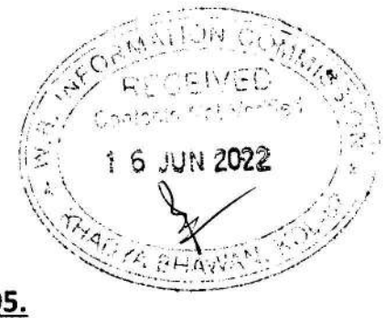
2373/(A)
16/06/2022

SPEED POST



To
The Chief Commissioner/Commissioner,
West Bengal Information Commission,
11,Mirza Ghalib Street, Khadya Bhawan Complex,,
Kolkata – 700 087.

Subject:- **Appeal under section 19(3) of the RTI Act, 2005.**

Sir,

I am to enclose herewith my appeal in quadruplicate in prescribed format under section 19(3) of the RTI Act,2005.

Kindly acknowledge the same.

Thanking you,

Encl:-As above.

Yours faithfully,
Kamala Lepcha
(KAMALA LEPCHA)
Appellant.

Place: Siliguri.
Date: 12.06.2022.

A.O pl examine if RTI application fee payment proof is available/e

Yes the payment of requisite fee is affix by way of Court fee Amt of Rs5/- (two pice).
A.

A

FORMAT FOR FILING 2ND APPEAL BEFORE WEST BENGAL INFORMATION COMMISSION UNDER SECTION 19(3) OF RTI ACT, 2005.

(vide Circular No. 337 dated 18.01.2017)

1. Name of the Applicant: SMT.KAMALA LEPCHA

2. Address: 302, Salbari,Lepcha House,Near Pragati Primary School, Naya Busty,P.O.Salbari, Siliguri- 734002, District Darjeeling.

3. Date of filing of application for information under the RTI Act. (A self attested copy of the RTI application should be attached along with proof of payment of RTI fees i.e., photocopy of the same. In case of BPL Category, self attested photocopy of certificate issued by the competent authority should be attached).

   Date of filing -28.02.2022. A self attested photocopy of the RTI application is attached. The applicant does not fall under the BPL category.

4. Name of the State Public Information Officer/State Assistant Public Information Officer whom the application was made and address:

   It appears that the Public Authority i.e., The Chief Medical Officer of Health, Darjeeling has not designated State Public Information Officer/State Assistant Public Information Officer as no information on the RTI application has since been received. The official address where the RTI application has been sent is the State Public Information Officer, Office of the Chief Medical Officer of Health, Darjeeling .PIN -734101.

5. Gist of Information sought for:

   I sought information in regard to my application under West Bengal Health Scheme,2008 for reimbursement of OPD treatment vide application dated 11/24 January 2020 which was delivered by post on 28.01.2020. I submitted revised claim on 7th March 2020. I submitted reminders on the 4th June 2020,18th August 2020, and 31st November 2021. And the RTI application u/s 6(1) of the RTI

Kamala Lepcha

Act.2005 submitted on 28.02.2022 to the SPIO, Office of the Chief Medical Officer of Health, Darjeeling.

6. Have you received any response/information? If so, attach a self attested copy of the same:

   No response/information has been received by this applicant.

7. Date of filing of 1st Appeal: 18th April 2022.

8. Authority to whom the first appeal was made with address:

   The Appellate Authority, Office of the Chief Medical Officer of Health, Darjeeling, PIN -734101.

9. Decision of the 1st Appellate Authority, if any, including number and date of the order. (A self attested photocopy of the order of the 1st Appellate Authority should be attached):

   No decision has been communicated by the 1st Appellate Authority.

10. Grounds for 2nd Appeal and relief sought. (Specify).

GROUNDS

A. FOR THAT the applicant has not been furnished with the Information by the State Public Information Officer, Office of the Chief Medical Officer of Health, Darjeeling.

B. FOR THAT the 1st appeal has not been heard by the 1st Appellate Authority, Office of the Chief Medical Officer of Health, Darjeeling and no decision has been communicated to this applicant.

C. FOR THAT the Chief Medical Officer of Health, Darjeeling, it appears, has not designated The State Public Information Officer, The State Assistant Public Information Officer, and the 1st Appellate Authority as mandated under the RTI Act,2005.

Kamala Lepcha

RELIEFS SOUGHT

i. Direction upon the Chief Medical Officer of Health, Darjeeling to furnish the information to this applicant as sought for in her RTI application without further loss of time.

ii. Penalty under section 20 of the RTI Act,2005 upon the State Public Information Officer, Office of the Chief Medical Officer of Health,Darjeeling in case such officer has been designated by the Public Authority.

iii. Penalty upon any other officer or officers who is/are liable to furnish information in case of non designation of the State Public Information Officer under section 20 of the RTI Act, 2005.

iv. Penalty upon the Public Authority in case of his failure to appoint the State Public Information Officer, State Assistant Public Information Officer, and the 1st Appellate Authority.

v. Any other order/orders and/or direction/directions as deemed fit and proper to the Hon'ble Chief Commissioner/Commissioner, West Bengal Information Commission.

11. If 2nd Appeal is filed after 90 days from the date on which the decision of the 1st Appellate Authority was received or after 135 days from the date of filing of the 1st Appeal, explain the reasons for the delay:

There has been no delay in filing 2nd Appeal.

Kamala Lepcha

I,SMT.KAMALA LEPCHA,D/O LATE BHIM BAHADUR THAPA AND W/O SRI.NORDEN LEPCHA AGED ABOUT 70 YEARS BEING AN INDIAN CITIZEN DO HEREBY SOLMNLY AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE TO MY KNOWLEDGE BASED ON RECORDS AND THE REST ARE MY SUBMISSIONS TO THE HON'BLE WEST BENGAL INFORMATION COMMISSION.

Place:Siliguri
Date: 12.06.2022

Kamala Lepcha
Signature of the appellant.
KAMALA LEPCHA
(Name of the appellant).

List of documents enclosed:-

a) Self attested copy of RTI application dated 28.02.2022. (Annexure A).
b) Self attested copy of 1st Appeal dated 18.04.2022. (Annexure B).
c) Self attested copy of application under WBHS,2008 dated 11/24 January 2020.(Annexure C).
d) Self attested copy of revised application dated 7th March 2020. (Annexure D).
e) Self attested copy of reminder to the CMOH, Darjeeling dated 4th June 2020.(Annexure E).
f) Self attested copy of another reminder to the CMOH, Darjeeling dated 18th August 2020.(Annexure F).
g) Self attested copy of further reminder to the CMOH, Darjeeling dated 30th November 2021.(Annexure G).

COURT FEE ST 6

5

BY SPEED POST

From

Smt. Kamala Lepcha, ANNEXURE – A

302, Salbari. Near Pragati Primary School,

Naya Busty, P.O. Salbari, Silliguri -734002.

EW925504304IN IVR:6987925504304
SP SALBARI SO <734002>
Counter No:1,01/03/2022,11:09
To:THE CHIEF MED,O/O THE CMOH
PIN:734101, Darjeeling HO
From:KAMALA LEPCHA ,302 SALBARI
Wt:105gms

EW925504304IN
at 01.03.2022.
delivered on 02.03.2022
14:59:22 Hrs.

To

The State Public Information Officer, (RTI Act,2005)

Office of the Chief Medical Officer Of Health,

Darjeeling.

Subject:- Application under section 6(1) of the RTI Act,2005.

Sir,

This is my application under section 6(1) of the Right to Information Act,2005. I would , therefore, request you kindly to supply me the information as defined under section 2(f) of the RTI Act,2005 and also to have access in terms of section 2(j) of the said Act.

I seek information in regard to the following:-

1.That I submitted my application under WB Health Scheme,2008 for reimbursement of OPD treatment vide application dated 11/24th January 2020 and this was delivered by post to you on 28th January 2020. What action has been taken by the office of the CMOH, Darjeeling in this respect till now ?

2.That on 7th March 2020 I submitted revised claim in above matter. This was sent to you by Regd.A/D post. What action has been taken by the authority concerned in this respect till date?

3. That I submitted reminders on the 4th June 2020, 18.08.2020 and 30.11.2021. What action has been taken by the authority?

I am submitting copies of above applications for favour of your information and taking necessary action under the provision of the RTI Act, 2005.

Place: Siliguri

Date:02.2022./28.02.2022.

Attested.
Kamala Lepcha

Yours faithfully,

Kamala Lepcha

(KAMALA LEPCHA)

Encl: As aove.

6

ANNEXURE - B

BY SPEED POST

From
Smt. Kamala Lepcha,
302, Salbari, Near Pragati Primary School,
Naya Busty, P.O. Salbari,
Siliguri – 734002.

Dated the 18th April 2022.

<Track on www.indiapost.gov.in>
<Dial 18002666868> <Wear Masks>
EW921240995IN IVR:6987921240
SP SALBARI SO <734002>
Counter No:1,22/04/2022,11:21
To:THE APPELLATE,O/O THE CMHH
PIN:734101, Darjeeling HO
From:KAMALA LEPCHA ,SALBARI
Wt:105gms
Amt:53.10(Cash)Tax:8.10
<Track on www.indiapost.gov.in>

EW921240995IN
dt. 22.04.2022.
Item delivered
confirmed 26/04/2022
Time 15:40:16.

To
The Appellate Authority under RTI Act, 2005,
Office of the Chief Medical Officer of Health,
Darjeeling.

Subject:-Appeal under section 19(1) of the RTI Act, 2005.

Sir,

This is an appeal under section 19(1) of the RTI Act.2005 since the SPIO of the Office of the Chief Medical Officer of Health, Darjeeling has not furnished any information even after expiry of thirty days from the date of my application dated the 28th February 2022 under section 6(1) of the RTI Act, 2005.

I am enclosing the copies of the following documents in favour of your information and taking necessary action:-

1. A copy of the application under section 6(1) addressed to the SPIO, Office of the CMOH, Darjeeling.
2. A copy of the application under WBHS,2008 dt.11/24 January 2020.
3. A copy of revised claim application dated the 7th March 2020.
4. A copy of reminder to the CMOH, Darjeeling dated 4th June 2020.
5. A copy of another reminder to the CMOH, Darjeeling dt.18th August 2020.
6. A copy of reminder to the CMOH, Darjeeling dt.30th November 2021.

I would, therefore, request you kindly to take urgent necessary action as has been empowered to you by the statute.

PERSONAL COPY

Thanking you,

Encl: As above.

Yours faithfully
Kamala Lepcha
(KAMALA LEPCHA)
APPELLANT.

p/c

attested.
Kamala Lepcha

7

ANNEXURE- C

Registered with A/D

Dated the 11th January 2020.
24th

To

The Chief Medical Officer of Health, Darjeeling,
Darjeeling.

Subject:-Reimbursement claim under West Bengal Health Scheme.

Sir,

I am to submit herewith my reimbursement claim papers in the prescribed forms in respect of O.P.D. treatment in Neotia Getwel Health Centre, Siliguri which is an empanelled hospital under the West Bengal Health Scheme, 2008.

All necessary papers as required under the said Health Scheme have been enclosed herewith for favour of taking necessary action at your earliest convenience.

Thanking you,

Yours faithfully,
Kamala Lepcha

(KAMALA LEPCHA)
Ex-UDC,Office of the Dy.C.M.O.H.,Darjeeling.

Encl:As above.

Address:-
302,Salbari,Near Pragati Primary School,
P.O.Salbari, Naya Busty, Siliguri-734002.

attested.
Kamala Lepcha

[illegible] EW277506160IN
at 14:27:45 on [illegible] 2020 Dt. 27/01/2020

ANNEXURE -D

REGISTERED WITH A/D

Dated the 7th March 2020.

To

The Chief Medical Officer of Health

Darjeeling.

Subject: - Reimbursement claim under W.B. Health Scheme.

Reference:- My application dated 24.01.2020.

Sir,

I am to submit Form C 1 afresh due to change in my claim amount in respect of application dated 24.01.2020.Therefore,only Form C 1 submitted on that date stands cancelled. All other relevant papers submitted on 24.01.2020 stands valid except Form C 1.

Fresh Form C 1 is being submitted with this application for favour of taking necessary action in the matter.

Thanking you,

Yours faithfully,

Kamala Lepcha.

(KAMALA LEPCHA)

Ex-UDC,Office of the Dy.CMOH III,

Darjeeling.

Encl: As above.

Address:- 302,Salbari,Near Pragati
Primary School, P.O. Salbari,
Naya Busty, Siliguri-734002.

attested.
Kamala Lepcha.

भारतीय डाक

India Post

RLAD SALBARI <734002>
RLAD A RW277505297IN
Counter No:1,OP-Code:01
To:THE CHIEF MEDICAL OF,DARJEELING
DARJEELING, PIN:734101
From:KAMALA LEPCHA , SALBARI
Wt:25grams,
Amt:30.00 ,07/03/2020 ,10:26
<<Track on www.indiapost.gov.in>>

RW277505297IN
dt- 07.03.2020
Item delivery confirmed
Date 11/3/2020 Time 16:45:20

Annexure-I 9

Certification of Treating Specialist of **Empanelled Hospital** for claiming reimbursement of **"Out Patient Department"** treatment under WBHS

1. Certified that the patient, ~~Sri~~/Smt. KAMALA LEPCHA is a beneficiary of West Bengal Health Scheme having the Beneficiary ID is 111204816/P/12/10/5465/1/1

2. S/he has been suffering from HEART DISEASE (specify name of disease) as listed in Sl. No. 5 of the OPD list as per 7(1) clause or follow-up medical attendance and treatment of _____ as per 7(2) clause of order number 7287-F, dated 19/09/2008 issued by Medical Cell, Finance Department, Government of West Bengal.

Date: 20/01/2020

Official Seal of Treating Hospital

Signature of the Treating Specialist
Registration No: .....
Registering Authority: .....
DR. PREM DORJEE BHUTIA
Present Degree: M.D
SR. CONSULTANT INTERNAL MEDICINE
REGD. NO. WBMC-53233
NEOTIA GETWEL HEALTHCARE CENTRE

List of OPD (Out-Patient Department) Diseases

As per clause 7(1) of 7287–F, dated; 19-09-2008				As per clause 7(2) of 7287–F, dated; 19-09-2008	
Sl. No	Name of Disease	Sl. No	Name of Disease	Sl. No	Name of Disease
1	Malignant Diseases.	10	Injuries Caused by Accident (including Animal Bite).	1	Neuro Surgery.
2	Tuberculosis.	11	Rheumatoid Arthritis.	2	Cardiac Surgery (Including Coronary Angioplasty and implants).
3	Hepatitis B/C and Other Liver Diseases.	12	Systematic Lupus Erytthematous (LUPUS).	3	Cancer Surgery/ Chemotherapy/ Radiotherapy.
4	Insulin Dependent Diabetes (Type-2 Diabetic Mellitus is not considered as Insulin Dependent Diabetes).	13	Crohn's Disease.	4	Renal Transplant.
5	Heart Diseases.	14	Endodontic Treatment (Root Canal Treatment).	5	Hip/ Knee replacement Surgery.
6	Neurological Disorder/ Cerebra Vascular Disorders.	15	COPD (Chronic Obstructive Pulmonary Disease).	6	Accident cases.
7	Malignant Malaria.	16	Ankylosing Spondylitis		
8	Renal Failure.	17	None of the above list [Vide para 10 of 797-F(MED), dated 31.01.2011]		
9	Thallasaemia/ Bleeding orders/ Platelet Disorders				

attested
Kamala Lepcha

10

Manual/ Online Reimbursement Application Form

Form-CI

Bill/ Statement for cost of Outdoor Patient (OPD) treatment in Empanelled /Enlisted Hospital

under West Bengal Health Scheme

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)

Part-I[General Information]

1. Details of Employee/Pensioner

Full Name (in Block letters)	KAMALA LEPCHA	HRMS ID / PPO No.	11120481 6/P/12/
Enrollment ID No.	11120481 6/P/12/10/ 5465/1/1	Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	10/5465

2. Details of Patient, Treating Hospital and Condonation Requirement, if any

2.1	Name of Patient	KAMALA LEPCHA
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.	NEOTIA GETWELL HEALTH CARE CENTRE
2.3	Requirement of approval of delay Condonation, if any(Tick mark in appropriate box)	Yes ☐ No ☑ Not known ☐

3. Details of Claimant *(Applicable in case of death of employee or pensioner or family pensioner)*

Sl. No.	Name of claimant	Relation
3.1	N.A.	N.A.

4. Permission Details, if any

Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in enlisted hospital outside West Bengal *(see clause 14 of order no.7287, dated 19.09.2008).*	Memo No. : Date: Designation / Authority : N.A. U.O. No. and dateof Finance Deptt. West Bengal, if any:

Part-II [Details of Expenditure Statement of OPD treatment]

5. Details of OPD Treatment

Sl. No.	Particulars	Details			
5.1	Category of OPD Claim (Tick mark in appropriate box)*[See list of diseases/illness mentioned in clause 7(1) and 7(2)]*	As per clause 7(1) of OPD List	☑	As per clause 7(2) of OPD List	☐
5.2	Name of OPD Disease/ Type of follow-up medical attendance and treatment	HEART DISEASE			
5.3	Date of OPD consultation	09.01.2020 & 13.01.2020			

6. Expenditure Statement of OPD treatment

Sl	Name of Components	Amount

attested
Kamala Lepcha

Manual/ Offline Reimbursement Application Form

Consultation Fees					Claimed (Rs.)
					750=00
Cost of Pathological and Radiological Investigations					6870=00
Cost of Medicines					
Period of medicine consumption	From		To		
Cost of Special Device					
Miscellaneous (specify)					
				Total	7620=00
				No. of Vouchers	2

Part-III [Medical Advance] N.A.

Details of Medical Advance, if any

of Treasury from e it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-IV [Refund of Medical Advance] N.A.

Details of Refund of Medical Advance, if any

of Treasury from e it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

im: *[Part-II minus Part-III] or [Part-II minus Part-III plus Part-IV]*

7620=00 | In words; Rupees SEVEN THOUSAND SIX HUNDRED TWENTY ONLY.

Part-V [Declaration of Employee/Pensioner]

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

nclosures]

Name/Particulars of enclosures to be attached	Enclosed or not	
Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital	Yes ☑	No ☐
Enrollment Certificate of beneficiary	Yes ☑	No ☐
Money Receipts in sequentially	Yes ☑	No ☐
Copy of OPD Prescription	Yes ☑	No ☐
Copy of permission granted if any	Yes ☐	No ☑ N.A.
Original copy of Voucher/ Tax Invoice/ Challan of Implants	Yes ☑	No ☐
...ort of all investigation test report in sequentially	Yes ☐	No ☐

Attested.
Kamala Lepcha

Manual/ Offline Reimbursement Application Form

8	In case of death of Employee, Pensioner and Family Pensioner, a. An, affidavit on stamp paper by claimant N A . b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☑ No ☑ No ☑
9	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes ☑	No ☐
10	Any other instruments (Specify)	Yes ☐	No ☑

Date: 07.03.2020

Signature of the Employee/Pensioner/Claimant: Kamala Lepcha.

Name in Block Letters : KAMALA LEPCHA

Designation/Last Designation : UPPER DIVISION CLERK, OFFICE OF THE DY. CMOH III, DARJEELING.

attested.
Kamala Lepcha

CIN NO: U85110WB2007PLC113081

CONSULTATION

O/C 13

Getwel
HEALTHCARE CENTRE

Patient Name	: Ms KAMALA LEPCHA	Consultant Name	: Dr. P D BHUTIA
Gender/Age	: FEMALE/67 Years 8 Days	Degree	: MBBS, MD (Internal Medicine)
UHID	: UID110000108567	Reg. No	: WBMC53233
Mobile No	: 8159871391	Designation	: Senior Consultant
Consultation Type	: FIRST VISIT	Consultant Dept	: Internal medicine
Consultation Dt	: January 9, 2020 09:47		

VITAL SIGN

PULSE RATE	:	BP	: 120/80
WEIGHT	: 63.8 kg	HEIGHT	:
TEMPERATURE	:		
HEAD CIRCUMFERENCE	:		

Attested
Kamala Lepcha

PLEASE BRING THIS PRESCRIPTION WHEN YOU VISIT

Dr. P D BHUTIA

:e (Supply West Bengal (19)

Neotia Getwel™
ALTHCARE CENTRE

NEOTIA GETWEL HEALTHCARE CENTRE
(A Unit Of Neotia Healthcare Initiative Limited)
Uttorayon, Siliguri, 734010, Darjeeling. Ph : 0353 3053000
CIN No : U85110WB2007PLC113081, GSTIN : 19AACCN4806C1ZQ

BILL OF SUPPLY CUM RECEIPT

ient Category	:	Cash	Bill No.	:	BOS-A-101-20001270
ient MRD No.	:	UID110000108567	Bill Date	:	Jan 9, 2020 9:47 AM
ient Name	:	Ms KAMALA LEPCHA	Visit No.	:	OP-008
ıder / Age	:	FEMALE/67 Years	Charge Class	:	OP
ıtact No	:	8159871391	HSN Code	:	9993
ress	:	302 SALBARI SILIGURI, Darjeeling, WEST BENGAL, INDIA			

Description	Date	MRP	Unit Rate	Qty	Amount
CONSULTATION					
CONSULTATION VISIT | Adv.By Dr. P D BHUTIA	09-01-2020		750.00	1	750.00
Total Hospital Charges					**750.00**
ınd Off					0
ıl Bill Amount					**750.00**

ount in words : **Rupees Seven Hundred Fifty Only**

No	Receipt Date	Receipt No	Payment Type	Amount
	Jan 9, 2020 9:47 AM	REC-1012004026	Invoice Collection	750.00
	Total			**750.00**

No	Receipt No	Amount	Mode
	REC-1012004026	750.00	Credit Card
	Total	**750.00**	

Net Amount	:	0.00
Patient Payable	:	750.00
Less advance	:	750.00
Patient Payable Balance	:	0.00
Outstanding Amount	:	0.00

marks

fetime Registration Fee is Non-Refundable.
ıis Payment Is valid For 7 Days From The Date Of Payment (Not applicable for WBHS, CGHS, SGHS patients).
.va: Prior Doctor's Appointment At 0353-3053063, Between 09:00 AM To 05:00 PM, Monday To Saturday
or Home Collection Facility, Please Call 9051433885.
epo:t Delivery Time 10:00 AM To 06:30 PM, Between Monday To Saturday.
epo:t To Be Collected Within One Month From The Date Of Investigation Done.

Authorised Signatory

epared By barsha

Prepared On Jan 9, 2020 9:47 AM

'Reports At Your Palmtop" Please download 'NeoHealth" mobile app from Google Play Store/ i Store for online reports

Attested
Kamala Lepcha

Sd/-
Dr. Sanjit Sarkar,
PY. Medical Superintendent
Neotia Getwel Healthcare Centre
Siliguri

pply West Bengal (19)

Getwel

NEOTIA GETWEL HEALTHCARE CENTRE

(A Unit Of Neotia Healthcare Initiative Limited)
Uttorayon, Siliguri, 734010, Darjeeling, Ph : 0353 3053000
CIN No : U85110WB2007PLC113081, GSTIN : 19AACCN4806C1ZQ

BILL OF SUPPLY CUM RECEIPT

gory	:	Cash	Bill No.	:	BOS-O-101-20002112
) No.	:	UID110000108567	Bill Date	:	Jan 10, 2020 12:08 PM
e	:	Ms KAMALA LEPCHA	Visit No.	:	OP-009
e	:	FEMALE/67 Years	Charge Class	:	OP
	:	8159871391	HSN Code	:	9993
	:	302 SALBARI SILIGURI, Darjeeling, WEST BENGAL, INDIA			

iption / gation	Date	MRP	Unit Rate	Qty	Amount
IN D3 (25-OH) - SERUM/ PLASMA(O) | Dr. P D BHUTIA	10-01-2020		2,100.00	1	2,100.00
ospital Charges					2,100.00
unt					0
ds : Rupees Two Thousand One Hundred Only					2,100.00

Receipt Date	Receipt No	Payment Type	Amount
Jan 10, 2020 12:08 PM	REC-1012004952	Invoice Collection	2,100.00
			2,100.00

Receipt No	Amount	Mode
REC-1012004952	2,100.00	Credit Card
Total	2,100.00	

Net Amount	:	0.00
Patient Payable	:	2100.00
Less advance	:	2,100.00
Patient Payable Balance	:	0.00
Outstanding Amount	:	0.00

ation Fee is Non-Refundable
valid For 7 Days From The Date Of Payment (Not applicable for WBHS, CGHS, SCHS patients)
tor's Appointment At 0353-3053063, Between 09:00 AM To 05:00 PM, Monday To Saturday
ction Facility, Please Call 9051433885
Time 10:00 AM To 06:30 PM, Between Monday To Saturday
ollected Within One Month From The Date Of Investigation Done

PAID

RUBI KUMARI PRASAD

Authorised Signatory

Prepared On Jan 10, 2020 12:08 PM

t Your Palmtop" Please download "NeoHealth" mobile app from Google Play Store/ i Store for online reports

Attested
Kamala Lepcha

Sd/-
Dr. Saiyad Sarkar
Dy. Medical Superintendent
Neotia Getwel Healthcare
Centre, Siliguri

WBHS

ly West Bengal (19)

Getwel

NEOTIA GETWEL HEALTHCARE CENTRE
(A Unit Of Neotia Healthcare Initiative Limited)
Uttorayon, Siliguri, 734010, Darjeeling, Ph : 0353 3053000
CIN No : U85110WB2007PLC113081, GSTIN : 19AACCN4806C1ZQ

BILL OF SUPPLY CUM RECEIPT

ory	: Corporate	Bill No.	: BOS-O-101-20002111
No.	: UID110000108567	Bill Date	: Jan 10, 2020 12:07 PM
	: Ms KAMALA LEPCHA	Visit No.	: OP-009
	: FEMALE/67 Years	Charge Class	: OP
	: 8159871391	HSN Code	: 9993
	: 302 SALBARI SILIGURI, Darjeeling, WEST BENGAL, INDIA	Insurance Company	:
		Corporate/TPA	: WEST BENGAL HEALTH SCHEME
		Corporate/TPA GSTIN	:

ption / ation	Date	MRP	Unit Rate	Qty	Amount
6 - ECG | Adv.By Dr. P D BHUTIA	10-01-2020		140.00	1	140.00
1 - USG OF WHOLE ABDOMEN | Adv.By BHUTIA	10-01-2020		950.00	1	950.00
5 - URINE FOR ALBUMIN: CREATININE Adv.By Dr. P D BHUTIA	10-01-2020		520.00	1	520.00
3 - Complete Haemogram | Adv.By Dr. P D	10-01-2020		180.00	1	180.00
1 - Glucose blood- Fasting/ PP/ Random | Dr. P D BHUTIA	10-01-2020		70.00	1	70.00
1 - Glucose blood- Fasting/PP/ Random | Dr. P D BHUTIA	10-01-2020		70.00	1	70.00
2 - Blood Urea Nitrogen/ Blood Urea | Adv.By BHUTIA	10-01-2020		80.00	1	80.00
- Serum Creatinine | Adv.By Dr. P D BHUTIA	10-01-2020		100.00	1	100.00
- Serum Uric Acid | Adv.By Dr. P D BHUTIA	10-01-2020		110.00	1	110.00
- Lipid Profile | Adv.By Dr. P D BHUTIA	10-01-2020		700.00	1	700.00
- LFT [Liver Function Test] | Adv.By Dr. P D	10-01-2020		750.00	1	750.00
- Serum Sodium | Adv.By Dr. P D BHUTIA	10-01-2020		240.00	1	240.00
POTASSIUM, SERUM | Adv.By Dr. P D	10-01-2020		150.00	1	150.00
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

Sd/-
Dr Sayib Sarkar,
Dy. Medical Superintendent
Neotia Getwel Healthcare
Centre, Siliguri

40.00 out

attested
Kamala Lepcha

17

Description	Date	MRP	Unit Rate	Qty	Amount
Investigation					
2013046 - Serum Chloride | Adv.By Dr. P D BHUTIA	10-01-2020		150.00	1	150.00

Total Hospital Charges
id Off
Bill Amount

	6,870.00
	0
	6,870.00

unt in words : Rupees Six Thousand Eight Hundred Seventy Only

lo	Receipt Date	Receipt No	Payment Type	Amount
	Jan 10, 2020 12:07 PM	REC-1012004950	Invoice Collection	6,870.00
Total				6,870.00

lo	Receipt No	Amount	Mode
	REC-1012004950	6,870.00	Credit Card
Total		6,870.00	

Net Amount	:	0.00
Patient Payable	:	6870.00
Less advance	:	6,870.00
Patient Payable Balance	:	0.00
Outstanding Amount		0.00

irks

time Registration Fee is Non-Refundable.
Payment Is valid For 7 Days From The Date Of Payment (Not applicable for WBHS, CGHS, SGHS patients).
ail Prior Doctor's Appointment At 0353-3053063, Between 09:00 AM To 05:00 PM, Monday To Saturday.
Home Collection Facility, Please Call 9051433885.
ort Delivery Time 10:00 AM To 06:30 PM, Between Monday To Saturday.
ort To Be Collected Within One Month From The Date Of Investigation Done.

NEOTIA GETWEL HEALTHCARE CENTRE SILIGURI

PAID

ared By RUBI KUMARI PRASAD

Authorised Signatory

Prepared On Jan 10, 2020 12:07 PM

Reports At Your Palmtop" Please download "NeoHealth" mobile app from Google Play Store/ i Store for online reports

Self- Sanjib Sarkar,
Dy Medical Superintendent,
Neotia Getwel Healthcare
Centre, Siliguri

attested
Kamala Lepcha

MANDATE BY THE PAYEE FOR E-PAYMENT

To

To The Chief Medical Officer Of Health,
Darjeeling

Sub.: Payment through Electronic Mode.

Sir,

I/We am/are giving option for availing the facility of e-payment kindly arrange to remit he amount to my/our Bank Account hereinafter. The details of my/our particulars are furnished below :-

1. (a) Name of the claimant/Payee/recipient : SMT. KAMALA LEPCHA (Capital Letters)
   (b) Address : 302, SALBARI, NEAR PRAGATI PRIMARY SCHOOL, P.O. SALBARI, SILIGURI - 734002
   (c) Contact No. Land Line : NIL Mobile : 8159871391
   (d) E-mail :
   (e) ID No. : ADMPL3262E Nature of ID : PAN CARD
2. (a) Name of Bank CENTRAL BANK OF INDIA
   (b) Name of Branch with Bank Branch Code: PANCHANI 4490
   (c) Account Type : Savings/Current/Cash Credit : SAVINGS
   (d) Bank Account No./CBS allotted A/c. No :

1	3	0	1	9	0	5	8	3	1	

   (e) Branch IFSC (11 digit)

C	B	I	N	0	2	8	4	4	9	0

   (f) Branch MICR (9 digit)

7	3	4	0	1	6	5	2	6

The Bank particulars above is correct and true.

I/We hereby hy declare that I/We and my/our helrs and successors accept the liabllity of making good to Government the Overpayment, if a iy, made to me/us under the scheme.

I/We hereby authorize PANCHANI Branch(Name of the Branch) of the CENTRAL BANK OF INDIA Bank to receive amount on my/our behalf for credit to my/our account as stated above and further authorize that the receipt of credit given by the bank for the amount of my/our account shall be treated as legal quittance.

Yours faithfully,
Kamala Lepcha
(Signature of the Claimant/Payee/Recipient)

(to be accepted by the Head of Office)
Date :

(Signature of the Head of Office)
(Office Seal)

N.B.: (a) ID No. & Nature of ID, ID No. (i) for individual : It should be Voter Card, Addhaar Card or PAN Card, (ii) For Autonomous Body/Firm/Company : Registration No. or PAN/TAN No. or Trade License.

(b) Verification of Bank particulars: Copy of the 1st Page of the Pass Book along with a copy of cancelled cheque or certificate by the Concerned Bank Branch.

Attested :
Kamala Lepcha.

BY SPEED POST, 19

Dated the 4th June 2020

To

ANNEXURE – E

The Chief Medical Officer Of Health,
Darjeeling.

Subject:-Reimbursement Claim under W.B.Health Scheme.

Reference:-1.My application dated the 11/24th ~~June~~ January 2020. &
2. My letter dt. the 7th March 2020,

Sir,

In reference to my application dated the 11/24th January 2020 in the matter of reimbursement claim under W.B. Health Scheme received by your office on 27th Januaruy 2020, I have not yet received the amount claimed under the said Health Scheme till date. Letter dt. 07.03.2020 is regarding revised application foorm.

I would, therefore, request your good office to kindly treat this matter as urgent and grant the claim amount at your earliest convenience.

Thanking you,

Yours faithfully,
Kamala Lepcha
(KAMALA LEPCHA)
Ex-UDC Office of the Dy.CMOH,
Darjeeling.

Address: 302,Salbari,
Near Pragati Primary School,
Maya Busty, P.O.Salbari,
SILIGURI -734002.

EW 883170885 IN
Dt. 22/06/2020.
Delivery on 29/06/2020
12:46:42 P.M.

attested
Kamala Lepcha

ANNEXURE – F

Dated the 19th August 2020.

To
The Chief Medical Officer of Health,
Darjeeling.

Subject:- Reimbursement claim under W.B.Health Scheme.

Reference:- 1. My application dated the 11/24th January 2020.
2. MY corresponding letter dated the 7th March 2020.
3. MY subsequent letter dated the 4th June 2020.

Sir,

The following are my submission for your kind perusal and taking urgent necessary action:-

1. That I had submitted my application in prescribed pro forma for reimbursement of my claim under W.B. Health Scheme on 11/24th January 2020 by Registered with A/D post and the same was delivered to you on 28TH January 2020.
2. That on the 7th March 2020 I further submitted a revised claim in prescribed format C3 due to required correction made in the claim amount. The same was sent also by Registered with A/D post and the delivery was executed on 11th March 2020.
3. That I submitted a reminder on 4/22nd June 2020 with the request to grant the claim amount at an early date.

However, till date no action seems to have been taken from your end. I am an aged pensioner and have no such agility to visit your office personally in order to pursue my case. Besides, it is known to all that medical expenditure is a big chunk of financial burden to be borne especially in the old age and this will certainly bear upon adversely on the fixed income group like pensioners.

In view of the above facts and circumstances I would once more humbly request your good office kindly to take necessary action for releasing the reimbursement claim at your earliest convenience.

attested
Kamala Lepcha

EW939890055IN
Dated 24/08/2020
Delivered on 26/08/2020
Time : 15:39:07

<Duplicate> SP SALBARI 734002
GSTN No: 19AAAGS1312C1ZS
EW939890055IN
Counter No:1,OP-Code:01
To:THE CMOH,O/O CMOH
DARJEELING, PIN:734101
From:KAMALA LEPCHA , SALBARI
Wt:60grams, ,24/08/2020 ,11:03
Amt:41.00
,CGST @9% 3.69,SGST @9% 3.69
<Track on www.indiapost.gov.in>

I am enclosing herewith Xerox copies of the pro forma application with its enclosures for favour of your ready reference and taking necessary action.

Encl: As above.

Yours faithfully,

Kamala Lepcha

(KAMALA LEPCHA)
Ex-UDC,Office of the DY.
CMOH III,Darjeeling.

Address:- 302,Salbari,
Near Pragati Primary School,
Naya Busty, P.O.Salbari,
Siliguri – 734002.

attested
Kamala Lepcha.

Annexure-I

Certification of Treating Specialist of **Empanelled Hospital** for claiming reimbursement of **"Out Patient Department"** treatment under WBHS

1. Certified that the patient, ~~Sri~~/Smt. KAMALA LEPCHA is a beneficiary of West Bengal Health Scheme having the Beneficiary ID is 111204816/P/12/10/5465/1/1
2. S/he has been suffering from HEART DISEASE (specify name of disease) as listed in Sl. No. 5 of the OPD list as per 7(1) clause or follow-up medical attendance and treatment of _____ as per 7(2) clause of order number 7287-F, dated 19/09/2008 issued by Medical Cell, Finance Department, Government of West Bengal.

Date: 20/01/2020

NEOTIA GETWEL HEALTHCARE CENTRE SILIGURI

Official Seal of Treating Hospital

Signature of the Treating Specialist
Registration No: .....
Registering Authority: DR. PREM DORJEE BHUTIA
Present Degree: M.D
SR. CONSULTANT-INTERNAL MEDICINE
Hospital
REGD. NO. WBMC-53233
NEOTIA GETWEL HEALTHCARE CENTRE

List of OPD (Out-Patient Department) Diseases

As per clause 7(1) of 7287–F, dated; 19-09-2008				As per clause 7(2) of 7287–F, dated; 19-09-2008	
Sl. No	**Name of Disease**	**Sl. No**	**Name of Disease**	**Sl. No**	**Name of Disease**
1	Malignant Diseases.	10	Injuries Caused by Accident (including Animal Bite).	1	Neuro Surgery.
2	Tuberculosis.	11	Rheumatoid Arthritis.	2	Cardiac Surgery (Including Coronary Angioplasty and implants).
3	Hepatitis B/C and Other Liver Diseases.	12	Systematic Lupus Erytthematous (LUPUS).	3	Cancer Surgery/ Chemotherapy/ Radiotherapy.
4	Insulin Dependent Diabetes (Type-2 Diabetic Mellitus is not considered as Insulin Dependent Diabetes).	13	Crohn's Disease.	4	Renal Transplant.
5	Heart Diseases.	14	Endodontic Treatment (Root Canal Treatment).	5	Hip/ Knee replacement Surgery.
6	Neurological Disorder/ Cerebra vascular Disorders.	15	COPD (Chronic Obstructive Pulmonary Disease).	6	Accident cases.
7	Malignant Malaria.	16	Ankylosing Spondylitis		
8	Renal Failure.	17	None of the above list [Vide para 10 of 797-F(MED), dated 31.01.2011]		
9	Thallasaemia/ Bleeding orders/ Platelet Disorders.				

attested.
Kamala Lepcha

Manual/ Offline Reimbursement Application Form

Form- C1

Reimbursement for costs of Out-Door Patient (OPD) treatment in Empanelled /Enlisted Hospital

under West Bengal Health Scheme

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)

Part-I[General Information]

1. Details of Employee/Pensioner			
Full Name (in Block letters)	KAMALA LEPCHA	HRMS ID / PPO No.	11120481 6/P/12/
Enrollment ID No.	11120481 6/P/12/10/ 5465/1/1	Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	10/5465

2. Details of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient	KAMALA LEPCHA	
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.	NEOTIA GETWEL HEALTH CARE CENTRE	
2.3	Requirement of approval of delay Condonation, if any(Tick mark in appropriate box)	Yes ☐	No ☑ Not known ☐

3. Details of Claimant *(Applicable in case of death of employee or pensioner or family pensioner)*		
Sl. No.	Name of claimant	Relation
3.1	N.A.	N.A.

4. Permission Details, if any		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in enlisted hospital outside West Bengal *(see clause 14 of order no.7287, dated 19.09.2008)*.	Memo No. : Date: Designation / Authority : N.A. U.O. No. and dateof Finance Deptt. West Bengal, if any:

Part-II [Details of Expenditure Statement of OPD treatment]

5. Details of OPD Treatment					
Sl. No.	Particulars	Details			
5.1	Category of OPD Claim (Tick mark in appropriate box)*[See list of diseases/illness mentioned in clause 7(1) and 7(2)]*	As per clause 7(1) of OPD List	☑	As per clause 7(2) of OPD List	☐
5.2	Name of OPD Disease/ Type of follow-up medical attendance and treatment	HEART DISEASE			
5.3	Date of OPD consultation	09.01.2020 & 13.01.2020			

6. Expenditure Statement of OPD treatment		
Sl.	Name of Components	Amount

Attested
Kamala Lepcha

Manual/ Offline Reimbursement Application Form

		Claimed (Rs.)
	Consultation Fees	750=00
	Cost of Pathological and Radiological Investigations	6870=00
	Cost of Medicines	
	Period of medicine consumption From To	
	Cost of Special Device	
	Miscellaneous (specify)	
	Total	7620=00
	No. of Vouchers	2

Part-III [Medical Advance] N.A.

Details of Medical Advance, if any

ıe of Treasury from ıere it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-IV [Refund of Medical Advance] N.A.

8. Details of Refund of Medical Advance, if any

ıe of Treasury from ıere it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

laim: *[Part-II minus Part III] or, [Part-I minus Part-III plus Part IV]*

7620=00 In words; Rupees SEVEN THOUSAND SIX HUNDRED TWENTY ONLY.

Part-V [Declaration of Employee/Pensioner]

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

of Enclosures]

	Name/Particulars of enclosures to be attached	Enclosed or not	
	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital	Yes ☑	No ☐
	Enrollment Certificate of beneficiary	Yes ☑	No ☐
	Money Receipts in sequentially	Yes ☑	No ☐
	Copy of OPD Prescription	Yes ☑	No ☐
	Copy of permission granted if any N.A.	Yes ☐	No ☑
	Original copy of Voucher/ Tax Invoice/ Challan of Implants	Yes ☑	No ☐
	Copy of all investigation/ test reports in sequentially.	Yes ☑	No ☐

attested
Kamala Lepcha

2

Manual/ Offline Reimbursement Application Form

8	In case of death of Employee, Pensioner and Family Pensioner, a. An, affidavit on stamp paper by claimant N A. b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes ☐ Yes ☐ Yes ☐	No ☑ No ☑ No ☑
9	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes ☑	No ☐
10	Any other instruments (Specify)	Yes ☐	No ☑

Date: 07.03.2020

Signature of the Employee/Pensioner/Claimant: Kamala Lepcha.
Name in Block Letters : KAMALA LEPCHA
Designation/Last Designation : UPPER DIVISION CLERK, OFFICE OF THE DY. CMOH III, DARJEELING.

attested
Kamala Lepcha.

C/OP/FM/M-1/0134

26.

CIN NO: U85110WB2007PLC113081

OPD CONSULTATION

O/c

Gelwel
HEALTHCARE CENTRE

Patient Name	: Ms KAMALA LEPCHA	Consultant Name	: Dr. P D BHUTIA
Gender/Age	: FEMALE/67 Years 8 Days	Degree	: MBBS, MD (Internal Medicine)
UHID	: UID110000108567	Reg. No	: WBMC53233
Mobile No	: 8159871391	Designation	: Senior Consultant
Consultation Type	: FIRST VISIT	Consultant Dept	: Internal medicine
Consultation Dt	: January 9, 2020 09:47		

VITAL SIGN

PULSE RATE	:	BP	: 120/80	TEMPERATURE	:
WEIGHT	: 63.8 kg	HEIGHT	:	HEAD CIRCUMFERENCE	:

attested.
Kamala Lepcha

PLEASE BRING THIS PRESCRIPTION ON EACH VISIT

Dr. P D BHUTIA

Place Of Supply West Bengal (19)

Neotia Getwel HEALTHCARE CENTRE

NEOTIA GETWEL HEALTHCARE CENTRE
(A Unit Of Neotia Healthcare Initiative Limited)
Uttorayon, Siliguri, 734010, Darjeeling, Ph : 0353 3053000
CIN No : U85110WB2007PLC113081, GSTIN : 19AACCN4806C1ZQ

BILL OF SUPPLY CUM RECEIPT

Patient Category	:	Cash	**Bill No.**	:	BOS-A-101-20001270
Patient MRD No.	:	UID110000108567	**Bill Date**	:	Jan 9, 2020 9:47 AM
Patient Name	:	Ms KAMALA LEPCHA	**Visit No.**	:	OP-008
Gender / Age	:	FEMALE/67 Years	**Charge Class**	:	OP
Contact No	:	8159871391	**HSN Code**	:	9993
Adrress	:	302 SALBARI SILIGURI, Darjeeling, WEST BENGAL, INDIA			

	Description	Date	MRP	Unit Rate	Qty	Amount
	CONSULTATION					
1	CONSULTATION VISIT | Adv.By Dr. P D BHUTIA	09-01-2020		750.00	1	750.00
	Total Hospital Charges					**750.00**
	Round Off					0
	Final Bill Amount					**750.00**

Amount in words : **Rupees Seven Hundred Fifty Only**

Sl No	Receipt Date	Receipt No	Payment Type	Amount
1	Jan 9, 2020 9:47 AM	REC-1012004026	Invoice Collection	750.00
	Total			**750.00**

Sl No	Receipt No	Amount	Mode
1	REC-1012004026	750.00	Credit Card
	Total	**750.00**	

Net Amount	:	0.00
Patient Payable	:	750.00
Less advance	:	750.00
Patient Payable Balance	:	0.00
Outstanding Amount	:	0.00

Remarks

*Lifetime Registration Fee is Non-Refundable.
*This Payment Is valid For 7 Days From The Date Of Payment (Not applicable for WBHS, CGHS, SGHS patients).
* Avail Prior Doctor's Appointment At 0353-3053063, Between 09:00 AM To 05:00 PM, Monday To Saturday.
* For Home Collection Facility, Please Call 9051433885.
* Report Delivery Time 10:00 AM To 06:30 PM, Between Monday To Saturday.
* Report To Be Collected Within One Month From The Date Of Investigation Done.

Authorised Signatory

Prepared By barsha Prepared On Jan 9, 2020 9:47 AM

"Reports At Your Palmtop" Please download 'NeoHealth" mobile app from Google Play Store/ i Store for online reports

Attested
Kamala Lepcha

Sd/-
Dr. Sanjib Sarkar,
Dy. Medical Superintendent
Neotia Getwel Healthcare Centre
Siliguri

f Supply West Bengal (19)

Getwel

NEOTIA GETWEL HEALTHCARE CENTRE

(A Unit Of Neotia Healthcare Initiative Limited)
Uttorayon, Siliguri, 734010, Darjeeling, Ph : 0353 3053000
CIN No : U85110WB2007PLC113081, GSTIN : 19AACCN4806C1ZQ

BILL OF SUPPLY CUM RECEIPT

Category	:	Cash	Bill No.	:	BOS-O-101-20002112
MRD No.	:	UID110000108567	Bill Date	:	Jan 10, 2020 12:08 PM
Name	:	Ms KAMALA LEPCHA	Visit No.	:	OP-009
/ Age	:	FEMALE/67 Years	Charge Class	:	OP
No	:	8159871391	HSN Code	:	9993
	:	302 SALBARI SILIGURI, Darjeeling, WEST BENGAL, INDIA			

escription / estigation	Date	MRP	Unit Rate	Qty	Amount
TAMIN D3 (25-OH) - SERUM/ PLASMA(O) | v.By Dr. P D BHUTIA	10-01-2020		2,100.00	1	2,100.00
tal Hospital Charges					2,100.00
f					0
Amount					2,100.00

i words : Rupees Two Thousand One Hundred Only

	Receipt Date	Receipt No	Payment Type	Amount
otal	Jan 10, 2020 12:08 PM	REC-1012004952	Invoice Collection	2,100.00
				2,100.00

	Receipt No	Amount	Mode
Total	REC-1012004952	2,100.00	Credit Card
		2,100.00	

Net Amount	:	0.00
Patient Payable	:	2100.00
Less advance	:	2,100.00
Patient Payable Balance	:	0.00
Outstanding Amount	:	0.00

egistration Fee is Non-Refundable.
ent Is valid For 7 Days From The Date Of Payment (Not applicable for WBHS, CGHS, SGHS patients)
r Doctor's Appointment At 0353-3053063, Between 09:00 AM To 05:00 PM, Monday To Saturday.
Collection Facility, Please Call 9051433885
livery Time 10:00 AM To 06:30 PM, Between Monday To Saturday.
Be Collected Within One Month From The Date Of Investigation Done.

PAID

By RUBI KUMARI PRASAD

Authorised Signatory

Prepared On Jan 10, 2020 12:08 PM

rts At Your Palmtop" Please download "NeoHealth" mobile app from Google Play Store/ i Store for online reports

Attested
Kamala Lepcha.

Sd/-
Dr Sanjib Sarkar
Dy. Medical Superintendent,
Neotia Getwel Healthcare
Centre, Siliguri

WBHS

upply West Bengal (19)

Getwel CENTRE

NEOTIA GETWEL HEALTHCARE CENTRE
(A Unit Of Neotia Healthcare Initiative Limited)
Uttorayon, Siliguri, 734010, Darjeeling, Ph : 0353 3053000
CIN No : U85110WB2007PLC113081, GSTIN : 19AACCN4806C1ZQ

BILL OF SUPPLY CUM RECEIPT

tegory	:	Corporate	Bill No.	:	BOS-O-101-20002111
RD No.	:	UID110000108567	Bill Date	:	Jan 10, 2020 12:07 PM
ıme	:	Ms KAMALA LEPCHA	Visit No.	:	OP-009
ıge	:	FEMALE/67 Years	Charge Class	:	OP
o	:	8159871391	HSN Code	:	9993
	:	302 SALBARI SILIGURI, Darjeeling, WEST BENGAL, INDIA	Insurance Company	:	
			Corporate/TPA	:	WEST BENGAL HEALTH SCHEME
			Corporate/TPA GSTIN	:	

scription	Date	MRP	Unit Rate	Qty	Amount
stigation					
01006 - ECG | Adv.By Dr. P D BHUTIA	10-01-2020		140.00	1	140.00
09011 - USG OF WHOLE ABDOMEN | Adv.By P D BHUTIA	10-01-2020		950.00	1	950.00
0046 - URINE FOR ALBUMIN: CREATININE TIO | Adv.By Dr. P D BHUTIA	10-01-2020		520.00	1	520.00
1018 - Complete Haemogram | Adv.By Dr. P D JTIA	10-01-2020		180.00	1	180.00
3001 - Glucose blood- Fasting/ PP/ Random | By Dr. P D BHUTIA	10-01-2020		70.00	1	70.00
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3002 - Blood Urea Nitrogen/ Blood Urea | Adv.By P D BHUTIA	10-01-2020		80.00	1	80.00
3003 - Serum Creatinine | Adv.By Dr. P D BHUTIA	10-01-2020		100.00	1	100.00
3004 - Serum Uric Acid | Adv.By Dr. P D BHUTIA	10-01-2020		110.00	1	110.00
3037 - Lipid Profile | Adv.By Dr. P D BHUTIA	10-01-2020		700.00	1	700.00
3038 - LFT [Liver Function Test] | Adv By Dr P D JTIA	10-01-2020		750.00	1	750.00
3061 - Serum Sodium | Adv.By Dr. P D BHUTIA	10-01-2020		240.00	1	240.00
3069 - POTASSIUM - SERUM | Adv By Dr P D JTIA	10-01-2020		150.00	1	150.00
3100 - Glycosylated Haemoglobin [HBA1C] | By Dr P D BHUTIA	10-01-2020		520.00	1	520.00
0026 - ECHO COLOUR DOPPLER | Adv By Dr P D BHUTIA	10-01-2020		1,440.00	1	1,440.00
026 - T3, T4, TSH | Adv By Dr P D BHUTIA	10-01-2020		700.00	1	700.00

Dr. Sanjib Sarkar,
Dy. Medical Superintendent
Neotia Getwel Healthcare
Centre, Siliguri

attested
Kamala Lepcha

Description	Date	MRP	Unit Rate	Qty	Amount
Investigation					
17 2013046 - Serum Chloride | Adv.By Dr. P D BHUTIA	10-01-2020		150.00	1	150.00

Total Hospital Charges	**6,870.00**
ound Off	0
inal Bill Amount	**6,870.00**

mount in words : **Rupees Six Thousand Eight Hundred Seventy Only**

Sl No	Receipt Date	Receipt No	Payment Type	Amount
	Jan 10, 2020 12:07 PM	REC-1012004950	Invoice Collection	6,870.00
Total				**6,870.00**

Sl No	Receipt No	Amount	Mode
	REC-1012004950	6,870.00	Credit Card
Total		**6,870.00**	

Net Amount	:	0.00
Patient Payable	:	6870.00
Less advance	:	6,870.00
Patient Payable Balance	:	0.00
Outstanding Amount		0.00

emarks

Lifetime Registration Fee is Non-Refundable.
This Payment Is valid For 7 Days From The Date Of Payment (Not applicable for WBHS, CGHS, SGHS patients).
Avail Prior Doctor's Appointment At 0353-3053063, Between 09:00 AM To 05:00 PM, Monday To Saturday.
For Home Collection Facility, Please Call 9051433885.
Report Delivery Time 10:00 AM To 06:30 PM, Between Monday To Saturday.
Report To Be Collected Within One Month From The Date Of Investigation Done.

NEOTIA GETWEL HEALTHCARE CENTRE SILIGURI

PAID

Authorised Signatory

repared By RUBI KUMARI PRASAD **Prepared On** Jan 10, 2020 12:07 PM

"Reports At Your Palmtop' Please download "NeoHealth" mobile app from Google Play Store/ i Store for online reports

Attested
Kamala Lepcha

Self- Sanjib Sarkar,
Dy. Medical Superintendent,
Neotia Getwel Healthcare
Centre, Siliguri

NGHC/NICD/FM/M-0/0297

DEPARTMENT OF CARDIOLOGY
ECHO REPORT

Neotia Getwel™ HEALTHCARE CENTRE

Name : Kamala Lepcha Age : 67 Sex : F Date 10/01/20

Req. : 105567 Time:

Ref. Dr. : PDB

ECHO 2D M-MODE WITH COLOUR DOPPLER STUDY

M-MODE DATA (all values in mm):

LA	31.6	LVID (D)	42.8
AORTA	23.6	LVID (S)	
ACS		IVSD	8.7
LVEF	60 %	PWD	8.7
FS	33 %	RV	

VALUES

1. Mitral Value:
   - Morphology: Normal
   - Regurgitation: ~~Absent~~ mild MR
2. Aortic Valve:
   - Morphology: Normal
   - Aortic Regurgitation: Absent (Gr 8.0 mm ~~~ Hg)
3. Tricuspid Valve:
   - Morphology: Normal
   - Regurgitation: ~~Absent~~ mild TR
4. Pulmonary:
   - Morphology: Normal
   - Regurgitation: Absent
   - PASP: ..... 42 ..... mmHg

IVC - Normal
Great arteries - Normal relation
Pericardium - Normal
RWMA - Nill

SUMMARY:

1. Cardiac chambers are normal in size
2. Wall thickness is normal
3. All valves are normal in structure mild MR & TR & mild PAH
4. RWMA - Nill
5. IAS, IVS normal and appears intact
6. Normal biventricular global systolic function (EF = 60 %)
7. LV diastolic function is normal
8. Pericardium is normal
9. No clot / vegetation / PE

IMPRESSION: Normal Echo Doppler study mild MR & TR & mild PAH

Please Correlate Clinically

Attested
Dr Kamala Lepcha

CONSULTANT CARDIOLOGIST

MANDATE BY THE PAYEE FOR E-PAYMENT

To

To The Chief Medical Officer Of Health,
Darjeeling.

Sub.: Payment through Electronic Mode.

Sir,

I/We am/are giving option for availing the facility of e-payment kindly arrange to remit he amount to my/our Bank Account hereinafter. The details of my/our particulars are furnished below :-

1. (a) Name of the claimant/Payee/recipient : SMT. KAMALA LEPCHA (Capital Letters)
   (b) Address : 302, SALBARI, NEAR PRAGATI PRIMARY SCHOOL, P.O. SALBARI, SILIGURI - 734002
   (c) Contact No. Land Line : NIL Mobile : 8159871391
   (d) E-mail :
   (e) ID No. : ADMPL3262E Nature of ID : PAN CARD
2. (a) Name of Bank CENTRAL BANK OF INDIA
   (b) Name of Branch with Bank Branch Code: PANCHANI 4490
   (c) Account Type : Savings/Current/Cash Credit : SAVINGS
   (d) Bank Account No./CBS allotted A/c. No :

1	3	0	1	9	0	5	8	3	1		

   (e) Branch IFSC (11 digit)

C	B	I	N	0	2	8	4	4	9	0

   (f) Branch MICR (9 digit)

7	3	4	0	1	6	5	2	6

The Bank particulars above is correct and true.

I/We hereby by declare that I/We and my/our heirs and successors accept the liability of making good to Government the Overpayment, if any, made to me/us under the scheme.

I/We hereby authorize PANCHANI Branch(Name of the Branch) of the CENTRAL BANK OF INDIA Bank to receive amount on my/our behalf for credit to my/our account as stated above and further authorize that the receipt of credit given by the bank for the amount of my/our account shall be treated as legal quittance.

Yours faithfully,
Kamala Lepcha

(to be accepted by the Head of Office)
Date :

(Signature of the Claimant/Payee/Recipient)

(Signature of the Head of Office)
(Office Seal)

N.B.: (a) ID No. & Nature of ID, ID No. (i) for individual : It should be Voter Card, Addhaar Card or PAN Card, (ii) For Autonomous Body/Firm/Company : Registration No. or PAN/TAN No. or Trade License.

(b) Verification of Bank particulars: Copy of the 1st Page of the Pass Book along with a copy of cancelled cheque or certificate by the Concerned Bank Branch.

Attested
Kamala Lepcha

33. 6/C

SPEED POST

ANNEXURE-G

Dated the 30th November 2021.

To

The Chief Medical Officer Of Health, Darjeeling.

Subject:- My reimbursement claim of Rs.7620/- of 11/24th January 2020;-.

Reference :-My reminder letters dt.07.03.2020, 04.06.2020, 18.08.2020 &RTI Application dated 17.12.2020.

Sir,

It is almost 2 years since I have submitted my reimbursement claim of Rs.7620/-(Rupees Seven thousand six hundred and twenty) only and I sent reminders on 07.03.2020, 04.06.2020, 18.8.2020 & RTI Application dated 17.12.2020 but no action has been taken from your end till date.

I am at a loss as to what the future holds for my claim of reimbursement under W.B. Health Scheme,2008. I do not have words to tell you how much I am suffering financially as I am a mere pensioner. I am a senior citizen and do not have the physical agility to visit your office of and on in order to pursue my claim.

I would, therefore, request you to please release the reimbursement claim at your earliest.

Yours faithfully,

Kamala Lepcha

O/C

(KAMALA LEPCHA)

Ex-U.D.C.

Office of the Dy. CMOH III, Darjeeling.

Address:-302,SALBARI, NAYA BUSTY,
NEAR PRAGATI PRY.SCHOOL,P.O.SALBARI, SILIGURI -734002.

Copy to the Director of Health and Family Welfare,W,B. Swasthya Bhawan,GN -29,~~Sector 29~~,Sector - V, Kolkata -700 091 for information and necessary action.

Attested
Kamala Lepcha.

O/C Kamala Lepcha

(KAMALA LEPCHA)
Mobile no.9903639240.

POSTAL RECEIPTS OVERLEAF.

Email **State Chief Information Commissioner West Bengal**

Hearing on 28-05-2025

From : State Chief Information Commissioner West Bengal <scic-wb@nic.in>

Fri, May 16, 2025 02:48 PM

1 attachment

Subject : Hearing on 28-05-2025

To : cmoh darj <cmoh_darj@wbhealth.gov.in>

Please find the attachment, for further details visit our website

West Bengal Information Commission

WBIC-RTI-A-100580-1458-2025 HN.pdf
16 KB

WEST BENGAL INFORMATION COMMISSION
Khadya Bhaban
11A, Mirza Ghalib Street
Kolkata-700 087
Phone No. (033)2252-0509
& (033)2252-0501
Website: www.wbic.wb.gov.in
E-mail: scic-wb@nic.in

RTI Applicant : Kamala Lepcha
Public Authority : CMOH, Darjeeling
Date of RTI Application : 28.2.2022
Date of 1st Appeal : 18.4.2022
Date of 2nd Appeal : 12.6.2022
Date of hearing : 28.5.2025

(Appeal No. 100580 of 2025 under the Right to Information Act, 2005)

Appellant : Kamala Lepcha

SPIO : CMOH, Darjeeling

Decision:

Both the appellant and the SPIO of the case remained absent for the hearing.

2. Issue show cause notice to the SPIO as to the reason of his absence from hearing today. It also appears that no prior intimation has been received from the SPIO regarding his absence from the hearing. The show cause notice of the SPIO is returnable within 6 (six) weeks from the date of issue of this order.

3. The matter will be taken up further once the reply to the show cause notice from the SPIO is received or expiry of 6 (six) weeks, whichever is earlier.

4. Let authenticated copies of the order be forwarded to all concerned.

Date : 28.5.2025

(Naveen Prakash)
State Information Commissioner
West Bengal

No. 3296 - WBIC/RTI/A/100580/1458/2025 **Date: 29.05.2025**

Copy forwarded for information and necessary action to:–

1. The State Public Information Officer, Office of the Chief Medical Officer of Health, Darjeeling, Hill Cart Rd, Chauk Bazaar, Darjeeling, West Bengal 734101 Email : cmoh_darj@wbhealth.gov.in

2. The First Appellate Authority, Office of the Chief Medical Officer of Health, Darjeeling, Hill Cart Rd, Chauk Bazaar, Darjeeling, West Bengal, Pin - 734101, Email : cmoh_darj@wbhealth.gov.in

3. KAMALA LEPCHA, 302, Salbari, Lepcha House, Near - Pragati Primary School, Naya Busty, P.O. - Salbari, Siliguri, Dist. - Darjeeling, Pin - 734002 West Bengal, DARJEELING, 734002

29/05/25

Law Officer & Joint Registrar
West Bengal Information Commission

D.NO- 3894 (ATR)
01/09/25

REGISTERED

Link D.No -

W.B. INFORMATION COMMISSION
RECEIPT
Copies
1 SEP 2025
KHADYA BHAVAN

Government of West Bengal
Department of Health & Family Welfare
Office of the Chief Medical Officer of Health
Darjeeling.
Phone : 0354-2254607 ; 2254058
E-mail : cmohdarj@gmail.com

Memo No 2379 **/CMOH** **Dated, Darjeeling the** 27.08.2025

To,
The State Information Commissioner,
West Bengal,
Khadya Bhaban,
11A, Mirza Ghalib Street,
Kolkata - 700087

SUB : REPLY TO APPEAL NO. 100580 OF 2025 UNDER THE RIGHT TO INFORMATION ACT, 2025

Sir,

In reference to Appeal No. 100580 of 2025 under the Right to Information Act 2005 and my absence from hearing as SPIO on 28-05-2025, I regret to inform you that due to my official enagement as CMOH of Darjeeling District, West Bengal and my participation in different Public Health related activities of the District involving local administration and state delegates, the hearing date mentioned above had been overlooked.

Furthermore, we had reached out to Smt. Kamala Lepcha, through our office Memo No 2024 dated 24-07-2025 concerning her reimbursement claim under WBHS (copy attached for your reference). After listening to her concerns regarding this matter on the 7th of August 2025, a decision was reached. Her claim amounting to Rs 7620/- (Seven Thousand Six Hundred and Twenty only) has been approved for settlement via Bill No 268/25-26(OUT WBHS) dated 19-08-2025 (copy attached for your reference) . Consequently, there are no outstanding bills against her from our side.

Therefore, this issue may be considered resolved.

Enclosed : As stated above

Thanking You

26/8/25
Accounts Officer
Office of the C.M.O.H, Darjeeling
Office of the Chief Medical Officer of Health
Darjeeling

26/8/2025
Chief Medical Officer of Health
Darjeeling
Chief Medical Officer of Health
Darjeeling

Memo No 2371 **/CMOH** **Dated, Darjeeling the** 27.08.2025

Copy for information to :
1. Smt. Kamala Lepcha, 302, Salbari, Near Pragati Primary School, Naya Busty, Siliguri 734002
2. Guard File / Office Copy

T.R
Heard
28/05/25

26/8/25
Accounts Officer
Office of the C.M.O.H, Darjeeling
Office of the Chief Medical Officer of Health
Darjeeling

26/8/2025
Chief Medical Officer of Health
Darjeeling
Chief Medical Officer of Health
Darjeeling

Hearing on 05-12-2025

State Chief Information Commissioner West Bengal < scic-wb@nic.in >
Tue, 18 Nov 2025 4:18:58 PM +0530

To "cmoh darj"<cmoh_darj@wbhealth.gov.in>

Please find the attachment, for further details visit our website

West Bengal Information Commission

1 Attachment(s)

WBIC-RTI-A-100580-1458-202…
16.4 KB