

MSP D646

WEST BENGAL
WEST BENGAL

Address :

Ward :

Village/Municipality : BILKUMARI

Gram Panchayat (For Rural Areas) : BILKUMARI

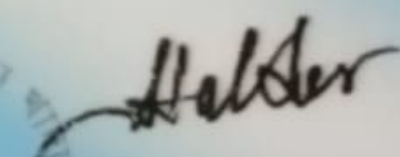
Block : NAKASHIPARA

District : NADIA

Date : 01/03/2015

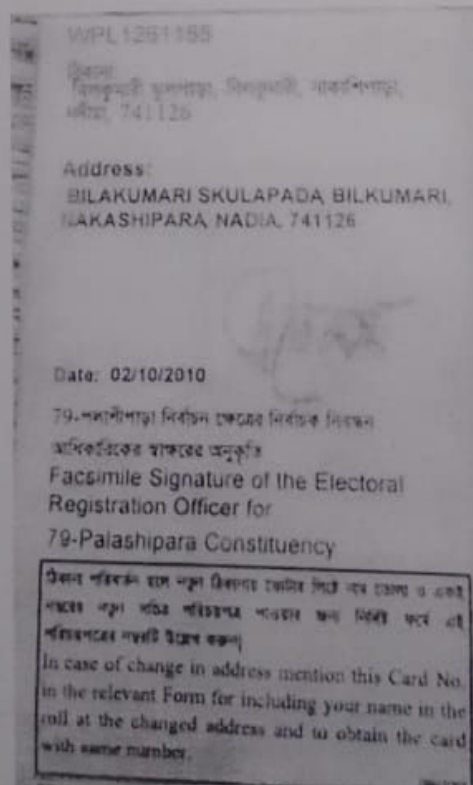
Sub-Area.....

সকলের জন্যে
পশ্চিমবঙ্গ সরকার



Signature of Issuing Officer





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Sub-Area.....

সকলের জন্য
পশ্চিমবঙ্গ সরকার

Halder

Signature of Issuing Officer





In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, UTIITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :
आयकर पैन सेवा यूनीट, UTIITSL
प्लॉट नं: ३, सेक्टर ११, सी.बी.डी.बेलापूर,
नवी मुंबई-४०० ६१४.

Aaykar Sampark Kendras
For Income Tax Related
Queries call Toll Free Nos.

1961

or

18001801961

OFFICE OF THE

BILKUMARI GRAM PANCHAYAT

P.O. - Bilkumari ✶ P.S. - Nakashipara ✶ Dist - Nadia

Email - bilkumarip@rediffmail.com

Name Mr. Mrs.

Arpita Barman (Proddian)

Vill-P.O. - Uitar Bahirgachhi

Mobile No. - 8371923873

Date: 3, 10, 2021



Bilkumari G.P.
Nakashipara - Nadia

TO WHOM IT MAY CONCERN

Certify that Sri / Smt. Rasida Bibi

Son / Daughter / wife Rafikul Mallik

of Vill Bilkumari P.O. Bilkumari

P.S. - Nakashipara, Dist - Nadia is known to me. He / She belongs to the

Schedule Cast / Scheduled Tribe / O.B.C. / Minority and his / her Sub Caste is

Muslim community. He / She is a permanent

/ temporary resident of this Gram Panchayat and bears a good moral character.

The average monthly income of his / her family is not more than

Rs. X (Rs. in words) X

Source of income Cultivation / Business / Service.

His / Her B.P.L. No.

I wish him / her every success in life.

Proddian

Arpita

Bilkumari G.P.

Nakashipara - Nadia

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FADPB2525K



नाम / Name
RASIDA BIBI

पिता का नाम / Father's Name
SUKCHAND SK

जन्म की तारीख /
Date of Birth
01/01/1990

RASIDA BIBI

हस्ताक्षर / Signature





श्रम एवं रोजगार मंत्रालय, भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA


Primary Occupation : House Builders
Current Address : .. Nakashipara, Nadia West Bengal-
741137
Contact Number : 7838734181 (Self)



To reprint the card and update details, visit <https://eshram.gov.in> and to find the nearest CSC centre, visit <https://findmycsc.nic.in>

 eshram.gov.in

 14434

 eshram-care@gov.in

जिनकी मेहनत देश का आधार, सपना उनका हुआ साकार

ई-श्रम कार्ड
e-SHRAM Card



भारत सरकार
GOVT. OF INDIA



नाम / Name
पिता का नाम /
Father's Name
जन्म तिथि / DOB
लिंग / Gender

रोफिकुल मल्लिक / Rofikul Mallick
SADHIN MALLICK
01/01/1983
Male / पुरुष

Universal Account Number (UAN)
7106 6241 8830

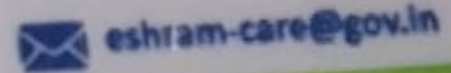
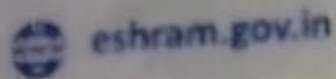
श्रम एवं रोजगार मंत्रालय | MINISTRY OF LABOUR & EMPLOYMENT

श्रम एवं रोजगार मंत्रालय, भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA

Primary Occupation : Tailors, Dressmakers, Furriers and Hatters
Current Address : Bilkumari Nakashipara, Nakashipara,
Nadia, West Bengal-741137
Contact Number : 7428687518 (Self)



To reprint the card and update details, visit <https://eshram.gov.in> and to find the nearest CSC centre, visit <https://findmycsc.nic.in>



जिनकी मेहनत देश का आधार, सपना उनका हुआ साकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

रफिकुल मल्लिक, बिलकुमारी नकशीपारा, बिलकुमारी,
नदिया,

वेस्ट बंगाल - 741137

Address:

C/O Rofikul Mallick, Bilkumari

Nakashipara, Bilkumari, Nadia, West

Bengal - 741137

9794 0150 2042

VID : 9101 9937 8111 7114



1947

1800 300 1947

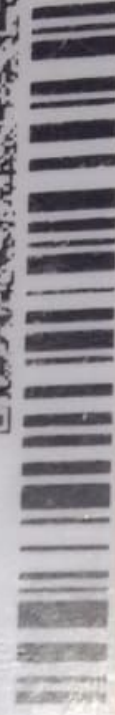
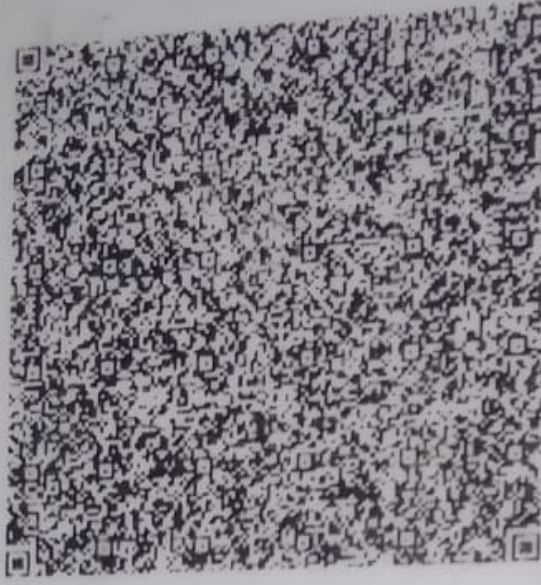


help@uidai.gov.in

www.uidai.gov.in



P.O. Box No.1947,
Bengaluru-560 001





सत्यमेव जयते

পশ্চিমবঙ্গ সরকার
খাদ্য ও সরবরাহ দপ্তর

Ration Card ID : SPHH 0029667278

For NFSA - Priority Household WITH SUGAR

Name of the Card Holder : ROFIKUL MALLICK
Name of Father/Husband : SADHIN MALLICK
Head of the Family : ROFIKUL MALLICK
Age as on 01/01/2012 : 25
Dealer Name : BHAGIRATH CHANDRA
SARKAR(133601900054)

Dealer Address : SAMBHUNAGAR, P.O. BARNIA, P.S.-
NAKASHIPARA, NADIA.
BLOCK : NAKASHIPARA.



Not Transferable (হস্তান্তরযোগ্য নয়)

ई-श्रम कार्ड

e-SHRAM Card



भारत सरकार

GOVT. OF INDIA



नाम / Name

पति का नाम /

Husband Name

जन्म तिथि / DOB

लिंग / Gender

RASIDA BIBI / RASIDA BIBI
ROFIKUL MALLICK

01/01/1990

Female / महिला

Universal Account Number (UAN)

7106 6596 4364

श्रम एवं रोजगार मंत्रालय | MINISTRY OF LABOUR & EMPLOYMENT

श्रम एवं रोजगार मंत्रालय | MINISTRY OF LABOUR & EMPLOYMENT

Issue Date: 03/02/2020



भारत सरकार

GOVERNMENT OF INDIA

RASIDA BIBI

RASIDA BIBI

जन्म तिथि / DOB: 01/01/1990

महिला / FEMALE

Mobile No.: 7428687518

9794 0150 2042

VID: 9101 9937 8111 7114



Download Date: 11/01/2021

भारत सरकार
भारतीय
मेरा आधार मेरी पहचान

Patient Information

MRN Number	15060000133123	Name	Ms Rasida Bibi	Age	33
Gender	F	Primary Number	7838734181	Admission Advice Type	Observation
Risk Type		Specialty	Neurology	Admitting Consultant	Dr. Sameer Arora

Estimate Details

Estimate Type	Indicative	Payor Profile	Cash
Payor Profile Details	IP CASH	Probable Date of Admission	2023-06-09
Ward Requested / Required	General Ward	Procedure / Intervention advised	Medical Management

Service and Material Charge Information

Service Cost		
Pre-Surgical / Pre-Cath Profile Charge	APPROX	15,000
Bed Charge	4500*6	27,000
Consolidated Charge	1600*14 +750*6	26,900
Final Estimated Service Charge:		68,900

Material Cost		
Drugs & Consumable Charge	APPROX	40,000
Consolidated Charges	MICS	5,000
Final Estimated Material Charge		45,000

Grand Total : 1,13,900

ONE LAKHS THIRTEEN THOUSAND NINE HUNDRED ONLY

International Patients: A maximum cash of \$5000 can be deposited (with patient passport endoresment ONLY) and rest to be paid in foreign currency through online transfer / international card(debit/credit).**Domestic Patients:** A maximum cash of Rupees 2,00,000 can be deposited and rest to be paid by online transfer / card (debit/credit).**Disclaimer:** The estimate is valid for a period of two months from the date of issue and may be subject to change. The package does not include treatment of any unrelated illness or procedures other than for which this estimate has been prepared. Also, expenses for any extended stay at the hospital beyond the estimated stay period, owing to any unforeseen circumstances or emergencies, shall be payable over and above the estimate. The estimate is based on our best understanding of the patient's condition at the time of contact and is not the final amount payable and can vary at the time of actual billing or discharge.

I / We agree to the above package and the same has been explained to me / us in our own language.

Package Office

Estimate Issuance Date : 11-05-2023 16:57

Form-2023-05-10-00009

Estimate Given By:-356046 - Vishal Mourya

Patient / Relative signature

Contact Number-----

Narayana Hrudayalaya Charitable Trust

Please attach the
recent photo of the
patient

Socio Economic Assessment Form:

1.	MRN No.	15060000133122.			
2.	Patient Name	RISIDA MALLICK			
3.	Gender (Male/Female)	FEMALE			
4.	Date of Birth	11/01/1990			
5.	Nationality	INDIAN			
6.	Religion	MUSLIM.			
7.	Marital Status	MARRIED.			
8.	Qualification	10 th Pass.			
9.	Parent/Guardian name (relationship with patient)	SUKCHAND SK.			
10.	Address & Contact No.	Bilkumari, Nakashipara, Nadia.			
11.	<u>Family details:</u>				
	Name	Relation with Patient	Age	Qualification	Occupation Monthly Income
	Sukchand Sk	Pat Husband	39	5 th class	Driver 11,000/-
	Risida Mallick	Patient	33	5 th class	Housewife -
	Rohini Mallick	Student	13	Studying 8 th class	-
	Afridi Mallick	Student	10	Studying in 4 th class	-

Narayana Hrudayalaya Charitable Trust


12.	Personal Information about patient and family background: <i>Rujda is 33 years old female, living with husband and 2 children. Husband is working as a driver and earning 11000/- per month. Both the kids are studying in school right now.</i>	
13.	Medical History if any:	<i>None.</i>
14.	Referred by and contact person (Camp, Other Hospital, NGO, staff or others)	-
15.	Admitting Consultant	<i>Dr Sameer Srora.</i>
16.	Diagnosis: <i>PYOMYOSITIS.</i>	
17.	Treatment details: <i>INJECTABLE ANTIBIOTICS FOR GRAM POSITIVE BACTERIA (MRSA). - INJECTION TEICoplanin (A) TAB DOXYCYCLINE (F) I/V ANALGESICS.</i>	
18.	Intent of treatment	Curative/ palliative
19.	Expected 5 yrs. survival rate %	<i>90%.</i>
20.	Admission Date	
21.	Surgery Date	-
22.	Discharge Date	<i>16/05/2023</i>
23.	Total estimated cost of treatment	<i>Rs 1,13,900/-</i>

Narayana Hrudayalaya Charitable Trust

24.	Patient contribution	Rs 50,000/-		
25.	Source of Patient Contribution	Savings- ✓ Borrowings- Sale of an asset- Any other -		
25.	Support from other Scheme/Foundation/Crowd funding	None		
26.	Nature of accommodation (Owned/rented house, quarters)	- Rented, -		
27.	Other Asset detail			
MODIFIED KUPPUSWAMY SCALE				
28	Occupation of Head	Legislators, Senior Officials and Managers		10
		Professionals		9
		Technicians and Associate Professionals		8
		Clerks		7
		Skilled workers and Shop and Market sales workers		6
		Skilled agricultural and fishery workers		5
		Craft and Related trade works		4
		Plant and Machine operators and assemblers		3
		Elementary occupation		✓ 2
		Unemployed		1
29	Education of Head	Profession or Honours		7
		Graduate		6
		Intermediate or diploma		5
		High School Certificate		4
		Middle School Certificate		3
		Primary School Certificate		✓ 2
		Illiterate		✓ 1
30	Monthly Family Income	>78,062		12
		39,033-78062		10
		29200-39032		6
		19516-29199		4

Narayana Hrudayalaya Charitable Trust

		11708-19515	3
		3908-11707	✓
		<3908	1
31	Score as per Modified Kuppuswamy scale	Upper	26 to 29
		Upper middle	16 to 25
		Lower middle	11 to 15
		Upper lower	✓ 5 to 10
		Lower	<5
32.	Copy of any of following ID Proof of the patient: - Aadhar Card - BPL Card - Driving License - PAN Card - Ration Card - Voter ID	- Aadhar Card -	
33.	Copy of documents stating monthly/annual income or economic background like certificate from gram panchayat, BPL Card, Ration Card etc.	- Income Ration Card -	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Dr. Sameer Arora	
	Contact No.	9650111286	
	Email ID	sameer.arora.dr@narayanahealth.org	
	Date and Signature	15.05.23.	
35.	Patient Declaration: <i>The information given above is true and complete;</i> <i>I am not in a position to afford the expense for the treatment described above;</i> <i>I have no objection to the use of the name, photo and information of my child in the brochures, website and for fund raising activities;</i> . Patient/Family member Signature:		


 31/5/23