



STATEMENT OF ACCOUNT from 05/12/2023 to 05/12/2023 for Account Number 20297485178.

INDIAN BANK  
LUCKNOW SULTANPUR  
IFSC CODE:IDIB000L564  
15, CIVIL LINES , SULTANPUR , UTTAR PRADESH  
Branch Code :04431  
Account Number : 20297485178  
Product type : CA-GEN-PUB-METRO/URBAN-INR

SUMAN HOSPITAL  
C/O M/s Suman Hospital  
GOLAGHAT,  
GOMTI NAGAR  
SULTANPUR - 228001

Email : sumanhospitalsultanpur01@gmail.com  
Statement Date :Tue Dec 05 13:21:59 IST 2023  
Uncleared Amount :0.00  
Drawing Power :0.00  
Interest Rate : 14.800

Value Date	Post Date	Remitter Branch	Description	Cheque No	DR	CR	Balance
			BALANCE B/F				185249.61C R

\* Statement Downloaded By SUMAN HOSPITAL on Tue Dec 05 13:21:59 IST 2023

Unless a constituent notifies the Bank immediately of any discrepancy found by him/her in this statement of a/c, it will be taken that he has found the a/c correct.

END OF STATEMENT - from Internet Banking.



**GOVERNMENT OF UTTAR PRADESH**

**District Registering Authority  
SULTANPUR**

**CERTIFICATE OF PROVISIONAL REGISTRATION**

This is to certify that *SUMAN HOSPITAL* located at *GOMTI NAGAR* owned by *SUMAN SINGH* has been granted provisional registration as a clinical establishment under Section 15 of The Clinical Establishments (Registration and Regulation) Act, 2010. The Clinical Establishment is registered for providing medical services as a *Hospital, Single Practitioner, Polyclinic, Pathology, Haematology, Biochemistry, Xray Centre, ECG Centre, UltraSound Centre* under *Allopathy, Ayurveda* System of Medicine.

This Certificate is valid for a period of one year from the date of issue.

**DRA: Sultanpur**

Designation of the Issuing Authority

Place: Sultanpur

Date of Issue: 22/06/2023

*Terms and Conditions of Registration\**

1. The holder of this Certificate of Registration shall comply with all the provisions of Clinical Establishment Act (Registration and Regulation) 2010 and the Rules made there under.
2. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place in a part of the premises open to the public.
3. Any change of ownership or change of category or change of management or on ceasing to function as a clinical establishment, the certificate of registration shall be surrendered to the authority and application for fresh registration submitted.

*\*Additional terms and conditions are as stipulated by the appropriate registering authority.*



**MADHYANCHAL VIDYUT VITRAN NIGAM LIMITED**  
 मध्य प्रदेश विद्युत वितरण निगम लि.

एकमात्र व बिजली कटौती हेतु सहायता हेतु  
 संपर्क नं. 1/WhatsApp नं.

**बिजली बिल / Electricity Bill**

बिल नं./Account No: 2188072965  
 ग्राहक नाम: SUMAN SINGH  
 पिता/पति/सहोदर नाम: DR A K SINGH, KASBA WALLAPUR, SUMAN HOSPITAL, SULTANPUR, UP, INDIA  
 मोबाइल नं./Mobile No: 9999999999  
 ईमेल: 9999999999@gmail.com

एन.डी.डी. नं.: EDD\_1\_SULTANPUR/07/23/4671  
 एन.डी.डी. कोड: 2003245411  
 एन.डी.डी. कक्षा: 47.7 KVA  
 एन.डी.डी. मॉडल नं.: LMV03680  
 एन.डी.डी. टाइप: LMV2  
 एन.डी.डी. श्रेणी: 22  
 एन.डी.डी. सुरक्षा जमा: 12900  
 एन.डी.डी. लॉक: 0  
 एन.डी.डी. कनेक्शन तिथि: 31-JAN-2020



बिल नं./Bill No: 21880729127	बिल कटौती तिथि: 05-JUL-2023	बिल कटौती मास: JUL-2023	बिल कटौती नंबर: 23583	एन.डी.डी. कक्षा: 47.74	एन.डी.डी. मॉडल नं.: 0	एन.डी.डी. श्रेणी: 22	एन.डी.डी. सुरक्षा जमा: 12900	एन.डी.डी. लॉक: 0	एन.डी.डी. कनेक्शन तिथि: 31-JAN-2020	एन.डी.डी. ड्यू तिथि: 19-JUL-2023	एन.डी.डी. ड्यू तिथि: 31-10-23	एन.डी.डी. ड्यू तिथि: 24-07-23	एन.डी.डी. ड्यू तिथि: 26-JUL-2023
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The bill will be construed as final notice under section 171 of Electricity Code 2009. Supply can be disconnected at any date on non-payment of bill due to the biller on or after 2009 of the biller after the biller has given a notice to the consumer to pay the bill on or after the date of the bill.

Details	Amount			Details	Amount
	Gross Amt	Subsidy	Amount		
बिजली चार्ज /Energy Charges	184578.61	0.00	184578.61	सुरक्षा जमा/Interest on Security	0.00
स्थिर दर /Fixed/Demand Charges	27394.20	0.00	27394.20	दर सुरक्षा /Due Security	0
न्यूनतम चार्ज /Min Charge	0.00	0.00	0.00	टी.डी.एस. रकम /TDS Amount	0
बिजली कर /Electricity Duty			17091.09	टी.डी.एस. रकम /TDS Amount	0.00
ग्रीन ए.सी. /Green_EC			0.00	सी.जी.एस.टी. /CGST	0
अतिरिक्त मांग दंड /Excess Demand Penalty			15908.40	सी.जी.एस.टी. /CGST	0
निम्न पी.एफ. संचार्ज /Low P.F. Surcharge			0.00	सुरक्षा जमा /Current LPSC	5.35
अस्थायी समायोजन /Provisional Adjustment			0.00	निष्कर्षित बिल /Net Current Bill	244977.65
दर समायोजन /Tariff Adjustments			0.00	दर तिथि पर समायोजन /Due Date Rebate Adj.	-2062.93
अर्पण /Credit			0.00	अनुदान रकम /Arrear Amount	-0.10
अर्पण /Debit			0	अनुदान रकम /Arrear LPSC	0.00
अन्य चार्ज /Misc Charges			0.00		
अनुदान /Rebate			0		
समायोजन रकम /Compensation Amt				<b>दर तिथि /Payable Amount</b>	<b>242915</b>
बिल/Installment			0.00	<b>शब्दों में /In Words: Two Lakh Forty Two Thousand Nine Hundred Fifteen Rupees Only</b>	
अनुदान /Dishonor/ Cheque			0		
अनुदान /Dishonor Charge			0		

Pay your bill online on [www.upenergy.in](http://www.upenergy.in) or through any of our branches. For your safety, we have provided the facility to pay your bill through the QR code. For more information, please visit our website [www.upenergy.in](http://www.upenergy.in) or call us on 1122222222. For any queries, please contact our customer care team on 1122222222.

बिल नं./Bill No	बिल तिथि /Bill Date	एन.डी.डी. कक्षा /NDD Class	पिछला पढ़ा /Prev. Read	पिछला दर /Prev. Read	वर्तमान तिथि /Current Date	वर्तमान पढ़ा /Current Read	एन.डी.डी. कक्षा /NDD Class	एन.डी.डी. मॉडल नं. /NDD Model No.	एन.डी.डी. श्रेणी /NDD Type	एन.डी.डी. सुरक्षा जमा /NDD Security	एन.डी.डी. लॉक /NDD Lock	एन.डी.डी. कनेक्शन तिथि /NDD Connection Date	एन.डी.डी. ड्यू तिथि /NDD Due Date
M324523UMV03680 00000001	A		01-JUN-23 07-23	1248155	01-JUL-23 00 00	1271332	2314	1	23147 KVAH	1	OK		
M324523UMV03680 00000001	A		01-JUN-23 07-23	1269330	01-JUL-23 00 00	1282913	2358	1	23583 KVAH	1	OK		
M324523UMV03680 00000001	A	47.74						1	47.74 KVA	1	OK		

बिल नं./Assessed Unit	Opening Surplus Solar Units	0.00	Closing Surplus Solar Units	0.00	एन.डी.डी. मॉडल नं. /NDD Model No.	23583
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एन.डी.डी. कक्षा / EC Calculation					
एन.डी.डी. कक्षा /NDD Class	एन.डी.डी. दर /NDD Rate	एन.डी.डी. रकम /NDD Amount	अनुदान /Subsidy Rate	अनुदान रकम /Subsidy Amount	निष्कर्षित बिल /Net Energy Charge

अंतिम भुगतान विवरण /Last Payment Details	वर्तमान भुगतान विवरण /Current Payment Details
अंतिम भुगतान तिथि /Last Paid Date: 13-JUN-2023	वर्तमान भुगतान तिथि /Current Paid Date: 05-JUL-2023

**WARNING: DEMAND VIOLATED.** Visit [www.upenergy.in](http://www.upenergy.in) to enhance Load. System will increase Load if violated for 3 continuous months.

संघ संघ संघ



ACRP808720



संघ नाम

SUMAN SINGH

संघ के संघ अध्यक्ष का नाम

ISHWAR DEV SINGH

संघ का जन्म तिथि

13-08-1990

संघ का नाम

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**GOVERNMENT OF UTTAR PRADESH**

**District Registering Authority  
SULTANPUR**

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**DRA: Sultanpur**

Designation of the Issuing Authority

Place: Sultanpur

Date of Issue: 22/06/2023

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*\*Additional terms and conditions are as stipulated by the appropriate registering authority.*



14. Regular lifting of non infectious bio-medical waste generated from authorized HCF shall be ensured.
15. Safe disposal of mercury waste generation/spillage shall be carried out as per BMW rules and compliance report in this regard shall be submitted to the Board every year
16. Liquid waste generated from laboratory and washing, cleaning, housekeeping and disinfecting activities shall be disinfected by chemical treatment as per schedule-I. Authorized HCF shall properly treat the lechate generated during collection/storage of Bio Medical Waste.
17. The authorized HCF shall obtain consent from the Board also under Air Act, 1981 and Water Act, 1974.
18. This Authorization has been issued on the basis of directions received from office order of Member Secretary, U.P. Pollution Control Board, Lucknow vide letter no - G 28277/C-2/SA-346/2018, dated 07.09.2018 regarding BMW Authorization fee. Any further order regarding authorization fee from competent authority shall be applicable to authorized H.C.F.
19. Authorization issued to H.C.F. shall be deemed cancelled, if H.C.F. loses the membership of concerned C.B.W.T.F. from any reasons.
20. This authorization shall be deemed cancelled, if the C.B.W.T.F. concerned with authorized HCF has no valid authorization under BMW Rules and Consent under Air & Water Act.
21. You are hereby directed for submitting C.M.O. registration within 15 days from the date of issue of this order for calculation of balance authorization fee payable by your health care facility
22. The Board reserves the right to withdraw the authorization without notice, if any of the conditions mentioned in authorization is not complied with.
23. The BMW waste shall be collected in non-chlorinated, bar coded polybags with bio- hazard mark and properly sealed.

#### **Specific Conditions of Authorization**

1. ***It will be mandatory to apply for consent Air and water under Air (prevention and control of pollution) Act 1981 and Water (prevention and control of pollution) act 1974 within 3 months of receiving this authorization***

Your's faithfully



(Amit Mishra)  
Regional Officer