S2/16654/81
S2/16655/81
S2/16656/81
S2/16657/81

4 files

Regn. II Old 84, New 86, Regn. II Old 34, New 68—20,000 Bks.—9-7-79.

ORIGINAL

Receipt for fees and Documents.

№ 843934

Received from __________ the undermentioned document Patja application No.________ and fees as under:—

Received a sum of Rs. 60/- (Rs. 15/- for each doct) towards adjudication fee for four docts from Sri P. Ashok Chakravarthi, of Soham Engg. Corpn Hyderabad.

Registration fee	Doct. No.	Doct. No.
Fee Copy Number of words Pages		

Memorandum

Travelling allowance——————Kilometers

Process ee

Batta and Travelling allowance to witnesses

Postage

Extra fee under Section $\frac{30\ (1)}{30\ (2)}$

$\frac{30\ (1)}{30\ (2)}$

Filing Translation

B. Sathya Rajulu
Supdt 6/7/81

6/7/81.

P.T.O.

[illegible] Duty

[illegible]

Total

Stations [illegible]

Date: 19

19

This document will be ready for delivery .... on ....

[illegible]

Signature of Registering Officer.

[illegible]

No fee is levied for safe custody of a document for fifteen days after the date on which it is ready for delivery.

[illegible]

For every fifteen days or part thereof after the first fifteen days 40 paise will be levied subject to a maximum fee of six rupees.

[illegible] 15 [illegible] 40 [illegible] 6 [illegible]

The Document unless it is a will, will be liable to be destroyed at the end of two years if unclaimed.

[illegible]

MPI P-154 g-1-82/1000 Books 1.50/- Perset 0.25p.

Municipal Corporation of Hyderabad

(Miscellaneous)

S.R.B.No. 7 575 (QUADRUPLICATE Serial No

(Copy to the Party as Receipt) 198

CASH

TRANSFER Date 4-5-[illegible]

Paid to the State Bank of Hyderabad for credit to Municipal Corporation of Hyderabad Account.

Five Thousand

Bill No. & particulars	Date	Budget Head	Amount Rs.	P
& [illegible] [illegible] bills [illegible] C.F		General Taxation Transfer of Property (b-3) Advertisement Miscellaneous (G) Deposits	5000=00	
		Total Rs	5000=00	

Rs 5000/-

Bank Receipt Stamp Signature of the Remitter

Teller

Head Cashier Signature of the Officer

Cash

Scroll——— ... Section

Transfer (of) State Bank of Hyderabad

Recorded in D.C.B. Register

Folio No. ( )

Entered by Accountant Auditor

MPI P-154 g-1-82/1000 Books Perset 0.25p.

Municipal Corporation of Hyderabad

(Miscellaneous)

M.R.B.No. 9 525 Serial No.

(QUADRUPLICATE
(Copy to the Party as Receipt)

CASH

TRANSFER

Date 198

Paid to the State Bank of Hyderabad for credit to Municipal Corporation of Hyderabad Account.

Bill No. & particulars	Date	Budget Head	Amount Rs. P
		General Taxation	
		Transfer of Property	
		(b-3) Advertisements	
		Miscellaneous	
		(G) Deposits	
		Total Rs	

Bank Receipt Stamp

Cashier

Signature of the Remitter

Teller

Head Cashier

Cash

Scroll

Transfer

Recorded in D.C.B. Register
Folio No. ( )

Entered by Accountant

Signature of the Officer

for State Bank of Hyderabad

Applied

D. L. C. P.

Telephone : 28791/264

Kirtrim Ang Kendra,
Artificial Limb Centre,
Post Box No. 86
PUNE - 411001,

ALC/90112/FW/1936 12/81 1/010

Date 17 Jul 81

Shri Central India Engineering Co.,
2153/5 Hill Street,
Ranigunj, Secunderabad - 500 003.

Supply/Repair of Artificial Limb/Surgical Appliances on payment in respect of

Your worker.

1. Reference your letter No.CI/GI/81-82/24 dt.9 Jul 81.
2. Sanction is hereby accorded for the supply / repair of artificial limb /Surgical appliances ON PAYMENT form Artificial Limb Centre Pune.
3. The approximate cost including accessories of Through Shoulder Prosthesis Rs 750/- The charges for 10 - 12 Weeks hospital stay is Rs. 420/- at the rate of Rs. 5.00 per day. The total amount Rs 1170/- is required to be deposited in advance by cash / Bank draft in the name of Commandant, Artificial Limb Centre, Pune at the time of taking up the case.
4. A period of about 10/12 weeks are required for the fitting and training in the use of prosthesis / surgical appliances.
5. No attendant is permitted to stay in this centre except in case of children below 5 years.
6. This centre is not responsible for (a) journey from home to the centre and back (b) transport at Pune station.
7. Please mark / direct the Patient to report at this centre in Third week of Jul 82 xxx on any working day except Mondays and Central Govt holidays between 9 AM to 10 AM.
8. This sanction is valid up to the some specified date only.
9. The cost of limb and hospital charges has to be deposited only at the time of reporting in this Centre in the 3rd week of July 1982.

COMMANDANT

टेलिफोन नं. २८७९१ । ४७४

कृत्रीम अंग केन्द्र
पोस्ट बॉक्स नं. ८१
पुणे—४११००१
दिनांक :

अं. कद्र । ९०११२ । एफ डब्ल्यू ।

श्री _____

_____

_____

पूर्ति / मरम्मत–कृत्रिम अंग शल्य चिकित्सा उपकरण–भुगतानपर

१. संदर्भ :– आपके पत्र दिनांक _____

२. कृत्रिम अंग केन्द्र पुना से भुगतान पर शल्य चिकित्सा उपकरण । कृत्रिम अंग की मरम्मत । पुर्ति की मजुरी दी जाती है ।

३. कृत्रिम अंग / शल्य उपकरण, जरुरी सामग्री के साथ कुलखर्च करीब _____ रुपया होगा । _____ सप्ताह अस्पताल मे रहनेका खर्च प्रतिदिन ५-०० रुपये के हिसाबसे _____ रुपये होगा । सभी पैसे नगद या बँक ड्रफ्ट द्वारा कमान्डेन्ट ए.एल.सी. पुणे के, नामसे, आनेके समय जमा करना होगा ।

४. केन्द्र में अंग फिटिंग तथा प्रशिक्षण केलिए _____ सप्ताह ठहरना पडेगा ।

५. मरीज के साथ सहायक को अस्पताल में रहने को अनुमती नही है । केवल ५ वर्ष से कम वाले बच्चो के लिए, एक महिला सहायक रह सकती है ।

६. कृत्रिम अंग केन्द्र पुणे में मरीज को घर से आने तथा घर जाने की जबाबदेही केन्द्र की नही है । इसे मरीजको स्वयं प्रबंध करना होगा ।

७. आप / आपका मरीज सार्वजनिक छुट्टियो तथा सोमवार को छोडकर किसी भी कार्य के दिन _____ सप्ताह में _____ १९८१ महीनों में सुबह ९ बजे से १० बजे तक बीच में आ सकते है ।

८. यह स्वीकृति पत्र, ऊपर दी हुई त[illegible] मान्य है ।

कमान्डन्ट