr. Anurag Mehta.]	1	295.00	
5	SERUM ALBUMIN [BCG] [Dr. Anurag Mehta.]	1	185.00	
6	SERUM LDH [IFCC WITH PP AT 37] [Dr. Anurag Mehta.]	1	550.00	
			Gross Amount	3285.00
			Amount Paid	3285.00

Received with thanks from / on-behalf of MASTJAYDEN ATTWELL an amount of Three Thousand Two Hundred And Eighty-Five Rupees-only  
(By Cash -3285.00)



**SAVIOUR  
FOUNDATION**

*[Handwritten Signature]*  
Signature

**Note:** You will receive log-in related information to see Lab and Radiology Reports on your registered mobile no.  
To update mobile no for future correspondence kindly contact our registration desk.

11-05-2024 02:41 pm

Printed By : NEHA\_6371

Created By : NEHA\_6371



# COSMOS HOSPITAL

QUALITY & AFFORDABLE CARE | A Super Speciality Hospital

Prem Nagar P.O. Kajipura, Kanth Road, Moradabad, Pin-244001 (U.P.)  
Ph. 0591-2555500, 2555550 | E-mail: cosmos.mbd@gmail.com

OST: 08AACCE1878J23



H-2023-1155

## FINAL - BILL

IPD No.	24IP00113	Bill No.	24B00182
Name	Master JAYDEN	Bill Date	05/Apr/2024 01:23 PM
	S/o SHAWN ATTWELL	UHID	24P00438
Address	SAI MANDIR ROAD MBD	Age	4 Yrs /M
Consultant	Dr. ANURAG AGARWAL	Admission Date	03/Apr/2024 02:55 PM
Panel	Standard	Current Location	PVT. AC (230)
Mobile		Discharge Date	05/Apr/2024 01:23 PM
Status	RELIEVE		

Code	Description	Rate	Qty	Amount
<b>1</b>	<b>Registration Charges</b>			<b>300.00</b>
	REGISTRATION CHARGES	300.00	1	300.00
<b>2</b>	<b>CONSULTANT</b>			<b>1,600.00</b>
	Dr. ANURAG AGARWAL (ORTHOPAEDICS)			
	(CONSULTATION)	400.00	3	1,200.00
	Dr. GAURAV AGARWAL (PAEDIATRICS & NEONATOLOGY)			
	(CONSULTATION)	400.00	1	400.00
<b>3</b>	<b>ROOM RENT</b>			<b>4,800.00</b>
	PVT. AC (230)	2,400.00	2	4,800.00
<b>4</b>	<b>Nursing Care Charges</b>			<b>1,600.00</b>
	NURSING CHARGES	800.00	2	1,600.00
<b>5</b>	<b>Operation Charges</b>			<b>16,000.00</b>
	Operation Charge (Dr. ANURAG AGARWAL (ORTHOPAEDICS))	16,000.00	1	16,000.00
<b>6</b>	<b>Anaesthesia Charges</b>			<b>4,000.00</b>
	ANAESTHESIA CHARGE (Dr. PANKAJ BUNDELA (ANAESTHESIOLOGY))	4,000.00	1	4,000.00
<b>7</b>	<b>Operation Theater Charge</b>			<b>4,000.00</b>
	Operation Theater Charge	4,000.00	1	4,000.00
<b>8</b>	<b>Other</b>			<b>1,210.00</b>
	BLOOD TRANSFUSION (PER UNIT)	400.00	2	800.00
	Electrode	50.00	3	150.00
	ISOFLORANCE	200.00	1	200.00
	RBS BY GLUCOMETER	60.00	1	60.00
	Amount Before Concession			33,510.00
	Concession			1,510.00
	Net Amount			32,000.00

Patient/Attendant Sign.

Auth. Sign

Printed By : YOGESH Run Date :05/Apr/2024 01:23 PM Prepared By: NITISH(NITISH)



# Rajiv Gandhi Cancer Institute and Research Centre

Receipt (Original Copy)

ISO No. : F/MISC/09-04-02

Cr.No : 347848  
Patient Name : MAST JAYDEN ATTWELL  
Age/Sex : 3 Years/Male  
Corporate : PRIVATE

Receipt No : RR/24-25/60866  
Category : Cash  
Date : 11-05-2024  
Ref By :

Sl.No	Particulars	Unit	Amount(Rs)
	<b>HAEMATOLOGY</b>		
1	BONE MARROW SMEAR EXAMINATION (Smears)(488) [Dr. Gauri Kapoor/Sandeep/Payal ]	1	1300.00
	<b>HISTO PATHOL.&amp; CYTOLOGY</b>		
2	HISTOPATH SPECIMEN/REVIEW,BLOCKS 1 TO 2 [Dr. Gauri Kapoor/Sandeep/Payal ]	1	2500.00
	<b>MOLECULAR DIAGNOSTIC</b>		
3	KARYOTYPING IN LEUKEMIAS [Dr. Gauri Kapoor/Sandeep/Payal ]	1	3800.00
	<b>BED SIDE / DAY CARE PROCEDURES</b>		
4	BONE MARROW ASPIRATION/BIOPSY(154) [Dr. Gauri Kapoor/Sandeep/Payal ]	1	4600.00
	<b>C.S.S.D.</b>		
5	B.M. SET(170) [Dr. Gauri Kapoor/Sandeep/Payal ]	1	1650.00
	<b>CHEMOTHERAPY WARD BED/ROOM CHARGES</b>		
6	1-2 HOURS CHEMOTHERAPY WARD GEN BED CHARGES [Dr. Gauri Kapoor/Sandeep/Payal ]	1	1700.00
	<b>O.T. CONSUMABLE CHARGES</b>		
7	BONE MARROW BIOPSY-NEEDLE 1F'G'X 10 CM [Dr. Gauri Kapoor/Sandeep/Payal ]	1	1749.00
	<b>FLOW CYTOMETRY BLOOD - SPECIAL</b>		
8	FLOWCYTOMETRIC MRD ASSAY [Dr. Gauri Kapoor/Sandeep/Payal ]	1	1650.00
		Gross Amount	33799.00
		Amount Covered Under Advance	25000.00
		Amount Paid	8799.00

Received with thanks from / on-behalf of MAST JAYDEN ATTWELL an amount of Eight Thousand Seven Hundred And Ninety-Nine Rupees only  
(By Cash: 8799.00)

Remarks

Created By - NEHA\_6371

Printed By - NEHA\_6371

11-05-2024 14:33:58

Signature