

## 6.4.2

**Funds / Grants received from government / non-government bodies / philanthropists during the last five years (excluding scholarships and research grants covered under Criterion III)**

**6.4.2.1. Total funds / Grants received from government /non- government bodies year-wise during the last five years**

HEI Input :

2019-20	2018-19	2017-18	2016-17	2015-16
4252	8368	7376	6919	5860

Provide Copy of letter indicating the grants/funds received from Psychiatry day care DBCS Balsanjeevini K.P.C. LTD WEST COAST PAPER MILLS LTD. for the year 2015-16, DBCS Leprosy Balsanjeevini Cliantha Paclitaxel Study Amgen Darbopoietin Trial for the year 2016-17, Genesis Reaserch Asthama Clinical Chola MS General Insurance TATA Motors Ltd Oriental Insurance Company Ltd. Psychiatry day care DBCS Balsanjeevini for the year 2017-18, Chola MS General Insurance TATA Motors Ltd Genins India Insurance TPA ADITYA BIRLA CAPITAL CO.LTD Genesis Reaserch Asthama Clinical for the year 2018-19 and Clinical Research-LPS14941/KDDIE ADITYA BIRLA CAPITAL CO.LTD REUMATOID ARTHRITIS RESEARCH STADY HESCOM URBAN Gift of Life (Rotary Club of Belgaum) for the year 2019-20 signed by respective agency.

## Answer

1. Copy of letter indicating the grants/funds received from government / non-government bodies / philanthropists has been provided

### 2015-16


1. Psychiatry day care
2. DBCS
3. Balsanjeevini
4. K.P.C. LTD
5. WEST COAST PAPER MILLS LTD.

### 2016-17

1. DBCS
2. Leprosy
3. Balsanjeevini
4. Cliantha Paclitaxel Study
5. Amgen Darbopoietin Trial

### 2017-18

1. Genesis Reaserch Asthama Clinical
2. Chola MS General Insurance
3. TATA Motors Ltd
4. Oriental Insurance Company Ltd.
5. Psychiatry day care
6. DBCS
7. Balsanjeevini

  
Registrar,  
KLE Academy of Higher  
Education and Research,  
Belagavi

REGISTRAR  
KLE Academy of Higher Education  
and Research, BELAGAVI

## 2018-19

1. Chola MS General Insurance
2. TATA Motors Ltd
3. Genins India Insurance TPA
4. ADITYA BIRLA CAPITAL CO.LTD
5. Genesis Reaserch Asthama Clinical

## 2019-20

1. Clinical Research-LPS14941/KDDIE
2. ADITYA BIRLA CAPITAL CO.LTD
3. REUMATOID ARTHRITIS RESEARCH STADY
4. HESCOM URBAN
5. Gift of Life (Rotary Club of Belgaum)



Registrar,  
KLE Academy of Higher  
Education and Research,  
Belagavi

REGISTRAR  
KLE Academy of Higher Education  
and Research, BELAGAVI

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂಖ್ಯೆ:ಬಿಜಿಟಿ/07(P)2015-16

ಆರೋಗ್ಯ ಮತ್ತು ಕು. ಕು. ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ  
ಬೆಂಗಳೂರು ದಿ: -01-2016.

ಅಧಿಕೃತ ಜ್ಞಾಪನ ಪತ್ರ

ವಿಷಯ : 2015-16 ರ ಆಯವ್ಯಯ ವಿತರಣೆ ಲೆಕ್ಕಶೀರ್ಷಿಕೆ 2210 ವೈದ್ಯಕೀಯ ಮತ್ತು ಜನಾರೋಗ್ಯ -03-104-0-02(ಯೋಜನೆ) ಎಲ್ಲಾ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಸಮುದಾಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳ ಸ್ಥಾಪನೆ(Day Care Centres)

- ಉಲ್ಲೇಖ: 1. ಸರ್ಕಾರದ ಅಧಿಕೃತ ಜ್ಞಾಪನ ಪತ್ರ ಸಂ: ಎಫ್.ಡಿ.8: ಬಿಜಿಟಿ:2015, ದಿನಾಂಕ:30-07-2015.  
2. ಕಡತ ಸಂಖ್ಯೆ: ಬಿಜಿಟಿ:1: 2015-16ರ ಕಚೇರಿ ಟಿಪ್ಪಣಿಯಲ್ಲಿ ಆಯುಕ್ತರ ಅನುಮೋದನೆಗೆ ಮೇರೆಗೆ.  
3. ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: 312 ಸಿಜಿಇ.2013, ಬೆಂಗಳೂರು ದಿ:31/08/2013.  
4. ಕಡತ ಸಂಖ್ಯೆ: ಆಶಿತ/ಮಾಆ/16/13-14 ರಲ್ಲಿ ಕೋರಿರುವಂತೆ.

\*\*\*

ಈ ಕೆಳಕಂಡ ಆಯವ್ಯಯ ಅನುದಾನವನ್ನು 2015-16ನೇ ಸಾಲಿನ 2210-03-104-0-02(ಯೋಜನೆ) ಲೆಕ್ಕಶೀರ್ಷಿಕೆ ಅಡಿಯಲ್ಲಿ ಈ ಕೆಳಕಂಡ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಟಿಪ್ಪಣಿಪಡಿಸಿದಂತೆ ಬೇಕಾದಂತೆ ತೀವ್ರತರದ ಕಾಯಿಲೆಗಳಿಂದ ಬಳಲಿದ ಮನೋರೋಗಿಗಳಿಗೆ ಸ್ಥಾಪಿಸಲಾಗಿರುವ "Day Care Centres" ಗಳಿಗೆ ಬಿಡುಗಡೆ ಮಾಡುವ ಸಲುವಾಗಿ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳ ಉಲ್ಲೇಖ (3)ರ ಸರ್ಕಾರ ಆದೇಶದಲ್ಲಿನ ಷರತ್ತುಗಳಿಗೆ ಒಳಪಟ್ಟು ಈ ಕೆಳಗಿನಂತೆ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡಲಾಗಿದೆ.

ಕ್ರಮ ಸಂಖ್ಯೆ	ವಿತರಣೆಯ ವಿವರ	015 ಪೂರಕ ವೆಚ್ಚಗಳು	059 ಇತರ ಖರ್ಚುಗಳು	071 ಕಟ್ಟಡ ವೆಚ್ಚಗಳು	195 ಇಂಧನ ವೆಚ್ಚ (ತೈಲ ಮತ್ತು ವಾಹನ ದುರಸ್ತಿ ವೆಚ್ಚ ಸೇರಿ)	200 ವರ್ಷಪಾ ವೆಚ್ಚ	234 ಪಠ್ಯಾಹಾರ ವೆಚ್ಚ	ಬಿಡುಗಡೆಗೂ ಲಭಿಸಲಾದ ಮೊತ್ತ
1	ಚಿಕ್ಕಬಳ್ಳಾಪುರ	68,000	0.00	0.00	20,000	0.00	2,40,000	3,28,000
2	ದಾವಣಗೆರೆ	64,000	0.00	2,20,000	50,000	0.00	1,98,000	5,32,000
3	ಮೈಸೂರು	96,000	0.00	0.00	15,000	32,000	1,08,000	2,51,000
4	ದಕ್ಷಿಣ ಕನ್ನಡ	72,000	0.00	2,42,000	55,000	0.00	3,60,000	7,29,000
5	ಚಿಕ್ಕಮಗಳೂರು	0.00	0.00	2,64,000	55,000	66,000	1,80,000	5,65,000
6	ಚಾಮರಾಜನಗರ	0.00	0.00	0.00	25,000	72,000	1,08,000	2,05,000
7	ಬಿಜಾಪುರ	0.00	0.00	0.00	10,000	64,000	45,000	1,19,000
8	ಗುಲ್ಬರ್ಗ	0.00	0.00	2,64,000	35,000	1,08,000	1,57,500	5,64,500
9	ಬಳ್ಳಾರಿ	0.00	0.00	2,64,000	55,000	66,000	1,50,000	5,35,000
10	ರಾಯಚೂರು	0.00	70,000	0.00	0.00	0.00	75,000	1,45,000
11	ಬೆಳಗಾವಿ	0.00	48,000	2,64,000	50,000	0.00	75,000	4,37,000
12	ಶಿವಮೊಗ್ಗ	0.00	62,000	0.00	0.00	0.00	1,12,500	1,74,500
13	ಹಾಸನ	0.00	0.00	1,21,000	0.00	48,000	1,26,000	2,95,000
14	ಮಂಡ್ಯ	0.00	0.00	0.00	30,000	72,000	3,60,000	4,62,000
	ಒಟ್ಟು ರೂ	3,00,000	1,80,000	16,39,000	4,00,000	5,28,000	22,95,000	53,42,000

(ಒಟ್ಟು ರೂ. ಐವತ್ತೂರು ಲಕ್ಷದ ನಲವತ್ತೆರಡು ಸಾವಿರಗಳು ಮಾತ್ರ)

ಸೂಚನೆ: (ವೆಚ್ಚದ ವಿವರಗಳನ್ನು ಪರಿಶೀಲಿಸಿ ನಮೂನೆ 62 ರಲ್ಲಿ ವಿವರಿಸಿರುವಂತೆ ಪಡೆದು ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಕಳಿಸಲು ಸೂಚಿಸಿದೆ. ಯಾವುದೇ ಉಪಶೀರ್ಷಿಕೆಯಲ್ಲಿನ ಅನುದಾನ ಹೆಚ್ಚುವರಿಯಾಗಿ ಉಳಿತಾಯ ಕಂಡು ಬಂದಲ್ಲಿ ಕೂಡಲೇ ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಹಿಂತಿರುಗಿಸಲು ಸೂಚಿಸಲಾಗಿದೆ).

- ಸರಿಯಾದ ಮುಖ್ಯ ಲೆಕ್ಕ ಶೀರ್ಷಿಕೆ ಮತ್ತು ಇತರ ಲೆಕ್ಕ ಶೀರ್ಷಿಕೆಗಳ ಸಂಖ್ಯೆಗಳನ್ನು ಟ್ರಜರಿಗೆ ಕಳುಹಿಸುವ ಬಿಲ್ಲುಗಳಲ್ಲೂ ಮತ್ತು ಸದರಿ ಲೆಕ್ಕ ರಿಜಿಸ್ಟ್ರಾರ್‌ಗಳಲ್ಲಿಯೂ ಕ್ರಮಬದ್ಧವಾಗಿ ನಮೂದಿಸುವುದು.
- ಸಾಮಾನ್ಯವಾಗಿ ಮಿತವ್ಯಯವನ್ನು ಅನುಸರಿಸುವುದು ಮತ್ತು ಕಾಲಕಾಲಕ್ಕೆ ಸರ್ಕಾರದಿಂದ ಜಾರಿಯಾಗುವ ಮಿತವ್ಯಯ ಸೂಚನೆಗಳನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಂಡು ಮೇಲ್ಕಂಡ ಮೊತ್ತವನ್ನು ವೆಚ್ಚ ಮಾಡುವುದು.
- ಕರ್ನಾಟಕ ಆರ್ಥಿಕ ಸಂಹಿತೆ ಮತ್ತು ಮ್ಯಾನುಯಲ್ ಆಫ್ ಕಂಟಂಜೆಂಟ್ ಎಕ್ಸ್‌ಪೆಂಡಿಚರ್‌ಗಳಲ್ಲಿ ನಿಗದಿಗೊಳಿಸಿರುವ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ಹಾಗೂ ಸರ್ಕಾರದಿಂದ ಆಗಿಂದ್ರಾಗೆ ಹೊರಡಿಸುವ ನಿಯಮಗಳನ್ನು ಪಾಲಿಸುವುದು.
- ಆಯವ್ಯಯ ಅನುದಾನ ಲಭ್ಯವಿಲ್ಲದ ಅಥವಾ ಆಯವ್ಯಯ ಅನುದಾನವನ್ನು ನಿರೀಕ್ಷಿಸಿ ಯಾವುದೇ ವೆಚ್ಚವನ್ನು ಮಾಡಬಾರದು. ಹಾಗೆ ಮಾಡಿದರೆ ಸಂಬಂಧಿಸಿದ ಆಸ್ಪತ್ರೆಯ : ಸಂಸ್ಥೆಯ : ಕಚೇರಿಯ : ಮುಖ್ಯಸ್ಥರು ಹಾಗೂ ಹಣ ಸೆಳೆಯುವ ಹಾಗೂ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳೇ ನೇರವಾಗಿ ಜವಾಬ್ದಾರರಾಗುತ್ತಾರೆ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

ನಿರ್ದೇಶಕರು,

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸ್ವೇಚ್ಛೆಗಳು

ಪ್ರತಿಯನ್ನು:

- ಮುಖ್ಯ ಲೆಕ್ಕಾಪತ್ರಾಧಿಕಾರಿಗಳು ಹಾಗೂ ಆರ್ಥಿಕ ಸಂಹಿತೆ ಸಂಪನ್ಮೂಲ ಅಧಿಕಾರಿಗಳು, ಕುಟುಂಬ ಮತ್ತು ಸಮಾಜ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು.
- ಸಹ ನಿರ್ದೇಶಕರು (ಆರೋಗ್ಯ-ಮಾತೃ) ಇವರ ಮುಖಾಂತಿ ಕುಟುಂಬ ಮತ್ತು ಸಮಾಜ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು.
- ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು, ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು.
- ಪ್ರಿಯಾ ಯೋಜನೆ ರೂಪಿಸಿ ಸಕ್ರಮ ಪ್ರಾಧಿಕಾರದ ಅನುಮೋದನೆ ಪಡೆದು ಕಾರ್ಯಕ್ರಮ ಅನುಷ್ಠಾನಗೊಳಿಸುವುದು.
- ಖಜಾನೆ ಅಧಿಕಾರಿಗಳು ರಾಜ್ಯ ಹುಮೂರು ಖಜಾನೆ, ಬೆಂಗಳೂರು ಮತ್ತು ಜಿಲ್ಲಾ ಖಜಾನೆಗಳು.
- ಉಪ ನಿರ್ದೇಶಕರು, ನೆಲಾವರ್ಗ ಮ್ಯಾನೇಜ್‌ಮೆಂಟ್ ಸೆಂಟರ್, ರೇಸ್ ಕೋರ್ಸ್ ರಸ್ತೆ, ಬೆಂಗಳೂರು.
- ಕಚೇರಿ ಪತ್ರ.

KIE Academy of Higher Education and Research  
(Deemed to be University under Section 3 of the UGC Act 1956)  
Belagavi-590040, Karnataka

No. ACC-1/8/12074-15

Office Of The  
Dist Health & FW Officer,  
Belgaum, Date 26/08/2015

Principal, JAWAHARLAL  
NEHRU MEDICAL COLLEGE,  
BELGAUM

Sub:- Sending Of Demand Draft / Banker's Cheques Reg.

Sir,

I am herewith sending the following Demand Draft / Banker's Cheques towards full settlement of the your bills / Shown below.

S. N O	BILL NO & DATE	AMOUNT Rs,	D.D. No & DATE BANKER CHEQUE NO	AMOUNT Rs,
1)	DC Bill/01/2014-2015	70,000 <sup>00</sup>	403161 26/08/2015	70,000 <sup>00</sup>
2)	" " /02/ " "	29,400 <sup>00</sup>	403162 26/08/2015	29,400 <sup>00</sup>
3)	" " /03/ " "	44,000 <sup>00</sup>	403163 26/08/2015	44,000 <sup>00</sup>
4)	" " /04/ " "	10,000 <sup>00</sup>	403164 10,000 <sup>00</sup>	10,000 <sup>00</sup>
5)	" " /05/ " "	36,000 <sup>00</sup>	403165 26/08/2015	36,000 <sup>00</sup>
6)	" " /06/ " "	5,795 <sup>00</sup>	403168 26/08/2015	5,795 <sup>00</sup>

Please Acknowledge the Receipt of the same

Yours Faithfully

  
ASSISTANT ADMINISTRATIVE OFFICER  
District Health and Family Welfare Office  
DHO Office, BELGAUM

ATTESTED

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

195195/



Translated Copy

**GOVERNMENT OF KARNATAKA**

No: BGT/07(P)2015-16

Directorate of Health & Family Welfare Services  
Bangalore Dated \_\_.01.2016

**OFFICIAL MEMORANDUM**

Subject: Budget allocation 2210 for the year 2015-16 for Medical and Public Health -03-104-0-02(Yojane) for establishment of Day Care Centres at all Districts

- Ref: 1. Government Official Memorandum No: F.D 8:BPE:2015 dated 30.07.2015  
2. File No: BGT:1: 2015-16 approval by the Commissioner in Column of Office summary.  
3. Government Order No: 312 CGE 2013 Bangalore Dated 31.08.2013.  
4. Request as per File No: AST/MA/16/13-14.

In the Budget 2015-16 under the ledger Folio 2210-03-104-0-02 (Yojane) the funds has been allotted to the Officers of Health and Family Welfare Services subject to the conditions imposed by the Government vide order referred in Ref(3) above. The funds shall be utilized for establishing Day Care Centers at the districts for patients suffering from mental disorder due to Chronic diseases and medical treatment. The Grants are released as below:

Sl. No.	Particulars	015 Supplementary Expenses	059 Other Expenses	071 Building Funds	195 Fuel (including petrol & Vehicle repairs)	200 Management Expenses	200 Diet Expenses	Amount Released
1	Chikkaballapur	68,000	0.00	0.00	20,000	0.00	2,40,000	3,28,000
2	Davangere	64,000	0.00	2,20,000	50,000	0.00	1,98,000	5,32,000
3	Mysore	96,000	0.00	0.00	15,000	32,000	1,08,000	2,51,000
4	Dakshina Kannada	72,000	0.00	2,42,000	55,000	0.00	3,60,000	7,29,000
5	Chikka Magaluru	0.00	0.00	2,64,000	55,000	66,000	1,80,000	5,65,000
6	Chamarajnagar	0.00	0.00	0.00	25,000	72,000	1,08,000	2,05,000
7	Bijapur	0.00	0.00	0.00	10,000	64,000	45,000	1,19,000
8	Gulbarga	0.00	0.00	2,64,000	35,000	1,08,000	1,57,500	5,64,500
9	Ballari	0.00	0.00	2,64,000	55,000	66,000	1,50,000	5,35,000
10	Rayachuru	0.00	70,000	0.00	0.00	0.00	75,000	1,45,000
11	<b>Belagavi</b>	<b>0.00</b>	<b>48,000</b>	<b>2.64,000</b>	<b>50,000</b>	<b>0.00</b>	<b>75,000</b>	<b>4,37,000</b>
12	Shivamoga	0.00	62,000	0.00	0.00	0.00	1,12,500	1,74,500
13	Hasana	0.00	0.00	1,21,000	0.00	48,000	1,26,000	2,95,000
14	Mandya	0.00	0.00	0.00	30,000	72,000	3,60,000	4,62,000
	Total	3,00,000	1,80,000	16,39,000	4,00,000	5,28,000	22,95,000	53,42,000

..2

ATTESTED

Dr. V.A.Koithiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Note: It is hereby directed to obtain the details of monthly expenses from the treasury office and submit the Directorate in Form 62- every month. In case of unclaimed under any sub-head, it must be returned to the Directorate immediately.

- To mention the correct Main ledger folio and miscellaneous ledger folio in the bills sent to treasury office and in the concerned Registers accordingly
- To follow general economy policies and to following the economy policies issued by the government from time to time. The expenditure must be made economically.
- To follow the Rules imposed by the Karnataka Finance Code and Manual of Contingent Expenditures and other Regulations issued by the Government from time to time.
- Not to make any expenditure without Grant and in expectation of Grant. In case such expenditure are made the concerned hospital, organization, office, Head of the department or Finance Officers shall be responsible directly.

Director  
Health & Family Welfare Services

Copy

- Accounts Officer and Financial advisor to the Health & Family Welfare Services, Bangalore
- Deputy Director (AST:MA) for information
- District Health & Family Welfare Officer for information and to form a standing Committee as per the Government order, formulate scheme, obtain permission from the Authority and implement the scheme.
- Treasurer, State Treasury Office, Bangalore and District Treasurer \_\_\_
- Deputy Directorate, Network Management, Race Course Road, Bangalore
- Office Copy

*Translated by me*

*Fratti*

**JYOTI S. NANDGAON**  
B.Com., LLB  
ADVOCATE  
Reg. No. KAR/2571/10



## National Health Mission

District Health & Family Welfare Society Belagavi.

### District Blindness Control Society, Belagavi

Phone No: 0831-2484890

E-Mail ID : [dlobgm2020@gmail.com](mailto:dlobgm2020@gmail.com)

No/NHM/DBCS/Bgm/GIA/01 /2021-22

Date: 03/04/2021

To,

The Vice-Principal  
JNMC,  
Dr. Prabhakar Kore Charitable Hospital  
Nehru Nagar, Belagavi.

**Sub:** Payment of GIA Surgeries done in connection of  
NPCB Programme in the year 2015-16, 2016-17 & 2017-18.

**Ref:** Your email dtd: 31-03-2021.

As per your reference we are submitting the details of payment made by us to your institution under NPCB&VI from the year 2015-16, 2016-17 & 2017-18. The details are as follows:

National Blindness Control Society							
GIA Payment							
Year	Name of the NGOs	Cases Operated	Amount per Case	Total Amount	TDS	Net Pay	Cheque No
2015-16	KLE. Dr. Prabhakar Kore Charitable Hospital, Nehru Nagar, Belgaum.	81	875	70875	0	70875	225254
		587	875	513625	0	513625	227214
		309	875	270375	0	270375	561488
2016-17		619	875	541625	0	541625	605144
		527	875	461125	0	461125	227296
		1204	875	1053500	0	1053500	227261
2017-18		520	875	455000	0	455000	C081709209024
		1215	875	1063125	0	1063125	C111711383828
		827	875	723625	23573	700053	C021810563601
	1435	875	1255625	46375	1209250	C02180572995	
		367	875	321125	6423	314703	C031829996223

*Channarayana*  
03/04/2021

District Programme Manager  
District Blindness Control Society  
Belagavi

ATTESTED

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka





ಕರ್ನಾಟಕ ಸರ್ಕಾರ



ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಬಾಸಂಜೆ.ಸಂ:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ, ದಿನಾಂಕ: 07-7-2015.

ಗೆ,  
ಪ್ರಾಂಶುಪಾಲರು,  
ಜಿ.ಎನ್.ಎಂ.ಸಿ  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ : 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 1ನೇ ಕಂತಿಗೆ  
ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು ನೀಡುತ್ತಿರುವ ಕುರಿತು.

\*<>\*<>\*

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 1ನೇ ಕಂತಿಗೆ  
ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ವಿಶೇಷ ಘಟಕದಡಿ ರೂ. 4,60,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ: 395853, ದಿನಾಂಕ: 7-7-2015,  
ಗಿರಿಜನ ಉಪಯೋಜನೆಯಡಿ ರೂ. 1,80,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ:395856, ದಿನಾಂಕ: 7-7-2015 ಹಾಗೂ ಇತರೆ ಪೆಚ್ಚದಡಿ  
ರೂ.13,60,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ: 395859, ದಿನಾಂಕ: 7-7-2015 ಹಾಗೂ ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು ಚೆಕ್ ಮುಟ್ಟಿದ  
ಕುರಿತು ಸ್ವೀಕೃತಿ ಸಲ್ಲಿಸಲು ಕೋರಿದೆ.

ಅದರಂತೆ ಅನುದಾನ ಯಾವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಿಡುಗಡೆಯಾಗಿದೆಯೋ ಅದೇ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು.  
ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ ನೀಡುವುದು. ಹಾಗೂ ನಿರ್ದೇಶನಾಲಯವು ತಮಗೆ  
ನೀಡಿದ ಕರಾರು ಒಪ್ಪಂದದ ಖತ್ರದ ಪ್ರಕಾರ ಕಾರ್ಯನಿರ್ವಹಿಸತಕ್ಕದ್ದು.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

ಉಪನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

*NoKt*  
*mm*  
Medical Superintendent.  
KLE Dr. P. K. Charitable Hospital,  
Belgaum

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಬಾಸಂಚಿ:ಸಂ:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ, ದಿನಾಂಕ: 11-09-2015.

ಗೆ,  
ಪ್ರಾಂಶುಪಾಲರು,  
ಜಿ.ಎನ್.ಎಂ.ಸಿ  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ : 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2ನೇ ಕಂತಿಗೆ  
ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು ನೀಡುತ್ತಿರುವ ಕುರಿತು.

\*<\*>\*

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2ನೇ ಕಂತಿಗೆ  
ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ವಿಶೇಷ ಘಟಕದಡಿ ರೂ. 6,90,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ: 407423 ದಿನಾಂಕ: 11-9-2015,  
ಗಿರಿಜನ ಉಪಯೋಜನೆಯಡಿ ರೂ. 2,70,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ: 407425, ದಿನಾಂಕ: 11-9-2015 ಹಾಗೂ ಇತರೆ  
ವೆಚ್ಚದಡಿ ರೂ. 20,40,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ: 407427, ದಿನಾಂಕ: 11-9-2015 ಹಾಗೂ ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು ಚೆಕ್  
ಮುಟ್ಟಿದ ಕುರಿತು ಸ್ವೀಕೃತಿ ಸಲ್ಲಿಸಲು ಕೋರಿದೆ.

ಅದರಂತೆ ಅನುದಾನ ಯಾವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಿಡುಗಡೆಯಾಗಿದೆಯೋ ಅದೇ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು.  
ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ ನೀಡುವುದು. ಹಾಗೂ ನಿರ್ದೇಶನಾಲಯವು ತಮಗೆ  
ನೀಡಿದ ಕರಾರು ಒಪ್ಪಂದದ ಪತ್ರದ ಪ್ರಕಾರ ಕಾರ್ಯನಿರ್ವಹಿಸತಕ್ಕದ್ದು.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಬಾಸಂ:ಚಿ:ಸಂ:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ, ದಿನಾಂಕ: 29-12-2015.

ಗೆ,

ಡಾ: ಪ್ರಭಾಕರ ಕೋರೆ,  
ಕೆ.ಎಲ್.ಇ, ಅಸ್ಸತ್ರೆ,  
ಬೆಳಗಾವಿ.


ಮಾನ್ಯರೇ,

ವಿಷಯ : 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 3ನೇ ತ್ರೈಮಾಸಿಕದಡಿ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು ನೀಡುತ್ತಿರುವ ಕುರಿತು.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 3ನೇ ತ್ರೈಮಾಸಿಕದಡಿ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ವಿಶೇಷ ಘಟಕದಡಿ ರೂ. 2,53,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 425103 ದಿನಾಂಕ: 29-12-2015, ಗಿರಿಜನ ಉಪಯೋಜನೆಯಡಿ ರೂ. 99,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 425659 ದಿನಾಂಕ: 29-12-2015, ಹಾಗೂ ಇತರೆ ವೆಚ್ಚದಡಿ 7,48,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 425656 ದಿನಾಂಕ: 29-12-2015 ಹಾಗೂ ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ಸ್ವೀಕೃತಿ ಸಲ್ಲಿಸಲು ಕೋರಿದೆ.

ಅದರಂತೆ, ಅನುದಾನ ಯಾವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಿಡುಗಡೆಯಾಗಿದೆಯೋ ಅದೆ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು, ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ ನೀಡುವುದು. ಹಾಗೂ ನಿರ್ದೇಶನಾಲಯವು ತಮಗೆ ನೀಡಿದ ಕರಾರು ಒಪ್ಪಂದದ ಪತ್ರದ ಪ್ರಕಾರ ಕಾರ್ಯನಿರ್ವಹಿಸತಕ್ಕದ್ದು.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

  
ಉಪನಿರ್ದೇಶಕರು,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಬಾಸಂ:ಚಿ:ಸಂ:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ, ದಿನಾಂಕ: 10-02-2016.

ಗೆ,  
ಪ್ರಾಚಾರ್ಯರರು,  
ಜಿ.ಎನ್.ಎಂ.ಸಿ.,  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ : 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 4ನೇ ತ್ರೈಮಾಸಿಕಕ್ಕೆ  
(ಎಸ್.ಸಿ.ಪಿ ಹಾಗೂ ಟಿ.ಎಸ್.ಪಿ) ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು  
ನೀಡುತ್ತಿರುವ ಕುರಿತು.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 4ನೇ  
ತ್ರೈಮಾಸಿಕಕ್ಕೆ (ಎಸ್.ಸಿ.ಪಿ ಹಾಗೂ ಟಿ.ಎಸ್.ಪಿ) ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ಗಿರಿಜನ ಉಪಯೋಜನೆಯಡಿ ರೂ.  
2,00,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 439879 ದಿನಾಂಕ: 10-02-2016 ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ಸ್ವೀಕೃತಿ  
ಸಲ್ಲಿಸಲು ಕೋರಿದೆ.

ಅದರಂತೆ, ಅನುದಾನ ಯಾವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಿಡುಗಡೆಯಾಗಿದೆಯೋ ಅದೆ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು,  
ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ ನೀಡುವುದು. ಹಾಗೂ ನಿರ್ದೇಶನಾಲಯವು ತಮಗೆ  
ನೀಡಿದ ಕರಾರು ಒಪ್ಪಂದದ ಪತ್ರದ ಪ್ರಕಾರ ಕಾರ್ಯನಿರ್ವಹಿಸತಕ್ಕದ್ದು.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

ಉಪನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

15.16/494  
29/2/16

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಬಾಸಂಚೆ.ಸಂ:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ, ದಿನಾಂಕ: 25-02-2016.

ಗೆ,  
ಪ್ರಾಂಶುಪಾಲರು,  
ಜಿ.ಎನ್.ಎಂ.ಸಿ  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ : 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 4ನೇ ಕಂತಿಗೆ  
ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು ನೀಡುತ್ತಿರುವ ಕುರಿತು.

\*<\*>\*

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, 2015-16ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 4ನೇ ಕಂತಿಗೆ  
ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ಇತರೆ ವೆಚ್ಚದಡಿ ರೂ.14,00,000-00, ಚೆಕ್ ಸಂಖ್ಯೆ: 441972, ದಿನಾಂಕ: 25-02-2016  
ಹಾಗೂ ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ಸ್ವೀಕೃತಿ ಸಲ್ಲಿಸಲು ಕೋರಿದೆ.

ಅದರಂತೆ ಅನುದಾನ ಯಾವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಿಡುಗಡೆಯಾಗಿದೆಯೋ ಅದೇ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು.  
ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ ನೀಡುವುದು. ಹಾಗೂ ನಿರ್ದೇಶನಾಲಯವು ತಮಗೆ  
ನೀಡಿದ ಕರಾರು ಒಪ್ಪಂದದ ಪತ್ರದ ಪ್ರಕಾರ ಕಾರ್ಯನಿರ್ವಹಿಸತಕ್ಕದ್ದು.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

  
ಉಪನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

  
Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 07.07.2015

To  
The Principal  
J.N.M.C  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 1<sup>st</sup> installment for the Grants received under Balasanjeevani scheme for the year 2015-16.

With respect to the subject cited above, the Grants towards the 1<sup>st</sup> installment under the Balasanjeevani scheme for the year 2015-16 are released and in this regard a cheque bearing No. 395853 dated 07.07.2015 for a sum of Rs. 4,60,000/- is released towards Special Unit. Similarly under the Girijan Sub-Scheme a cheque bearing No. 395856 dated 07.07.2015 for a sum of Rs.1,80,000/- and a cheque bearing No. 395859 dated 07.07.2015 for a sum of Rs. 13,60,000/- towards Miscellaneous Expenses, have also been released. The said cheques are enclosed and you are requested to acknowledge receipt of the same.

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted with respect to utilization of Grants. You must perform the duties as per the Contractual agreement issued by the Directorate.

Your's Faithfully

Translated by me  
Azelli

Deputy Director  
Women & Child Development Department  
Belagavi.  
**ATTESTED**

**JYOTI S. NANDGAON**  
B.Com., LLB  
ADVOCATE  
Reg. No. KAR/2571/10

  
Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed to be University u/s 3 of the UGC Act, 1956)  
Belagavi - 591 010 Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 11.09.2015

To  
The Principal  
J.N.M.C  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 2<sup>nd</sup> installment for the Grants received under Balasanjeevani scheme for the year 2015-16.

With respect to the subject cited above, the Grants towards the 2<sup>nd</sup> installment under the Balasanjeevani scheme for the year 2015-16 are released and in this regard a cheque bearing No. 410605 dated 11.09.2015 for a sum of Rs. 6,90,000/- is released towards Special Unit. Similarly under the Girijan Sub-Scheme a cheque bearing No. 410604 dated 11.09.2015 for a sum of Rs. 2,70,000/- and a cheque bearing No. 410603 dated 11.09.2015 for a sum of Rs. 20,40,000/- towards Miscellaneous Expenses, have also been released. The said cheques are enclosed and you are requested to acknowledge receipt of the same.

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted with respect to utilization of Grants. You must perform the duties as per the Contractual agreement issued by the Directorate.

Your's Faithfully

Translated by me

*Akalli*

JYOTI S. NANDGAON  
B.Com., LLB  
ADVOCATE  
Reg. No. KAR/2571/10

Deputy Director  
Women & Child Development Department  
Belagavi.

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 29.12.2015

To  
Dr. Prabhakar Kore  
K.L.E Hospital  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 3<sup>rd</sup> trimester for the Grants received under Balasanjeevani scheme for the year 2015-16.

With respect to the subject cited above, the Grants under the Balasanjeevani Scheme for the year 2015-16 for the 3<sup>rd</sup> Trimester are released For special unit a sum of Rs. 2,53,000/- vide cheque bearing No. 425103 dated 29.12.2015 and under the Girijan sub-planning a sum of Rs. 99,000/- vide cheque bearing No. 425659 dated 29.12.2015 and towards Miscellaneous Expenses a sum of Rs. 7,48,000/- vide cheque bearing No. 425656 dated 29.12.2015 have been released. The said cheques are enclosed and you are requested to acknowledge receipt of the same.

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted with respect to utilization of Grants. You must perform the duties as per the Contractual agreement issued by the Directorate.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi.

Translated by me

*Jyoti*

**JYOTI S. NANDGAON**  
B.Com., LLB  
**ADVOCATE**  
Reg. No. KAR/257/1/10

ATTESTED

*[Signature]*  
Dr. V.A.Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 10.02.2016

To  
The Principal  
J.N.M.C  
Belagavi.

Sir/Madam,

Subject: Release of Grants Cheque under Bala-sanjivini 4<sup>th</sup> trimester  
(S.C.P & T.S.P) for the year 2015-16.

With respect to the subject cited above, we have enclosed a cheque bearing No 439879 dated 10.02.2016 for a sum of Rs. 2,00,000/- as against release of Grant under Bala-sanjivini Scheme 4<sup>th</sup> Trimester (SCP &TSP) under the Girijan Sub-Scheme for the year 2015-16. You are requested to acknowledge receipt of the same.

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted with respect to utilization of Grants. You must perform the duties as per the Contractual agreement issued by the Directorate.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi.

Translated by me

*Asalli*

**JYOTI S. NANDGAON**  
B.Com., LLB

**ADVOCATE**  
Reg. No. KAR/2571/10

ATTESTED

*[Signature]*

Dr. V.A.Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 25.02.2016

To  
The Principal  
J.N.M.C  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 4<sup>th</sup> installment for the Grants received under Bala-sanjivini scheme for the year 2015-16.

With respect to the subject cited above, we have enclosed a cheque bearing No 441972 dated 25.02.2016 for a sum of Rs. 14,00,000/- as against release of Grant under Bala-sanjivini Scheme 4<sup>th</sup> installment towards miscellaneous expenses or the year 2015-16. You are requested to acknowledge receipt of the same.

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted with respect to utilization of Grants. You must perform the duties as per the Contractual agreement issued by the Directorate.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi

Translated by me

*Asathi*

**JYOTI S. NANDGAON**  
B.Com., LLB

**ADVOCATE**  
Reg. No. KAR/2571/10

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



Vijaya  
Narasimha  
PF  
4/1/16

ಹಂತೆ ೨೫೨೭ ೧೫/೧೧/೨೦೧೬  
೦೫೫೦೫ ೫೨೨೭ ೧೦೦

- ಹಂತೆ: 1. ಪ್ರಥಮ ಹಂತೆ ಹಾಗೂ ಎಕ್ಸಲೆಷನ್/ ೫೨೭ ಡಿಬಿಐ 11.05.2016  
2. ೨ನೇ ಹಂತೆ ಹಾಗೂ ಎಕ್ಸಲೆಷನ್/ ೫೫೧ ಡಿಬಿಐ 01.06.2016  
3. ಎಂಪಲೂಮೆಂಟ್-1 ಹಂತೆ ಹಾಗೂ ಎಕ್ಸಲೆಷನ್/ ೫೫೨ ಡಿಬಿಐ 07.06.2016  
4. ಎಂಪಲೂಮೆಂಟ್-2 ಹಂತೆ ಹಾಗೂ ಎಕ್ಸಲೆಷನ್/ 117 ಡಿಬಿಐ 28.07.2016

**ಹಂತೆ**

ಎಂಪಲೂಮೆಂಟ್ (1) ಹಂತೆ ಪ್ರಕಟಣೆ ಹಾಗೂ ಎಂಪಲೂಮೆಂಟ್ ಪ್ರಕ್ರಿಯೆ ನಡವಿಸಿ ಕಾಲಿಂಗ್ ೩ ಏಪ್ರಿಲ್ ೨೦೧೬  
೨೦೧೬ (೨೦೧೬) (ಎ) ಹಂತೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಲಿಖಿತ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು (1) ಹಂತೆ  
ಎಂಪಲೂಮೆಂಟ್ (1) ಹಂತೆ ಪ್ರಕಟಣೆ ಹಂತೆ ಪ್ರಕಟಣೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು (1) ಹಂತೆ  
ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು  
ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು  
ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು  
ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು  
ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು  
ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಪರೀಕ್ಷೆ ಮತ್ತು

**ಹಂತೆ**

ಪರೀಕ್ಷೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಹಂತೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ  
ಪರೀಕ್ಷೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ  
ಪರೀಕ್ಷೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ

ಪರೀಕ್ಷೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ

Handwritten signature and text

- ಎಂಪಲೂಮೆಂಟ್ (1)
- ಎಂಪಲೂಮೆಂಟ್ (2)

ಎಂಪಲೂಮೆಂಟ್ (1) - ಪರೀಕ್ಷೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ ಪ್ರಕಟಣೆ

ಪರೀಕ್ಷೆ ಪ್ರಕಟಣೆ

ATTESTED

ATTESTED

Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Handwritten stamp and notes at the bottom right corner.

Translated Copy

Seal

**KARNATAKA POWER CORPORATION LIMITED**

No: LCQ7F/1229

Date: 24 July 2016

Subject: regarding adjustment of Medical Expenses and deduction of remaining amount from the salary

- Ref: 1. Head Office Letter No: A(Q2F)657 dated 11.05.2016  
2. Letter of this office at No: LCQ2F/560 dated 01.06.2016  
3. Letter of AGM(F)K-1 at No: A2Q2A/A/862 dated 07.06.2016  
4. Letter of MS(A) at No: MS Q2F/137 dated 28.07.2016.

Proposal:

Smt Indira G Balekundri EC No: 9919 has been serving as Asst (Admin) at AJM(HRD)A Section. The said employee has been sent to Dr Prabhakar Kore Hospital & Research Centre Belagavi for treatment on recommendation of the Head office at Ref No. (1) letter cited above. The Medical bills amounting to Rs. 65,192/- were paid to the said hospital vide letter ref (3) above by AGM(F)K-1 Office. The employee has submitted Form-4 stating the medical expenses of Rs. 64,460/- however the MS(A) after considering the medical bills, has sanctioned Rs. 33,641/-. Hence MS(A) by letter Ref(4) above has requested to permit the deduction of unsanctioned amount of Rs. 31,819/- from the salary of the employee.

ORDER:

As explained above, it is order that the unsanctioned medical expenses of Smt. Indira G Balekundri EC No. 9919 Asst(Admin) AGM(HRD)A, to the tune of Rs. 31,819 shall be adjusted by deduction from her salary in 15 equal installments.

The said Order has been made vide official jurisdiction 5.23 and SR 028.

Copy to

MS(A)

AGM(HRD)A

AJM(F)K-1 Unsanctioned amount of Rs. 31,819/- shall be deducted by way of 15 installments from the salary of the employee. The original Medical Bill of the employee has been enclosed for further action.

*Translated by me*  
*Jyoti*

**JYOTI S. NANDGAON**  
B.Com., LLB

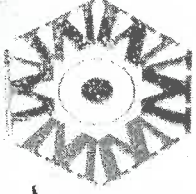
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED



Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



# THE WEST COAST PAPER MILLS LTD.,

Regd. Office & Works : P.B. No.5, Bangur Nagar, DANDELI-581 325. Dist. Uttar Kannada (Karnataka) India

Grams : "KAGAJMILL" Phone Nos. : (08284) 231391 - 395 (5 Lines)

Fax Nos : 08284 - 231 225 (Admn. Off.) 232150 (Sales A/c.s) 230443 (Works Off.) 232148 (Paper Godown)

ISO 9001 / 14001  
OHSAS 18001



ZZJ:HR:  
12/07/2016

The Medical Officer,  
KLE Hospital  
BELGAUM

Dear Sir,

**Sub: Employment injury to Mr. Suresh M.Naik – T.No. C / 3477, Age 42 years.**

The above mentioned worker is working in our organisation in Chemical Recovery Operation Department.


On 12.07.2016, he reported for duty in 'D' shift and at about 14.10 pm while performing his job in RLK – I. Suddenly his right hand came into running conveyor belt and got crush injury.

Immediately, he was taken to Company's hospital for First Aid. As per the advise of Dr. Sheela Maheshwari, the patient is referred to **K.L.E Hospital, Belgaum**, for further treatment.

We request you to give necessary treatment for the above person. We undertake the responsibility of making the payments of your bills.

Thanking you,

Yours faithfully,  
for The West Coast Paper Mills Ltd.,

  
S.N. Patil  
Vice President (HR)  
and Factory Manager

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



# THE WEST COAST PAPER MILLS LTD.,

Regd. Office & Works: P.B. No.5, Bangur Nagar, DANDELI-581 325 Dist. Uttara Kannada (Karnataka) India  
Grams: "KAGAJMILL" Phone Nos. (08284) 231391 - 395 (5 Lines)  
Fax Nos. 08284-231325 (Admin. Off.) 232150 (Sales A/c.s) 230443 (Works Off.) 232148 (Paper Godown)

ISO 9001:2001  
OHSAS-18001



Date: 10.06.2016

To,  
The causality Medical officer  
KLE Hospital  
Belgavi.

Sir,

**Sub: Issue wound certificate for Ravindra Shatvani.**


Please arrange to issue Wound certificate for Ravindra Shatvani Token No 4966 who has been admitted in your hospital on 06.06.2016 for treatment of crush injury to his right hand and is under going treatment for the same.



This certificate is required for statutory compliance and to be produced to the concerned authority.

Hope you will do the needful to the earliest.

Thanking You

Yours faithfully

  
Subhashchandra shetty  
General Manager (IR)

  
  
11.7.16

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



## National Health Mission

District Health & Family Welfare Society Belagavi.

### District Blindness Control Society, Belagavi

Phone No: 0831-2484890

E-Mail ID : [dlobgm2020@gmail.com](mailto:dlobgm2020@gmail.com)

No/NHM/DBCS/Bgm/GIA/01 /2021-22

Date: 03/04/2021

To,

The Vice-Principal  
JNMC,  
Dr. Prabhakar Kore Charitable Hospital  
Nehru Nagar, Belagavi.

**Sub:** Payment of GIA Surgeries done in connection of  
NPCB Programme in the year 2015-16, 2016-17 & 2017-18.

**Ref:** Your email dtd: 31-03-2021.

As per your reference we are submitting the details of payment made by us to your institution under NPCB&VI from the year 2015-16, 2016-17 & 2017-18. The details are as follows:

National Blindness Control Society							
GIA Payment							
Year	Name of the NGOs	Cases Operated	Amount per Case	Total Amount	TDS	Net Pay	Cheque No
2015-16	KLE. Dr. Prabhakar Kore Charitable Hospital, Nehru Nagar, Belgaum.	81	875	70875	0	70875	225254
		587	875	513625	0	513625	227214
		309	875	270375	0	270375	561488
2016-17		619	875	541625	0	541625	605144
		527	875	461125	0	461125	227296
		1204	875	1053500	0	1053500	227261
2017-18		520	875	455000	0	455000	C081709209024
		1215	875	1063125	0	1063125	C111711383828
		827	875	723625	23573	700053	C021810563601
	1435	875	1255625	46375	1209250	C02180572995	
		367	875	321125	6423	314703	C031829996223

*Channarayana*  
03/04/2021

District Programme Manager  
District Blindness Control Society  
Belagavi

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



To,

The Principal JNMC  
Belagavi

Sub: Releasing 2<sup>nd</sup> installment for Leprosy Project i.e., C 1 (DRC- C 1) reg.

I am releasing the budget of Rs.487500/- (Four Lakh eighty seven thousand five hundred only as an advance for Leprosy NGO project by cheque no- 105289 Dtd: 20/07/2016.  
Kindly acknowledge the receipt of the same.

Thanking you

Received cheque no 105289 A-20/7/2016

*B. K. K.* 23/7/2016

Yours faithfully

*Ch. K. K.* 20/07/16

District Leprosy Officer  
Belagavi



भारतीय स्टेट बैंक  
State Bank Of India

(05536) GOVERNMENT ESTATE (BELGAUM)  
OPPOSITE TO DIVISIONAL  
COMMISSIONER'S OFF., BELGAUM, DIST-BELGAUM, KARNATAKA 590016  
IFS Code: SBIN0005536

क्या 3 महीने के लिए वैध / VALID FOR 3 MONTHS ONLY  
2 0 0 7 2 0 1 6  
D D M M Y Y Y Y

PAY Principal JNMC Belgaum.

रुपये RUPEES Four Lakh Eighty Seven thousand five hundred only  
अदा करें ₹ 487500/-

को या उनके आदेश पर OR ORDER

30475325753

VALID UP TO ₹ 10 LACS AT NON-HOME BRANCH

SB ACCOUNT

PREFIX :  
1515500005

*Ch. K. K.*  
District Leprosy Officer  
Belagavi

*Ch. K. K.*  
District Health & F. W Officer  
Belagavi

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

105289 590002006 002258 31

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಉಪನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಳಗಾವಿ ಇವರು ಹೊರಡಿಸಿದ ನಡವಳಿಗಳು

ವಿಷಯ: ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯ ಟಿ.ಎಸ್.ಪಿ ಯೋಜನೆಯಡಿ ಉಡುಪಿ ಜಿಲ್ಲಾ ಕಚೇರಿಯಿಂದ ವರ್ಗಾವಣೆಯಾದ ಅನುದಾನ ರೂ. 2.60 ಲಕ್ಷಗಳನ್ನು ಅನುದಾನ ಅವಶ್ಯವಿರುವ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಚೆಕ್ ಮೂಲಕ ನೀಡುವ ಕುರಿತು.

ಉಲ್ಲೇಖ: ನಿರ್ದೇಶನಾಲಯದ ಆದೇಶ ಸಂಖ್ಯೆ:ಮಮಇ:ಸಶಿಅಯೋ:ಆರ್ಇವಿ:18:2015-16.  
ದಿನಾಂಕ: 11-03-2016.

ಸಂ:ಉನಿಬೆ:ಮಮಅಇ:ಬಾ.ಸ:ಟಿ.ಎಸ್.ಪಿ.ಅ.:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ. ದಿನಾಂಕ: 31-03-2016.

: ಕಚೇರಿ ಆದೇಶ :

ಮೇಲ್ಕಾಣಿಸಿದ ವಿಷಯದನ್ವಯ, ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯ ಟಿ.ಎಸ್.ಪಿ ಯೋಜನೆಯಡಿ ಉಡುಪಿ, ಉಪನಿರ್ದೇಶಕರ ಕಚೇರಿಗೆ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ಉಳಿಕೆ ಇರುವ ಅನುದಾನವನ್ನು ಎಸ್.ಸಿ./ಎಸ್.ಟಿ ಫಲಾನುಭವಿಗಳಿಗೆ ಅನುದಾನ ಬೇಡಿಕೆ ಇರುವ ಉಪನಿರ್ದೇಶಕರ ಹೆಸರಿಗೆ ವರ್ಗಾಯಿಸಬಹುದೆಂದು, ವರ್ಗಾವಣೆ ಮೂಲಕ ಅನುದಾನವನ್ನು ಪಡೆದ ಉಪನಿರ್ದೇಶಕರು ಬೇಡಿಕೆ ಇರುವ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಚೆಕ್ ಅಥವಾ ಆರ್.ಟಿ.ಜಿ.ಎಸ್. ಮೂಲಕ ನೀಡಲು ಉಲ್ಲೇಖಿತ ನಿರ್ದೇಶನಾಲಯದ ಆದೇಶದಲ್ಲಿ ತಿಳಿಸಿರುತ್ತಾರೆ.

ಅದರನ್ವಯ, ಉಪನಿರ್ದೇಶಕರ ಕಚೇರಿ, ಉಡುಪಿ ಜಿಲ್ಲೆಯಿಂದ ಆರ್.ಟಿ.ಜಿ.ಎಸ್. ಮೂಲಕ, ದಿನಾಂಕ: 29-03-2016 ರಂದು ಬೆಳಗಾವಿ ಜಿಲ್ಲೆಯ ಉಪ ನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಳಗಾವಿ ಇವರ ಹೆಸರಿನಲ್ಲಿದ್ದ ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ವಿಕಾಸ ಬ್ಯಾಂಕ್, ಖಡಕ್‌ಗಲ್ಲಿ, ಮುಖ್ಯ ಶಾಖೆ, ಬೆಳಗಾವಿ ಇಲ್ಲಿರುವ ಎಸ್.ಬಿ.ಖಾತೆ ಸಂಖ್ಯೆ: 17200350941ಕ್ಕೆ ಟಿ.ಎಸ್.ಪಿ. ಯೋಜನೆಯಡಿಯ ಅನುದಾನ ರೂ. 2.60 ಲಕ್ಷಗಳು ವರ್ಗಾವಣೆಯಾಗಿ ಜಮಾ ಆಗಿದ್ದು, ಸದರಿ ಮೊತ್ತವನ್ನು ಅನುದಾನ ಅವಶ್ಯವಿರುವ ಹಾಗೂ ಬಾಕಿ ಬಿಲ್ಲುಗಳಿಗೆ ಅನುಗುಣವಾಗಿ ಜಿಲ್ಲೆಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ 3 ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಈ ಕೆಳಗಿನಂತೆ ಮರು ಹಂಚಿಕೆ ಮಾಡಿ ಚೆಕ್ ಮೂಲಕ ಅನುದಾನವನ್ನು ನೀಡಿ ಆದೇಶಿಸಲಾಗಿದೆ. ಸದರಿ ಮೊತ್ತವನ್ನು ಯಾವ ಉಪಯೋಜನೆಗೆ ನೀಡಲಾಗಿದೆಯೇ ಅದೇ ಉಪಯೋಜನೆಗೆ ಉಪಯೋಗಿಸತಕ್ಕದ್ದೆಂದು ತಿಳಿಸಲಾಗಿದೆ. ಚೆಕ್ ಮುಟ್ಟಿದ ಸ್ವೀಕೃತಿ ಹಾಗೂ ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ಜಿಲ್ಲಾ ಕಚೇರಿಗೆ ಸಲ್ಲಿಸುವುದು.

ಕ್ರ ಸಂ	ಆಸ್ಪತ್ರೆಗಳ ಹೆಸರು	ಟಿ.ಎಸ್.ಪಿ. ಯೋಜನೆಯಡಿ ಹಂಚಿಕೆ ಮಾಡಲಾದ ಅನುದಾನ (ರೂ.ಲಕ್ಷಗಳಲ್ಲಿ)	ಚೆಕ್ ಸಂಖ್ಯೆ/ದಿನಾಂಕ
1	ಪ್ರಾಂಶುಪಾಲರು, ಜಿ.ಎನ್.ಎಂ.ಸಿ., ಬೆಳಗಾವಿ	1.00	082717 ದಿ:02-04-2016
2	ಸಲಗರೆ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ, ಚಿಕ್ಕೋಡಿ	1.00	082718 ದಿ:02-04-2016
3	ಬೆಳಗಾವಿ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ, ಪ್ರೈ.ಲಿ., ಬೆಳಗಾವಿ.	0.60	082719 ದಿ:02-04-2016
	ಒಟ್ಟು ರೂ.	2.60	

(ಬಿ.ಎ.ವೆಂಟಮರಿ)

ಉಪ ನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ಪ್ರತಿಯನ್ನು :

- 1] ಮಾನ್ಯ ನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಇವರಿಗೆ ಮಾಹಿತಿಗಾಗಿ ಆದರಪೂರ್ವಕವಾಗಿ ಸಲ್ಲಿಸಿದೆ.
- 2] ಪ್ರಾಂಶುಪಾಲರು, ಜಿ.ಎನ್.ಎಂ.ಸಿ., ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆ, ಬೆಳಗಾವಿ ಇವರಿಗೆ ಮುಂದಿನ ಕ್ರಮಕ್ಕಾಗಿ.
- 3] ಸಲಗರೆ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ, ಚಿಕ್ಕೋಡಿ, ಇವರಿಗೆ ಮುಂದಿನ ಕ್ರಮಕ್ಕಾಗಿ.
- 4] ಬೆಳಗಾವಿ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ, ಪ್ರೈ.ಲಿ., ಬೆಳಗಾವಿ, ಇವರಿಗೆ ಮುಂದಿನ ಕ್ರಮಕ್ಕಾಗಿ.

ATTESTED

Orders123

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಬಾಸಂಚೆ:ಸಂ:15-16

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ, ದಿನಾಂಕ: 07-6-2016.

ಗೆ,  
ಪ್ರಾಚಾರ್ಯರು,  
ಜಿ.ಎನ್.ಎಂ.ಸಿ.,  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ : ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ ಬಾಕಿ ಬಿಲ್ಲುಗಳ  
ಪಾವತಿಗಾಗಿ 1ನೇ ಕಂತಿಗೆ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು  
ನೀಡುತ್ತಿರುವ ಕುರಿತು.

\*<>\*<>\*

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ ಬಾಕಿ  
ಬಿಲ್ಲುಗಳ ಪಾವತಿಗಾಗಿ 1ನೇ ಕಂತಿಗೆ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದಲ್ಲಿ ಇತರೆ ವೆಚ್ಚದಡಿ ರೂ.29,97,000-00 ಚೆಕ್  
ಸಂಖ್ಯೆ:-734364, ದಿನಾಂಕ:-07/06/2016 ಗಿರಿಜನ ಉಪಯೋಜನೆಯಡಿ ರೂ. 3,03,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 734362.  
ದಿನಾಂಕ: 07-06-2016ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ಸ್ವೀಕೃತಿ ಸಲ್ಲಿಸಲು ಕೋರಿದೆ.

ಅದರಂತೆ ಅನುದಾನ ಯಾವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಿಡುಗಡೆಯಾಗಿದೆಯೋ ಅದೇ ಉದ್ದೇಶಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು.  
ಅನುದಾನ ಉಪಯೋಗಿಸಿದ ಕುರಿತು ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ ನೀಡುವುದು.

ಕವ್ಯ ವಿಶ್ವಾಸಿ,

ಉಪ ನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಉಪ ನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಳಗಾವಿ ಇವರು ಹೊರಡಿಸಿದ ನಡವಳಿಗಳು

ವಿಷಯ: 2016-17ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2ನೇ ಕಂತಿನ ಅನುದಾನವನ್ನು ಬಾಕಿ ಬಿಲ್ಲುಗಳಿಗೆ ಪಾವತಿಸಲು ಬಿಡುಗಡೆಗೊಳಿಸುವ ಕುರಿತು.

- ಉಲ್ಲೇಖ: 1. ಸರ್ಕಾರದ ಆದೇಶ ಸಂ:ಮಮಇ:126:ಐಸಿಡಿ:2010, ದಿನಾಂಕ: 21-10-2010.  
2. ಸರ್ಕಾರದ ಆದೇಶ ಸಂ:ಮಮಇ:137:ಐಸಿಡಿ:2016 ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 03-06-2016.  
3. ಪ್ರಧಾನ ಕಚೇರಿ ಆದೇಶ ಸಂ:ಮಮಇ:ಸಶಿಯೋ:ಆರ್‌ಇವಿ:3:2016-17, ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 01-09-2016.

ಪ್ರಸ್ತಾವನೆ:

ಉಲ್ಲೇಖ(3)ರ ನಿರ್ದೇಶನಾಲಯದ ಆದೇಶದಲ್ಲಿ ತಿಳಿಸಿರುವಂತೆ ಜಿಲ್ಲೆಯಲ್ಲಿ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಆಸ್ಪತ್ರೆಗಳ ಬಾಕಿ ಬಿಲ್ಲುಗಳನ್ನು ಪಾವತಿಸಲು 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 2ನೇ ಕಂತಿನ ಅನುದಾನವಾಗಿ ಜಿಲ್ಲೆಗೆ ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30(ಯೋಜನೆ)-422 ವಿಶೇಷ ಘಟಕದಡಿ ರೂ. 5.34ಲಕ್ಷ ಹಾಗೂ ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30 (ಯೋಜನೆ)-059 ಇತರೆ ವೆಚ್ಚದಡಿ ರೂ. 72.72ಲಕ್ಷ ಹೀಗೆ ಒಟ್ಟು ರೂ. 78.06ಲಕ್ಷಗಳನ್ನು ನಿರ್ದೇಶನಾಲಯವು ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಆಸ್ಪತ್ರೆಗಳ ಬಾಕಿ ಬಿಲ್ಲುಗಳ ಪಾವತಿಗಾಗಿ ಮರುಹಂಚಿಕೆ ಮಾಡಲು ಈ ಕೆಳಗಿನಂತೆ ಅನುದಾನವನ್ನು ಬಿಡುಗಡೆ ಮಾಡಿರುತ್ತದೆ.

: ಅನುಬಂಧ :

ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30 (ಯೋಜನೆ)

ರೂ.ಲಕ್ಷಗಳಲ್ಲಿ.

ಕ್ರ.ಸಂ.	ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯ ಆಸ್ಪತ್ರೆಗಳ ಹೆಸರು	ಮೊದಲನೇ ಕಂತಿಗೆ ಬಿಡುಗಡೆಯಾದ ಹಣವನ್ನು ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಪಾವತಿಸಿದ ನಂತರ ಉಳಿದ ಬಾಕಿ ಇರುವ ಬಿಲ್ಲುಗಳ ಮೊತ್ತ			2ನೇ ಕಂತಿನ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡಿದ ಅನುದಾನ			ಒಟ್ಟು
		ಎಸ್.ಸಿ.ಪಿ	ಟಿ.ಎಸ್.ಪಿ	ಇತರೆ	ಎಸ್.ಸಿ.ಪಿ	ಟಿ.ಎಸ್.ಪಿ	ಇತರೆ	
1	ಡಾ: ಪ್ರಭಾಕರ ಕೋರೆ, ಉಚಿತ ಆಸ್ಪತ್ರೆ ಬೆಳಗಾವಿ	0	0	69.07	0	0	18.94	18.94
2	ಸಲಗರೆ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ, ಚಿಕ್ಕೋಡಿ	5.34	0	155.20	5.34	0	42.57	47.91
3	ಬೆಳಗಾವಿ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ ಪ್ರೈ.ಲಿ, ಬೆಳಗಾವಿ	0	0	40.88	0	0	11.21	11.21
	ಒಟ್ಟು	5.34	0	265.15	5.34	0	72.72	78.06

ಸದರಿ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನ ರೂ. 78.06ಲಕ್ಷಗಳನ್ನು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳು, ಬೆಳಗಾವಿ ಇವರಿಗೆ ಮಂಜೂರಾತಿ ನೀಡಿ ಉಲ್ಲೇಖ(1)ರ ಸರ್ಕಾರಿ ಆದೇಶದಲ್ಲಿನ ಮಾರ್ಗಸೂಚಿಗಳನ್ವಯ ವೆಚ್ಚವನ್ನು ಭರಿಸಲು, ಉಲ್ಲೇಖ(3)ರ ನಿರ್ದೇಶನಾಲಯದ ಆದೇಶದಲ್ಲಿ ಸೂಚಿಸಿರುವಂತೆ ಖಜಾನೆಯಿಂದ ಸೆಳೆದು ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಆರ್.ಟಿ.ಜಿ.ಎಸ್ ಮೂಲಕ ವೆಚ್ಚ ಭರಿಸಲು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳಿಗೆ ಬಿಡುಗಡೆ ಮಾಡಿ ಈ ಕೆಳಗಿನಂತೆ ಆದೇಶ ಹೊರಡಿಸಲಾಗಿದೆ.

ATTESTED

Dr. V.A.Koithiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಉಪ ನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಳಗಾವಿ ಇವರು ಹೊರಡಿಸಿದ ನಡವಳಿಗಳು

ವಿಷಯ: 2016-17ನೇ ಸಾಲಿನ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 4ನೇ ಕಂತಿನ ಅನುದಾನವನ್ನು ಬಾಕಿ ಬಿಲ್ಲುಗಳಿಗೆ ಪಾವತಿಸಲು ಬಿಡುಗಡೆಗೊಳಿಸುವ ಕುರಿತು.

- ಉಲ್ಲೇಖ: 1. ಸರ್ಕಾರದ ಆದೇಶ ಸಂ:ಮಮಇ:126:ಐಸಿಡಿ:2010, ದಿನಾಂಕ: 21-10-2010.  
2. ಸರ್ಕಾರದ ಆದೇಶ ಸಂ:ಮಮಇ:79:ಮಮಅ:2016 ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 13-01-2017.  
3. ಪ್ರಧಾನ ಕಚೇರಿ ಆದೇಶ ಸಂ:ಮಮಇ:ಸಶಿಯೋ:ಆರ್‌ಇವಿ:3:2016-17, ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 17-01-2017.

ಪ್ರಸ್ತಾವನೆ:

ಉಲ್ಲೇಖ(3)ರ ನಿರ್ದೇಶನಾಲಯದ ಆದೇಶದಲ್ಲಿ ತಿಳಿಸಿರುವಂತೆ ಜಿಲ್ಲೆಯಲ್ಲಿ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಆಸ್ಪತ್ರೆಗಳ ಬಾಕಿ ಬಿಲ್ಲುಗಳನ್ನು ಪಾವತಿಸಲು 2015-16ನೇ ಸಾಲಿಗೆ ದಿನಾಂಕ: 31-03-2016ರವರೆಗಿನ ಹಾಗೂ 2016-17ನೇ ಸಾಲಿನ ದಿನಾಂಕ: 24-04-2016ರ ಅಂತ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ 4ನೇ ಕಂತಿನ ಅನುದಾನವಾಗಿ ಜಿಲ್ಲೆಗೆ ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30 (ಯೋಜನೆ)-422 ವಿಶೇಷ ಘಟಕದಡಿ ರೂ. 6.33ಲಕ್ಷ, ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30 (ಯೋಜನೆ)-423 ಗಿರಿಜನ ಉಪಯೋಜನೆಯಡಿ ರೂ. 1.72ಲಕ್ಷ ಹಾಗೂ ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30 (ಯೋಜನೆ)-059 ಇತರೆ ವೆಚ್ಚದಡಿ / ರೂ. 75.00ಲಕ್ಷ ಹೀಗೆ ಒಟ್ಟು ರೂ. 83.03ಲಕ್ಷಗಳನ್ನು ನಿರ್ದೇಶನಾಲಯವು ಮರುಹಂಚಿಕೆ ಮಾಡಲು ಈ ಕೆಳಗಿನಂತೆ ಅನುದಾನವನ್ನು ಬಿಡುಗಡೆ ಮಾಡಿರುತ್ತದೆ.

: ಅನುಬಂಧ :

ಲೆಕ್ಕಶೀರ್ಷಿಕೆ: 2235-02-102-0-30 (ಯೋಜನೆ)

ರೂ.ಲಕ್ಷಗಳಲ್ಲಿ

ಕ್ರ.ಸಂ.	ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯ ಆಸ್ಪತ್ರೆಗಳ ಹೆಸರು	4ನೇ ಕಂತಿನ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡಿದ ಅನುದಾನ			ಒಟ್ಟು
		ಎಸ್.ಸಿ.ಪಿ	ಟಿ.ಎಸ್. ಪಿ	ಇತರೆ	
1	ಡಾ: ಪ್ರಭಾಕರ ಕೋಲೆ ಉಚಿತ ಆಸ್ಪತ್ರೆ, ಬೆಳಗಾವಿ	2.42	1.02	20.00	23.44
2	ಸಲಗರೆ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ, ಚಿಕ್ಕೋಡಿ	2.74	0	40.00	42.74
3	ಬೆಳಗಾವಿ ಚಿಕ್ಕಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ ಪ್ರೈವಿ, ಬೆಳಗಾವಿ	1.17	0.70	15.00	16.87
	<b>ಒಟ್ಟು</b>	<b>6.33</b>	<b>1.70</b>	<b>75.00</b>	<b>83.03</b>

ಸದರಿ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನ ರೂ. 83.03ಲಕ್ಷಗಳನ್ನು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳು, ಬೆಳಗಾವಿ ಇವರಿಗೆ ಮಂಜೂರಾತಿ ನೀಡಿ ಉಲ್ಲೇಖ(1)ರ ಸರ್ಕಾರಿ ಅದೇಶದಲ್ಲಿನ ಮಾರ್ಗಸೂಚಿಗಳನ್ವಯ ವೆಚ್ಚವನ್ನು ಭರಿಸಲು, ಉಲ್ಲೇಖ(3)ರ ನಿರ್ದೇಶನಾಲಯದ ಆದೇಶದಲ್ಲಿ ಸೂಚಿಸಿರುವಂತೆ ಖಜಾನೆಯಿಂದ ಸೆಳೆದು ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಆರ್.ಟಿ.ಜಿ.ಎಸ್ ಮೂಲಕ ವೆಚ್ಚ ಭರಿಸಲು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳಿಗೆ ಬಿಡುಗಡೆ ಮಾಡಿ ಈ ಕೆಳಗಿನಂತೆ ಆದೇಶ ಹೊರಡಿಸಲಾಗಿದೆ.

ATTESTED



Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಜೆ.ಸಂ.:16-17


ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳೆಯರ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ. ದಿನಾಂಕ: 14-02-2017.

ಗೆ,  
ಪ್ರಾಂಶುಪಾಲರು,  
ಜೆ.ಎನ್.ಎಂ.ಸಿ,  
(ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆ)  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ: 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 4ನೇ ಕಂತಿಗೆ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು  
ನೀಡುತ್ತಿರುವ ಕುರಿತು.

ಮೇಲ್ಕಂಡ ವಿಷಯದಂತೆ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 4ನೇ ಕಂತಿಗೆ ತಮ್ಮ  
ಆಸ್ಪತ್ರೆಗಳ ಬಾಕಿ ಬಿಲ್ಲುಗಳ ಪ್ರಕಾರ ಟಿ.ಎಸ್.ಪಿ ಯೋಜನೆಯಡಿ ಬಿಡುಗಡೆಯಾದ ರೂ. 1,02,000-00 ಚೆಕ್  
ಸಂಖ್ಯೆ:785507, ದಿನಾಂಕ: 13-02-2017 ಹಾಗೂ ಇತರೆ ವೆಚ್ಚದಡಿ ರೂ. 20,00,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ:785509,  
ದಿನಾಂಕ: 13-02-2017ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು, ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ರಶೀದಿ ಹಾಗೂ ಉಪಯುಕ್ತತಾ  
ಪ್ರಮಾಣಪತ್ರ ನೀಡಲು ಕೋರಲಾಗಿದೆ.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,  
  
ಮಹಿಳೆಯ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳು,  
ಜಿಲ್ಲಾ ಕಚೇರಿ, ಬೆಳಗಾವಿ.

ATTESTED



Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಚಿ.ಸಂ.:16-17

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳೆಯರ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ. ದಿನಾಂಕ: 22-02-2017.

ಗೆ,  
ಪ್ರಾಂಶುಪಾಲರು,  
ಜಿ.ಎನ್.ಎಂ.ಸಿ,  
(ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆ)  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ: 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 4ನೇ ಕಂತಿಗೆ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು  
ನೀಡುತ್ತಿರುವ ಕುರಿತು.

ಮೇಲ್ಕಂಡ ವಿಷಯದಂತೆ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 4ನೇ ಕಂತಿಗೆ ತಮ್ಮ  
ಆಸ್ಪತ್ರೆಗಳ ಬಾಕಿ ಬಿಲ್ಲುಗಳ ಪ್ರಕಾರ ಎಸ್.ಸಿ.ಪಿ ಯೋಜನೆಯಡಿ ರೂ.2,42,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 785512, ದಿನಾಂಕ:  
18-02-2017ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು, ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ರಶೀದಿ ಹಾಗೂ ಉಪಯುಕ್ತತಾ ಪ್ರಮಾಣಪತ್ರ  
ನೀಡಲು ಕೋರಲಾಗಿದೆ.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

ಉಪನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA**

**PROCEEDINGS ISSUED BY THE DEPUTY DIRECTOR WOMEN AND CHILD  
DEVELOPMENT DEPARTMENT**

Subject: Distribution of unutilized grants under the Balasanjivini Scheme  
TSP Scheme amounting to Rs.2.60 lakhs received from  
Udupi District Office, to various hospitals by way of cheque.

Ref: Order of the Directorate vide No: MME:SSAY:REV:  
18:2015-16 dated 11.03.2016

No: UNB:MMAE:B:S:T.S.P:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi. Dated 31.03.2016

**OFFICE ORDER**

As per the subject mentioned above the Directorate has issued an Order at Ref above that the Grants released under the Bala-Sanjivini Scheme T.S.P. Scheme to Udupi Deputy Director office has been unutilized. Hence the said Grant amount may be transferred to the Deputy Director of other districts for distribution among the S.C/S.T beneficiaries. The Deputy Director shall release the amount through cheque/RTGS to the hospitals which are in need of funds.

Hence the Deputy Director Udupi District has transferred an amount received under the T.S.P Scheme to the tune of Rs. 2.60 lakhs through R.T.G.S to the account of Deputy Director, Women and Child Development Department, Belagavi on 29.03.2016 to the S.B Account No: 17200350941 at Karnataka Grameen Vikas Bank, Khadak Galli Main Branch Belagavi. It is ordered that the amount so credited shall be re-distributed by way of cheque to the 3 below listed hospitals which are working under the said scheme.

...2

**ATTESTED**

  
Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted to the District office as to receipt of cheque and utilization of funds.

Sl. No.	Name of the Hospitals	Grants distributed under T.S.P Scheme	Cheque No./Date
1	Principal, JNMC Belagavi	1.00	082717 D:02.04.2016
2	Salagar Children Hospital, Chikkodi	1.00	082718 D:02.04.2016
3	Belgaum Children Hospital Pvt. Ltd. Belagavi.	0.60	082719 D:02.04.2016
	<b>Total</b>	<b>2.60</b>	

(B.M. Vantamuri)

Deputy Director  
Women & Child Development Department  
Belagavi

Copy to

1. Directorate, Women & Child Development Department, Belagavi.
2. Principal, JNMC Bala Sanjivini Scheme Belagavi for further action
3. Salagar Children Hospital, Chikkodi for further action
4. Belgaum Children Hospital Pvt. Ltd. Belagavi for further action

*Translated by me*  
*Keatti*

**JYOTI S. NANDGAON**  
B.Com., LLB  
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:15-16

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 07.06.2016

To  
The Principal  
J.N.M.C  
Belagavi.

Sir/Madam,

Subject: Release of cheque from Grants received under the  
1<sup>st</sup> installment of Bala Sanjivini Scheme towards  
outstanding bills for the year 2016-17.

With respect to the subject cited above, the Grants under the Bala-sanjivini Scheme for the year 2016-17 for the 1<sup>st</sup> installment are released. For Girijan sub-scheme a sum of Rs. 3,03,000/- vide cheque bearing No. 734362 dated 07.06.2016 and towards Miscellaneous Expenses a sum of Rs.29,97,000/- vide cheque bearing No. 734364 dated 07.06.2016 have been released. The said cheques are enclosed and you are requested to acknowledge receipt of the same.

The amount received towards Grants should be utilized only for the purposes for which it is released. Further 'utilization certification' should be submitted with respect to utilization of Grants.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi

Translated by me

*Asatti*

**JYOTI S. NANDGAON**  
B.Com., L.L.B  
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA  
DIRECTIONS ISSUED BY THE DEPUTY DIRECTOR WOMEN AND  
CHILD DEVELOPMENT DEPARTMENT**

Subject: Release of Grants under the 2<sup>nd</sup> installment of Bala-Sanjivini Scheme for the year 2016-17 towards payment of outstanding bills.

- Ref: 1. Government Order No: MMR:126:ICD:2010 dated 21.10.2010.  
2. Government Order No: MME:137:ICD:2016 Bangalore dated 03.06.2016  
3. Head Office Order No: MME:Socio:REV:3:2016-17, Bangalore Dated 01.09.2016.

**Proposal:**

As per order of the Directorate referred in ref(3) stated above the Directorate has released grant under the 2<sup>nd</sup> installment of the Bala-sanjivini Scheme for the year 2016-17 towards payment of outstanding bills of the hospitals implementing the said scheme. In this regard for Ledger folio 2235-02-102-0-30 (Yojane)-422 Special Unit Rs. 5.34 lakhs and Ledger Folio: 2235-02-102-0-30 (Yojane) -059 towards Miscellaneous expenses Rs. 72.72 lakhs Total **Rs. 78.06 lakhs** have been released to the hospital for redistribution in the following manner.

**SCHEDULE**

Ledger Folio: 2235-02-102-0-30 (Yojane)

Rs. In Lakhs

Sl. No.	Name of the Hospital under Balasanjivini Scheme	Outstanding Bills after release of 1 <sup>st</sup> Installment			Release of 2 <sup>nd</sup> installment for Grants			Total
		SCP	TSP	Others	SCP	TSP	Others	
1	Dr. Prabhakar Kore Charitable Hospital Belagavi	0	0	69.07	0	0	18.94	18.94
2.	Salagar Children Hospital Chikodi	5.34	0	155.20	5.34	0	42.57	47.91
3.	Belgaum Children Hospital Pvt Ltd BGM	0	0	40.88	0	0	11.21	11.21
	<b>Total</b>	<b>5.34</b>	<b>0</b>	<b>265.15</b>	<b>5.34</b>	<b>0</b>	<b>72.72</b>	<b>78.06</b>

...2

ATTESTED

  
Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



The Grant amount of Rs. 78.06 lakhs has been released from the Treasury and the officer of Women and Child Development has been empowered to release the grant amount by ways of RTGS to the hospitals implementing the Bala-Sanjivini Scheme and the following Order has been made:

**ORDER**

As per the proposal, it has been ordered that the Grant of Rs. 78.06 lakhs sanctioned under the 2<sup>nd</sup> installment of Bala-Sanjivini scheme shall be drawn under the head of G.I.A bill from the Treasury Office and the same may be transferred by way of RTGS to the account of the above mentioned hospitals Hospitals for payment of outstanding dues. Hence the Order.

Deputy Director  
Women & Child Development Department  
Belagavi.

Translated by me  
Akatti

**JYOTI S. NANDGAON**  
B.Com., LLB  
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED

Translated Copy

**GOVERNMENT OF KARNATAKA**

**DIRECTIONS ISSUED BY THE DEPUTY DIRECTOR WOMEN AND  
CHILD DEVELOPMENT DEPARTMENT**

Subject: Release of Grants under the 4<sup>th</sup> installment of Bala-Sanjivini Scheme for the year 2016-17 towards payment of outstanding bills.

Ref: 1. Government Order No: MMR:126:ICD:2010 dated 21.10.2010.

2. Government Order No: MME:79:MMA:2016 Bangalore dated 13.01.2017.

3. Head Office Order No: MME:Socio:REV:3:2016-17. Bangalore Dated 17.01.2017.

**Proposal:**

As per order of the Directorate referred in ref(3) stated above the Directorate has released grant under the 4<sup>th</sup> installment of the Bala-sanjivini Scheme upto 31.03.2016 for the year 2016-17 upto 24.04.2016 towards payment of outstanding bills of the hospitals implementing the said scheme. In this regard for Ledger folio 2235-02-102-0-30 (Yojane)-422 Special Unit Rs.6.33 lakhs, Ledger folio 2235-02-102-0-30 (Yojane)-423 Girijan Scheme Rs.1.72 lakhs and Ledger Folio: 2235-02-102-0-30 (Yojane) -059 towards Miscellaneous expenses Rs. 75.00 lakhs total **Rs. 83.03 lakhs** have been released to the hospital for redistribution in the following manner.

**SCHEDULE**

Ledger Folio: 2235-02-102-0-30 (Yojane)

Rs. In Lakhs

Sl. No.	Name of the Hospital under Balasanjivini Scheme	Release of 4 <sup>th</sup> installment for Grants			Total
		SCP	TSP	Others	
1	Dr. Prabhakar Kore Charitable Hospital Belagavi	2.42	1.02	20.00	23.44
2.	Salagar Children Hospital Chikodi	2.74	0	40.00	42.74
3.	Belgaum Children Hospital Pvt Ltd BGM	1.17	0.70	15.00	16.87
	<b>Total</b>	<b>6.33</b>	<b>1.70</b>	<b>75.00</b>	<b>83.03</b>

...2

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

The Grant amount of Rs. 83.03 lakhs has been released as per the directions in Government order ref(1) above and the officer of Women and Child Development has been empowered to draw the Grant amount, as per Ref (3) cited above, from the Treasury Office and transfer the amount by ways of RTGS to the hospitals implementing the Bala-Sanjivini Scheme. The following Order has been made:

**ORDER**

As per the proposal, it has been ordered that the Grant of Rs. 83.03 lakhs sanctioned under the 4<sup>th</sup> installment of Bala-Sanjivini Scheme for the year 2016-17 shall be drawn under the head of G.I.A bill from the Treasury Office and the same may be transferred by way of RTGS to the account of the concerned Hospitals for payment of outstanding dues. Hence the Order.

Deputy Director  
Women & Child Development Department  
Belagavi

Translated by me

*Asatti*

**JYOTI S. NANDGAON**  
B.Com., LLB

**ADVOCATE**  
Reg. No. KAR/2571/10

ATTESTED

DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT  
BELAGAVI

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: UNB/MMAE:BSS:No:16-17

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 14.02.2017

To  
The Principal  
J.N.M.C  
(Bala-Sanjivini Scheme)  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 5<sup>th</sup> installment towards  
Grants for the year 2016-17.

As in the above mentioned subject, there is an outstanding Bill from your hospital towards 5<sup>th</sup> Installment for the Grants issued under the Bala-Sanjivini Scheme for the year 2016-17. Hence a cheque for Rs. 1,02,000/- bearing No. 785507 dated 13.03.2017 towards T.S.P. Scheme and a cheque of Rs. 20,00,000 bearing No. 785509 dated 13.02.2017 towards Miscellaneous expenses have been enclosed. Hence you are requested to acknowledge receipt of the cheques and issue 'utilization certification'.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi

Translated by me

*Arathi*

**JYOTI S. NANDGAON**  
B.COM., LL.B  
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: DDB/WCDD:BSS:No:16-17

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 22.02.2017

To  
The Principal  
J.N.M.C  
(Bala-Sanjivini Scheme)  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 4<sup>th</sup> installment towards  
Grants for the year 2016-17.

As in the above mentioned subject, there is an outstanding Bill under the 'T.S.P Scheme' from your hospital towards 4<sup>th</sup> Installment for the Grants issued under the Bala-Sanjivini Scheme for the year 2016-17. Hence a cheque for Rs.2,42,000/- bearing No. 785512 dated 18.02.2017 has been enclosed. Hence you are requested to acknowledge receipt of the cheque and issue 'utilization certification'.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi

Translated by me

*Asalli*

**JYOTI S. NANDGAON**  
B.Com., LL.B  
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED



Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



**Dr. ROHAN BHISE**

M.D. D.M (Medical Oncologist)

Consultant hemato-oncologist & Medical Oncologist

(Principal Investigator)

KLE's Dr. Prabhakar Kore Hospital & MRC  
Associate Professor, J.N. Medical College,

Tel : 0831-2470400 M : 9448866712

Email : rohanbhise30@gmail.com

Ref:KLES/Dr PK HOSP/ACCT/2020/21

Date: 31-03-2021

The  
Medical Director  
KLES Dr Prabhakar Kore  
Hospital & MRC  
Belagavi

Subject: Payment Sanctioned and credited for Project CLIANTHA PACLITAXEL STUDY

Sir,

With reference to the above subject we would like to state that amount of 68762/- has been sanctioned for the project CLIANTHA PACLITAXEL STUDY will be credited to your **Account No: 8515256000001.**

Year	2016	2017
Payment	12946	55816
	<b>Total Grand</b>	<b>68762</b>

Kindly acknowledge the same.

Thanking You,



Dr Rohan Bhise  
Principal Investigator

**Dr. ROHAN BHISE**  
Consultant Medical & Hematooncologist  
KMC Reg. No. 68179.  
KLES Dr. Prabhakar Kore Hospital &  
MRC - Belagavi.

ATTESTED



Dr. V.A.Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

To,

Date : 03 Apr 2021

MD and CE  
KLES Dr Prabhakar Kore Hospital and MRC  
Belagavi

**Subject:** Payment Sectioned and credited for under Amgen Darbepoetin Clinical Trials.

Respected Sir,

With reference to the above subject would like to state that amount of Rs 2370 /- has been sanctioned for the project under Amgen Darbepoetin Clinical Trials will be credited to your account no 8515256000001. Details as Follows,

<b>Year</b>	2017
<b>Amount Paid</b>	Rs : 2370 /-
<b>Grand Total</b>	Rs : 2370 /-

Kindly Acknowledge the same

Thanking You



Dr Rohan Bhise (MBBS, MD, DM)  
KLES Dr Prabhakar Kore Hospital and MRC  
Belagavi

Dr. ROHAN BHISE  
Consultant Medical & Hematooncologist  
KMC Reg. No. 68179.  
KLES Dr. Prabhakar Kore Hospital &  
MRC - Belagavi.

ATTESTED



Dr. V.A.Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

To,

**Date : 03 Apr 2021**

MD and CE  
KLES Dr Prabhakar Kore Hospital and MRC  
Belagavi

**Subject:** Payment Sectioned and credited for under Genesis Research Clinical Trials

**Respected Sir,**

With reference to the above subject would like to state that amount of Rs 173048 /- has been sanctioned for the project under Genesis Research Clinical Trials will be credited to your account no 8515256000001. Details as Follows,

Year	2017	2018	2019
Payment Paid	Rs 7800	Rs 61485	Rs 103763
<b>Grand Total</b>			<b>Rs 173048</b>

Kindly Acknowledge the same

Thanking You



Dr Jyothi Hattiholi (MBBS, MD)  
KLES Dr Prabhakar Kore Hospital and MRC  
Belagavi

ATTESTED



Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

2018

**Cashless Authorization letter to the Hospital**

 KLES DR.PRABHAKAR KORE HOSPITAL & MEDICAL RESEARCH CENTRE  
 KHANPUR ROAD ,NEHRU NAGAR,  
 BELGAUM  
 BELGAUM,KARNATAKA  
 Pincode:590010

15-Dec-2018

This Authorization is valid for admission from 15-Dec-2018 to 15-Dec-2018

Name Of the Insured	SHAMBU G HUKKERI	Claim No	2825098526
Name Of Patient	AISHWARYA S HUKKERI	AL No	2825098526_001
Membership no	A3663160B	Employee No	15138
Age	37	Date of Admission	15-Dec-2018
Gender	F	Expected no of days stay	1
ICU Rent	-	Class of Accommodation	-
Room/nursing or service charges per day	10000	No of days approved	1
Final Diagnosis	AUB WITH ENDOMETRIAL POLY FOR SURGICAL MANAGEMENT		

**Cashless request and approval details**

	Requested/Bill Amount	Approved Amount	Co-pay(To collect from insured)
New	Rs.30000	Rs.15000	Rs.0
Enhancements	Rs.100	Rs.-2079	Rs.0
Total:		Rs.12921	Rs.0
Total Approved Amount in Words	Rs.Twelve Thousand Nine Hundred Twenty-One Only		

AL IS VALID FOR ACTIVE SURGICAL MANAGEMENT REQUIRING HOSPITALIZATION. PLS. COLLECT NON-PAYABLE EXPENSES FROM THE MEMBER. ENHANCED AS PER THE RECEIVED FINAL BILL ONLY. AL IS VALID FOR THE EXPENSES OF INVESTIGATIONS & TREATMENT PERTAINED TO THE REQUESTED ACUTE AILMENT ONLY AND OTHER EXPENSES ARE NOT PAYABLE. AL STANDS NULL & VOID IF THERE IS ANY DISCREPANCY IN THE INFORMATION REQUESTED TO THAT IN THE SUBMITTED DOCUMENTS AT THE CLAIM SETTLEMENT.PLS COLLECT ONLY HIGHER ROOM RENT DIFFERENCE CHARGES FROM THE MEMBER.CLAIM WILL BE SETTLED AS PER THE HOSPITAL AGREED TARIFFS ONLY.

**Attention:**

Please read the remarks mentioned above carefully and collect any excess room rent, non medical expenses and the co-pay amount specified above before the discharge. Please contact us on the below mentioned toll free number for any further queries in this regard.

12921  
 + 49030  
 -----  
 54951

**ATTESTED**
  
 Dr. V.A.Kothiwale  
 Registrar

 KLE Academy of Higher Education and Research,  
 (Deemed-to-be-University u/s 3 of the UGC Act,1956)  
 Belagavi-590 010, Kamalaka

This is a computer Generated letter and does not require signature

New No. 319, Old No.154, Shaw Wallace Building, 2nd Floor, Thambu Chetty Street, Parry's Corner, Chennai - 600 001

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : help@cholams.murugappa.com

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : faxhealth@cholams.murugappa.com



**HEALTH CLAIM COMPUTATION SHEET**

KLES DR.PRABHAKAR KORE HOSPITAL & MEDICAL  
RESEARCH CENTRE  
KHANPUR ROAD ,NEHRU NAGAR, BELGAUM,  
BELGAUM NEHRU NAGAR S.O, BELGAUM,  
KARNATAKA, Pincode: 590010

17-Nov-2018

Dear Sir / Madam,

Greeting from CHOLA MS HELP !!!

With reference to the below mentioned cashless claim submitted by you, we are glad to inform you that the claim has been settled for Rs.31205 vide cheque/NEFT no: 1099046 dated 17-Nov-2018 . The details of settlement are as below:

Policy Number:	2842/00155396/000/01	Claim No:	2842074747
Name of Insured:	SURESH BABAJI LANDE	Employee No:	NA
Date of Admission:	13-Oct-2018	Date of Discharge:	16-Oct-2018
Relationship with insured/ employee:	Parent1	Name of Patient:	BABAJI JOTIBA LANDE
Policy Start Date:	15-Jun-2018	Policy End Date:	14-Jun-2019
Membership No:	A3646979U	Age:	61
Gender:	M	Hospital Type:	Network
Payee Name:	K L E SOCIETY BELGAUM		
Final Diagnosis:	LEFT URETERIC CALCULI FOR SURGICAL MGT.		

**Bill Details**

S. No	Bill No	Bill Date	Nature of Exp.	Amount Claimed	Disallowed	Copay/ Std.Ded.Amt	Payable Amount	Remarks
1	3523	16-Oct-2018	Pathology charges	180.00	180.00	0.00	0.00	RS 2370 DEDUCTED TOWARDS 2 RBS CHARGES , 2D ECHO & CROSS CONSULTATION CHARGES ARE NOT COVERED , AS FALL UNDER PRE EXISTING CONDITION
2	3523	16-Oct-2018	Visit charges	1750.00	500.00	0.00	1250.00	RS 2370 DEDUCTED TOWARDS 2 RBS CHARGES , 2D ECHO & CROSS CONSULTATION CHARGES ARE NOT COVERED , AS FALL UNDER PRE EXISTING CONDITION
3	3523	16-Oct-2018	Room Charges	2400.00	520.00	0.00	1880.00	AS PER AGREED TARIFF PER DAY ROOM RS.470 ONLY PAYABLE DEDUCTED RS.520
4	3523	16-Oct-2018	Medicine & Consumables charges	6948.00	1353.00	0.00	5595.00	BETADINE,CAP,GLOVES,MASK,DRAPE,C NOT PAYABLE
5	3523	16-Oct-2018	OT Equipment charges	150.00	0.00	0.00	150.00	
6	3523	16-Oct-2018	ICU Supplies & equipment	90.00	0.00	0.00	90.00	
7	3523	16-Oct-2018	Medicine & Consumables charges	112.00	112.00	0.00	0.00	GLOVES NOT PAYABLE

This is a computer Generated letter and does not require signature  
Cholamandalam MS General Insurance Co. Ltd.

New No: 319, Old No: 154, Shaw Wallace Building, 2nd Floor,  
Thambu Chetty Street, Parry's Corner Chennai - 60001

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : help@cholams.murugappa.com

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : customercare@cholams.murugappa.com



**ATTESTED**

**Dr. V.A.Kothiwale**  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



S. No	Bill No	Bill Date	Nature of Exp.	Amount Claimed	Disallowed	Copay/Std.Ded.Amt	Payable Amount	Remarks
8	3523	16-Oct-2018	OT rent	12000.00	1600.00	0.00	10400.00	EXCEED THE AGREED TARIFF LIMIT DEDUCTED RS.1600
9	3523	16-Oct-2018	Nursing charges	1400.00	0.00	0.00	1400.00	
10	3523	16-Oct-2018	Pathology charges	1160.00	0.00	0.00	1160.00	
11	3523	16-Oct-2018	Luxury Tax/Surcharge/Service Charge	140.00	140.00	0.00	0.00	REGISTRATION CHARGE,VISITOR PASS CHARGE NOT PAYABLE
12	3523	16-Oct-2018	Surgery Charges	9000.00	4320.00	0.00	4680.00	EXCEED THE AGREED TARIFF LIMIT DEDUCTED RS.4320
13	3523	16-Oct-2018	Anaesthetists fee	3000.00	400.00	0.00	2600.00	EXCEED THE AGREED TARIFF LIMIT DEDUCTED RS.400
14	3523	16-Oct-2018	Procedure charges	2000.00	0.00	0.00	2000.00	
15	3523	16-Oct-2018	Cardiology charges	1700.00	1700.00	0.00	0.00	RS 2370 DEDUCTED TOWARDS 2 RBS CHARGES , 2D ECHO & CROSS CONSULTATION CHARGES ARE NOT COVERED , AS FALL UNDER PRE EXISTING CONDITION
<b>Total :</b>				Rs.42030	Rs.10825	Rs.0	Rs.31205	

Amount Claimed : Rs.42030

Discount Allowed\*\* : Rs.0

Disallowed : Rs.10825

Copay/Std.Ded.Amt. : Rs.0

Benefit Amt. : Rs.0

Total Payable : Rs.31205

**Sum of Rupees:** Thirty-One Thousand Two Hundred Five Only

\*The Balance SI excludes the current claim.

\*\*Discount allowed has already been included in the Disallowed section. This amount is only for representation purpose.

In case you believe that we have overlooked any material fact or circumstances contact us with the claim No/Policy No as reference

**Head of Claims**

Cholamandalam MS General Insurance Company Limited

This is a computer Generated letter and does not require signature

Cholamandalam MS General Insurance Co. Ltd.

New No: 319, Old No: 154, Shaw Wallace Building, 2nd Floor,

Thambu Chetty Street, Parry's Corner Chennai - 60001

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : help@cholams.murugappa.com

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : customercare@cholams.murugappa.com



ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



DEPARTMENT OF MEDICINE & INDUSTRIAL HEALTH

9140 / TMLRIN149835 / 2018

Print Date: 31-12-2018

KLES DR. PRABHAKAR KORE HOSPITAL & MRC-NEAR JNMC COLLEGE NEHRU  
NAGARBELGAUM (Hospital Code: K8001H)

Dear Sir/Madam,

We had issued authorization letter No TMLRIN149835 for the treatment of

Mr/Mrs/Miss/Mast Suresh , Father [Relation Code : 11] of our employee

Mr/Mrs Suhas Suresh Chitragar Pers. No 801187 Department Auto Projects and Planning ,  
PTPA

We have now received a letter from you vide No. \_\_\_\_\_ dated \_\_\_\_\_ requesting  
additional sanction as the billing in respect of the patient is likely to reach Rs.

We would like to inform you that the company will pay Rs. 14,000.00  
(FOURTEEN THOUSAND RUPEES)

only towards the treatment of Mr/Mrs/Miss/Mast Suresh , Father [Relation Code : 11]  
of Mr/Mrs Suhas Suresh Chitragar

Any amount over and above Rs. 14,000.00 should be collected directly from the patient please.

Kindly send the bill to below mentioned address.

Thanking you,

Yours faithfully  
For TATA Motors Ltd.

  
31/12/18

DR. MN Ahmed Shariff. Manager (Health Services)

TATA MOTORS LIMITED

Dharwad

CIN No. :-

Location : Dharwad Plant

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

13050  
+ 82496  
000  
96096

Scanned by CamScanner

TATA Motors Ltd, Dharwad, Belur Industrial Area,  
Post Mummigatti Dharwad 580011 Medical  
Benefit Scheme, Phone: 0836-2486633,  
Fax:0836-2486881

**UNDERTAKING FOR DIRECT HOSPITAL PAYMENT  
UNIFIED MEDICAL BENEFIT SCHEME**  
TATA MOTORS Ltd - HUBLI

**UT NO:** TMLRIN149679  
**DATE:** 06-09-2018  
**IOW:**

Employee's Name: Suhas Suresh Chitragar Pers No: 801187 / Level 5  
Dept.: Auto Projects and Planning , PTPA Dept. Telephone No: \_\_\_\_\_  
Patient's Name: Suresh Relation with the employee : Father [RELATION CODE : 11]  
Name of the Hospital: KLES DR. PRABHAKAR KORE HOPSITAL & MRC (Hospital Code: K8001H)  
Attending Doctor: \_\_\_\_\_

With reference to the above details, I request you to kindly issue a letter to the above mentioned Hospital, requesting them to directly send the Hospital expenses bill to the Company for payment.

The conditions indicated below which entitle me to avail of this direct payment facility, are acceptable to me

1. I should be a member of the Unified Medical Benefit Scheme.
2. Relative undergoing Hospitalization / investigation should be covered under the Unified Medical Benefit Scheme.
3. Hospital Bills more than Rs. 1000/- & less than Rs. 10,000/- only qualify for direct payment.
4. If hospitalization bill is likely to increase beyond Rs. 10,000/-, I will collect an additional "Authorisation Letter" for the excess amount from the Company **BEFORE** discharge of the patient. If I fail to collect such "AUTHORISATION LETTER" from the Company, I will make my own arrangement to pay the increased hospital bill.
5. After payment of such hospital bills, adjustments either payment (if I took room beyond my eligibility difference amount I will directly pay to hospital) or recovery will be made directly from my Salary after actual settlement of medical claim as per rules.
6. This is a purely voluntary facility opted by me, without any obligation on the part of the Company.
7. I am solely responsible for any "Income Tax Deduction" which may take place on account of this hospitalisation / investigation.

Letter is Collect By Name \_\_\_\_\_

Signature \_\_\_\_\_ Personnel No. \_\_\_\_\_ Dept. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Location. **Dharwad Plant**

**ATTESTED**

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

2018



**Cashless Claim Reference Number: (17219999)**  
(Please quote this reference number in all future correspondence in regard to this claim)

Date: 20 Jun 2018

To,  
The Administrator / Medical Superintendent,  
Kles Prabhakar Kore Hospital And Medical Research Centre,  
Nehru Nagar, Belgaum, Belgaum  
Hospital ID: (50500)

Dear Partner,  
Final authorization for Cashless claim (17219999) has been authorized for INR (30377). The details of the claim are as follows:

**Patient Details:**

Patient Name :	Sahadev Sutar	IP No. :	NULL
Insurance Company :	The Oriental Insurance Co. Ltd.	Policy No. :	530000/48/2018/261
Medi Assist ID :	5038314109	Primary Beneficiary :	Snehal S Sutar
Policy Holder :	L&T TECHNOLOGY SERVICES LIMITED	Employee ID :	20158482
Insurer Claim No :		Insurer Member ID :	35912

**Treatment Details:**

Diagnosis as per discharge summary :	Calculus of kidney and ureter	Procedure / Treatment Planned :	Surgical Management
Date of admission :	18 Jun 2018	Date of Discharge :	20 Jun 2018
Treating Doctor :	S.NEELI	Room Category Occupied :	Single Ward ( Private / Special / Executive Ward)

**Summary of Authorization::**

Final Bill Amount (INR)	60377
Initial Amount Authorized (INR)	30000
Enhanced Amount Authorized (INR)	30377
Deduction	0
Amount to be paid by the patient	0
Final Amount Authorized (INR)	60377

**Deductions:**

Deduction Type	Deduction Amount (INR)	Remarks
Non-Medical Expenses	0	
Total Deductions	0	

The following are the terms and conditions basis which authorization will be provided:  
Final approval. Cashless will be settled as per agreed tariff only. Authorization will be valid for active line of management and for justified length of stay only.  
Kindly do not collect non medical expenses from the patient. NON MEDICAL CHARGES / SERVICE CHARGES / SURCHARGES /LUXURY TAXES PAYABLE Do not collect discount amount from patient.

**Important Notes**

- As per the regulation, cashless facility will be available only to the hospitals that have a valid ROHINI registration. Please register and share your ROHINI ID with TPA, if you have not already done so. For details on the registration process, visit <https://rohini.iib.gov.in/>.
- TPA / Insurer will not be liable for payment if material facts are suppressed / misinterpreted / not disclosed by the hospital.
- TPA will not reimburse the patient for any amount paid directly to the consultant, specialist or surgeons outside the tariff or package.
- The following expenses will not be payable:
  - Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought
  - Expenses related to medicines/drugs incurred post discharge
  - Expenses not covered / not payable as per health insurance policy terms and conditions
- All non-medical expenses, surcharges, service charges, luxury taxes, co-pay, etc. should be collected from the patient.
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
  - Original cashless claim form in IRDAI format
  - Original request for authorization letter (RAL)

ATTESTED



Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

No. ACC-119/2014-15

Office Of The  
Dist Health & FW Officer,  
Belgaum, Date: 11/7/17

Principal, JAWAHARLAL  
NEHRU MEDICAL COLLEGE,  
BELGAVI

Sub:- Sending Of Demand Draft / Banker's Cheques Reg.

Sir,

I am herewith sending the following Demand Draft / Banker's Cheques towards full settlement of the your bills / Shown below.

S. No	BILL NO & DATE	AMOUNT Rs,	D.D. No & DATE BANKER CHEQUE NO	AMOUNT Rs,
234 ✓	1) B.S. No. 58/02/17-18	51360	806653 11/7/17	51360
015 ✓	2) 4/101/17-18	96000	805823 11/7/17	96000
019 ✓	3) 4/103/17-18	45000	805824 11/7/17	45000
200 ✓	4) 4/104/17-18	40,000	805825 11/7/17	40,000
071 ✓	5) 4/105/17-18	140,000	805826 11/7/17	140,000
059 ✓	6) 4/106/17-18	110,000	805827 11/7/17	110,000
222 ✓	7) 4/107/17-18	5,000	805828 11/7/17	5,000

Please Acknowledge the Receipt of the same

Yours Faithfully

*[Signature]*  
ASSISTANT ADMINISTRATIVE OFFICER  
Assistant Health and Family Welfare Office  
DHO Office, BELGAUM

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

487300



No. ACC-11/4/2017-18

Office Of The  
Dist Health & FW Office,  
Belgaum. Date: 16/09/2017

Principal  
J. N. M. College  
Belagavi

Sub:- Sending Of ~~Demand Draft~~ / Banker's Cheques Reg.

Sir,

I am he herewith sending the following ~~Demand Draft~~ / Banker's Cheques towards full settlement of the your bills / Shown below.

S. No	BILL NO & DATE	AMOUNT Rs,	D.D. No & DATE BANKER CHEQUE NO	AMOUNT Rs,
1	DC Bill/05/2017-18	80,000.00	810303 16/09/2017	80,000.00
2	" " /04/2017-18	64,000.00	810299 16/09/2017	64,000.00
3	" " /02/2017-18	15,000.00	810297 16/09/2017	15,000.00
4	" " /01/2017-18	20,000.00	810302 16/09/2017	19,020.00
5	" " /06/2017-18	500.00	810304 16/09/2017	500.00
6	" " /03/2017-18	4680.00	810296 16/09/2017	4680.00
7	" " /09/2017-18	1,000.00	810298	1000.00

Please Acknowledge the Receipt of the same

Yours Faithfully

Assistant Administrative Officer,  
DHO Office, Belgaum

ATTESTED

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

No. ACC-11/12/2017-18

Office Of The  
Dist Health & FW Officer,  
Belgaum, Date: 16/09/2017

Principal.  
J.N.M. College  
Belagavi

Sub:- Sending Of ~~Demand Draft~~ / Banker's Cheques Reg.

Sir,

I am he herewith sending the following ~~Demand Draft~~ / Banker's Cheques towards full settlement of the your bills / Shown below.

S N o	BILL NO & DATE	AMOUNT Rs,	D.D. No & DATE BANKER CHEQUE NO	AMOUNT Rs,
7)	DC Bill/08/2017-18	32,000.00	811703 16/09/2017	32,000.00
8)	" " /10/2017-18	20,000.00	810300 16/09/2017	20,000.00
9)	" " /11/2017-18	20,000.00	810302 16/09/2017	20,000.00

Please Acknowledge the Receipt of the same

Yours Faithfully

*[Signature]*  
Assistant Administrative Officer,  
DHO Office, Belgaum

ATTESTED

*[Signature]*  
Dr. V.A.Kothiwale  
- Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Total 2,56,200/-

No. ACC-1127/2018

Office Of The  
Dist Health & FW Officer,  
Belgaum, Date: 22/2/18

PRINCIPAL JANAKHARLAL  
NEHRU MEDICAL COLLEGE  
BELGAVI

Sub:- Sending Of Demand Draft / Banker's Cheques Reg.

Sir,

I am herewith sending the following Demand Draft / Banker's Cheques towards full settlement of the your bills / Shown below.

S. No	BILL NO & DATE	AMOUNT Rs,	D.D. No & DATE BANKER CHEQUE NO	AMOUNT Rs,
1)	D.C Bill no/25/12-18	22620.00	245229	22620.00
2)	D.C Bill no/26/12-18	11700.00	22/2/18 245223	11700.00
3)	D.C Bill no/27/12-18	500.00	22/2/18 245221	500.00
4)	D.C Bill no/19/12-18	102000.00	22/2/18 245222	102000.00
5)	D.C Bill no/24/12-18	15000.00	22/2/18 245225	15000.00
6)	D.C Bill no/23/12-18	2000.00	22/2/18 245226	2000.00
7)	D.C Bill no/20/12-18	45000.00	22/2/18 245224	45000.00
8)	D.C Bill no/21/12-18	100000.00	22/2/18 245227	100000.00
9)	D.C Bill no/22/12-18	30000.00	22/2/18 245228	30000.00

Please Acknowledge the Receipt of the same

Yours Faithfully

ATTESTED

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Assistant Administrative Officer,  
DHO Office, Belgaum

328820



## National Health Mission

District Health & Family Welfare Society Belagavi.

### District Blindness Control Society, Belagavi

Phone No: 0831-2484890

E-Mail ID : [dlobgm2020@gmail.com](mailto:dlobgm2020@gmail.com)

No/NHM/DBCS/Bgm/GIA/01 /2021-22

Date: 03/04/2021

To,

The Vice-Principal  
JNMC,  
Dr. Prabhakar Kore Charitable Hospital  
Nehru Nagar, Belagavi.

**Sub:** Payment of GIA Surgeries done in connection of  
NPCB Programme in the year 2015-16, 2016-17 & 2017-18.

**Ref:** Your email dtd: 31-03-2021.

As per your reference we are submitting the details of payment made by us to your institution under NPCB&VI from the year 2015-16, 2016-17 & 2017-18. The details are as follows:

National Blindness Control Society							
GIA Payment							
Year	Name of the NGOs	Cases Operated	Amount per Case	Total Amount	TDS	Net Pay	Cheque No
2015-16	KLE. Dr. Prabhakar Kore Charitable Hospital, Nehru Nagar, Belgaum.	81	875	70875	0	70875	225254
		587	875	513625	0	513625	227214
		309	875	270375	0	270375	561488
2016-17		619	875	541625	0	541625	605144
		527	875	461125	0	461125	227296
		1204	875	1053500	0	1053500	227261
2017-18		520	875	455000	0	455000	C081709209024
		1215	875	1063125	0	1063125	C111711383828
		827	875	723625	23573	700053	C021810563601
	1435	875	1255625	46375	1209250	C02180572995	
		367	875	321125	6423	314703	C031829996223

*Channarayana*  
03/04/2021

District Programme Manager  
District Blindness Control Society  
Belagavi

ATTESTED

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಉನಿಬಿ:ಮಮಅಇ:ಚೆ.ಸಂ.:16-17

ಉಪ ನಿರ್ದೇಶಕರವರ ಕಾರ್ಯಾಲಯ,  
ಮಹಿಳೆಯರ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ. ದಿನಾಂಕ: 22-03-2017.

ಗೆ,  
ಪ್ರಾಂಶುಪಾಲರು,  
ಜೆ.ಎನ್.ಎಂ.ಸಿ,  
(ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆ)  
ಬೆಳಗಾವಿ.

ಮಾನ್ಯರೇ,

ವಿಷಯ: 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 5ನೇ ಕಂತಿಗೆ ಬಿಡುಗಡೆಯಾದ ಅನುದಾನದ ಚೆಕ್‌ನ್ನು  
ನೀಡುತ್ತಿರುವ ಕುರಿತು.

ಮೇಲ್ಕಂಡ ವಿಷಯದಂತೆ ಬಾಲಸಂಜೀವಿನಿ ಯೋಜನೆಯಡಿ 2016-17ನೇ ಸಾಲಿನಲ್ಲಿ 5ನೇ ಕಂತಿಗೆ ತಮ್ಮ  
ಆಸ್ಪತ್ರೆಗಳ ಬಾಕಿ ಬಿಲ್ಲುಗಳ ಪ್ರಕಾರ ಇತರೆ ವೆಚ್ಚ ಯೋಜನೆಯಡಿ ರೂ.20,53,000-00 ಚೆಕ್ ಸಂಖ್ಯೆ: 794469,  
ದಿನಾಂಕ: 20-03-2017ನ್ನು ಈ ಕೂಡ ಲಗತ್ತಿಸಿದ್ದು, ಚೆಕ್ ಮುಟ್ಟಿದ ಕುರಿತು ರಶೀದಿ ಹಾಗೂ ಉಪಯುಕ್ತತಾ  
ಪ್ರಮಾಣಪತ್ರ ನೀಡಲು ಕೋರಲಾಗಿದೆ.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

ಉಪನಿರ್ದೇಶಕರು,

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ,  
ಬೆಳಗಾವಿ.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



Translated Copy

**GOVERNMENT OF KARNATAKA**

NO: DDB/WCDD:BSS:No:16-17

Office of the Deputy Director  
Women & Child Development Department  
Belagavi, dated 22.03.2017

To  
The Principal  
J.N.M.C  
(Bala-Sanjivini Scheme)  
Belagavi.

Sir/Madam,

Subject: Release of Cheque towards 5<sup>th</sup> installment towards  
Grants for the year 2016-17.

As in the above mentioned subject, there is an outstanding Bill under the head of 'Miscellaneous expenses' from your hospital towards 5<sup>th</sup> Installment for the Grants issued under the Bala-Sanjivini Scheme for the year 2016-17. Hence a cheque for Rs. 20,53,000/- bearing No. 794469 dated 20.03.2017 has been enclosed. Hence you are requested to acknowledge receipt of the cheque and issue 'utilization certification'.

Your's Faithfully

Deputy Director  
Women & Child Development Department  
Belagavi

Translated by me

*Asalli*

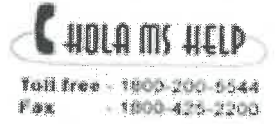
**JYOTI S. NANDGAON**  
B.Com., LLB  
ADVOCATE  
Reg. No. KAR/2571/10

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

2019



**Cashless Authorization letter to the Hospital**

KLES DR.PRABHAKAR KORE HOSPITAL & MEDICAL RESEARCH CENTRE  
KHANPUR ROAD ,NEHRU NAGAR,  
BELGAUM  
BELGAUM,KARNATAKA  
Pincode:590010

1-Jun-2019

This Authorization is valid for admission from 30-May-2019 to 1-Jun-2019

Name Of the Insured	ARVIND D KHAPRE	Claim No	2825104861
Name Of Patient	ANUSHKA KHAPRE	AL No	2825104861_001
Membership no	A4941227B	Employee No	10484
Age	31	Date of Admission	30-May-2019
Gender	F	Expected no of days stay	4
ICU Rent	5000	Class of Accommodation	-
Room/nursing or service charges per day	3500	No of days approved	2
Final Diagnosis	CHEST PAIN FOR MEDICAL MANAGEMENT		

**Cashless request and approval details**

	Requested/Bill Amount	Approved Amount	Co-pay(To collect from insured)
New	Rs.55000	Rs.40000	Rs.0
Enhancements	Rs.15175	Rs.15175	Rs.0
Total:		Rs.55175	Rs.0
Total Approved Amount in Words	Rs.Fifty-Five Thousand One Hundred Seventy-Five Only		

AL IS VALID FOR ACTIVE SURGICAL MANAGEMENT REQUIRING HOSPITALIZATION. PLS COLLECT NON-PAYABLE EXPENSES FROM THE MEMBER. IF ADMISSION IS PRIMARILY FOR INVESTIGATIONS, THEN AL STANDS NULL & VOID. AL STANDS NULL & VOID IF THERE IS ANY DISCREPANCY IN THE INFORMATION REQUESTED TO THAT IN THE SUBMITTED DOCUMENTS AT THE CLAIM SETTLEMENT. FULL AND FINAL APPROVAL .PLS COLLECT ONLY HIGHER ROOM RENT DIFFERENCE CHARGES FROM THE MEMBER. CLAIM WILL BE SETTLED AS PER THE HOSPITAL AGREED TARIFFS ONLY.

**Attention:**

Please read the remarks mentioned above carefully and collect any excess room rent, non medical expenses and the co-pay amount specified above before the discharge. Please contact us on the below mentioned toll free number for any further queries in this regard.

55771 -  
+23909  
+14486  
98630

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

This is a computer Generated letter and does not require signature  
New No. 319, Old No.154, Shaw Wallace Building, 2nd Floor, Thambu Chetty Street, Parry's Corner, Chennai - 600 001

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : help@cholams.murugappa.com  
Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : faxhealth@cholams.murugappa.com



**HEALTH CLAIM COMPUTATION SHEET**

KLES DR.PRABHAKAR KORE HOSPITAL & MEDICAL  
RESEARCH CENTRE  
KHANPUR ROAD ,NEHRU NAGAR, BELGAUM,  
BELGAUM NEHRU NAGAR S.O, BELGAUM,  
KARNATAKA, Pincode: 590010

1-Mar-2019

Dear Sir / Madam,

Greeting from CHOLA MS HELP !!!

With reference to the below mentioned cashless claim submitted by you, we are glad to inform you that the claim has been settled for Rs.19499 vide cheque/NEFT no: dated . The details of settlement are as below:

Policy Number:	2856/00203913/000/02	Claim No:	2856017169
Name of Insured:	GAGAN BHIKAJI RAWAL	Employee No:	NA
Date of Admission:	14-Feb-2019	Date of Discharge:	18-Feb-2019
Relationship with insured/ employee:	Child 2	Name of Patient:	AASHMAN GAGAN RAWAL
Policy Start Date:	16-Oct-2018	Policy End Date:	15-Oct-2019
Membership No:	A3204628D	Age:	5
Gender:	M	Hospital Type:	Network
Payee Name:	K L E SOCIETY BELGAUM		
Final Diagnosis:	TONSILLITIS FOR SURGICAL MANAGEMENT.		
Pre-Reserve Amount	19,499		

**Bill Details**

S. No	Bill No	Bill Date	Nature of Exp.	Amount Claimed	Disallowed	Copay/ Std.Ded.Amt	Payable Amount	Remarks
1	40	14-Feb-2019	Pathology charges	1770.00	0.00	266.00	1504.00	15% CO PAY DEDUCTED AS PER POLICY TERMS
2	40	14-Feb-2019	Anaesthetists fee	1500.00	0.00	225.00	1275.00	
3	40	14-Feb-2019	Room Charges	4000.00	320.00	552.00	3128.00	RS-320 DEDUCTED AS PER TARIFF
4	40	14-Feb-2019	Nursing charges	1800.00	120.00	252.00	1428.00	RS-120 DEDUCTED AS PER TARIFF
5	40	14-Feb-2019	Medicine & Consumables charges	1726.00	0.00	259.00	1467.00	
6	40	14-Feb-2019	OT Drugs & Consumables	1425.00	210.00	182.00	1033.00	NON MEDICALS NOT PAYABLE - GLOVES,SAMPLE CONTAINER
7	40	14-Feb-2019	Registration charges	370.00	370.00	0.00	0.00	REGISTRATION CHARGES NOT PAYABLE
8	40	14-Feb-2019	OT Drugs & Consumables	78.00	8.00	11.00	59.00	VACUTAINER TEST TUBE CHARGES NOT PAYABLE
9	40	14-Feb-2019	Surgery Charges	4000.00	0.00	600.00	3400.00	
10	40	14-Feb-2019	OT rent	5500.00	0.00	825.00	4675.00	

This is a computer Generated letter and does not require signature  
Cholamandalam MS General Insurance Co. Ltd.  
New No: 319, Old No: 154, Shaw Wallace Building, 2nd Floor,  
Thambu Chetty Street, Parry's Corner Chennai - 60001  
Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : help@cholams.murugappa.com  
Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : customercare@cholams.murugappa.com



**ATTESTED**

**Dr. V.A.Kothiwale**  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

S. No	Bill No	Bill Date	Nature of Exp.	Amount Claimed	Disallowed	Copay/Std.Ded.Amt	Payable Amount	Remarks
11	40	14-Feb-2019	Visit charges	1800.00	0.00	270.00	1530.00	
<b>Total :</b>				Rs.23969	Rs.1028	Rs.3442	Rs.19499	

Amount Claimed : Rs.23969 ✓

Discount Allowed\*\* : Rs.0

Disallowed : Rs.1028

Copay/Std.Ded.Amt. : Rs.3442

Benefit Amt. : Rs.0

Total Payable : Rs.19499

**Sum of Rupees:** Nineteen Thousand Four Hundred Ninety-Nine Only

\*The Balance SI excludes the current claim.

\*\*Discount allowed has already been included in the Disallowed section. This amount is only for representation purpose.

In case you believe that we have overlooked any material fact or circumstances contact us with the claim No/Policy No as reference

**Head of Claims**

Cholamandalam MS General Insurance Company Limited

This is a computer Generated letter and does not require signature

Cholamandalam MS General Insurance Co. Ltd.

New No: 319, Old No: 154, Shaw Wallace Building, 2nd Floor,

Thambu Chetty Street, Parry's Corner Chennai - 60001

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : help@cholams.murugappa.com

Toll Free No : 1-800-200-5544, Toll Free Fax : 1-800-425-2200, Email : customercare@cholams.murugappa.com



ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



2019

**DEPARTMENT OF MEDICINE & INDUSTRIAL HEALTH**

9140 / TMLRIN149934 / 2019

Print Date: **12-03-2019**

**KLES DR. PRABHAKAR KORE HOSPITAL & MRC-NEAR JNMC COLLEGE NEHRU  
NAGARBELGAUM (Hospital Code: K8001H)**

Dear Sir/Madam,

We had issued authorization letter No **TMLRIN149934** for the treatment of

Mr/Mrs/Miss/Mast **Pavan Ramachandra Kulkarni , Self [Relation Code : 1]** of our employee

Mr/Mrs **Pavan Ramachandra Kulkarni** Pers. No **810496** Department **BIW Metal Finishing**

We have now received a letter from you vide No. \_\_\_\_\_ dated \_\_\_\_\_ requesting

additional sanction as the billing in respect of the patient is likely to reach Rs.

We would like to inform you that the company will pay Rs. **60,000.00**  
**(SIXTY THOUSAND RUPEES)**

only towards the treatment of Mr/Mrs/Miss/Mast **Pavan Ramachandra Kulkarni , Self [Relation  
Code : 1]**

of Mr/Mrs **Pavan Ramachandra Kulkarni**

Any amount over and above **Rs. 60,000.00** should be collected directly from the patient please.

Kindly send the bill to below mentioned address.

Thanking you,

Yours faithfully  
For TATA Motors Ltd.

**DR. MN Ahmed Shariff. Manager (Health Services)**

**TATA MOTORS LIMITED**

Dharwad

CIN No. :-  
-----

Location :

Dharwad Plant

**ATTESTED**

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



YES

Genins India Insurance TPA Ltd  
Third Party Administrator  
(Health Insurance)

PRN HOSPITAL - 111

2019

Y B W

Dated: 7/3/2019

Policy Type: TAILOR MADE POLICY

PRABHAKAR KORE HOSPITAL - BELAGAVI

Authorization Letter (CLAIM CONTROL NO MANUAL)

This is to certify that the patient, with detail mentioned hereunder, is covered under the **GROUP Policy** issued by **UNITED INDIA INSURANCE CO LTD**. As informed and suggested by the attending doctor, the hospitalization treatment of the said patient is required for the ailment/disease mentioned in Authorization Request. We hereby authorize your esteemed hospital to extend credit facilities upto the extent of **Rs.110291/-**, strictly in accordance to coverage under the **policy of the patient. Genins India TPA Ltd.** will reimburse the bills, raised for the treatment, to the hospital directly, after the submission of claim documents.

However, the following expenses, which are not covered under the policy, should be excluded and are to be recovered from the patient at the time of discharge :-

Any kind of service charges/surcharges, admission fees/registration charges etc. Non-medical expenses including equipments/personal convenience items/ services such as telephone/diast charges/cosmetics/toiletries/napkins/thermometer/extra bed /guest services & other miscellaneous expenses. Expenses related to any external durable medical equipment/s, which could be used at home subsequently Expenses on consultation/s/investigations/treatment not related to ailment authorized; private nursing charges, referral fee to family physician, outstation Doctor/Surgeon/ consultants' fees etc. Expenses related to HIV/AIDS, HBsAg investigation in unrelated cases, Male/Female Sterilization.

**DETAILS OF THE PATIENT**

DATE OF ADMISSION	06-3-2019
EMPLOYEE ID	303396
NAME	ANAND PARAB
ADDRESS	GOA
SEX	M
DATE OF BIRTH	25/11/1972
PROPOSER OF POLICY	MRF LTD.
PROVISIONAL DIAGNOSIS <	IHD
DIAGNOSED BY & AT	PRABHAKAR KORE HOSPITAL
AUTHORISED AMOUNT	<b>Rs. 110291/- =TOTAL</b>

Patient bill for... required...

**REMARKS** Subject to Room Rent+Nursing+Boarding Rs.2000/- per day and in case of ICU/CCU Rs.4000/- per day maximum

(1)In case of change in DOA, revised authorisation request with reason for the same is required. (2)In case the authorisation limit gets exhausted, it is mandatory on the part of the Service Provider to immediately request for further extension / enhancement of limit, along with revised estimate, clinical summary and future line of treatment. (3)Please note to inform Genins, well in advance, before discharge of the patient, and to send final bill with breakup along with Discharge /Death Summary for Final Authorisation. NOTE: (1) Patient's / policy holder's signature with contact details on Final Bill and Discharge Summary is mandatory. (2) You are requested to submit the claim documents along with all the X-Ray/CT/MRI/USG films within 7 days of discharge of patient. (3) Claim documents for bills of one lakh and above pertaining to individual policies should include self attested (1) Recent photograph (2) Photo ID (Copy of passport /PAN card / Voter's ID Card & Aadhar Card)(3)Address Proof (if not included in Photo ID proof like, Ration Card /less than 6 month old Electricity / Phone Bill, Current passbook updated upto previous month /Current statement of bank account of main policy holder / proposer. It is mandatory for payment processing as per AML /CFT Guidelines vide IRDA Circular No: IRDA/SDD/GDL/CTR/020/02/2013.

With Regards, Dr.

Authorised Signatory  
CIN: U65910DL1996PLC08130



**DEDUCTIONS - RS. 10000/- DOCTOR PROFESSIONAL FEES(HOSPITAL LIABILITY)**

120291  
+ 10890  
-----  
131181

Total Bill = 120291  
Security by TPA = 110291  
-----  
Actual paid = 10000

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Dated: 28/2/2019

Policy Type: TAILOR MADE POLICY

**PRABHAKAR KORE HOSPITAL - BELAGAVI****Authorization Letter - (CLAIM CONTROL NO - MANUAL)**

This is to certify that the patient, with detail mentioned hereunder, is covered under the **GROUP Policy** issued by **UNITED INDIA INSURANCE CO LTD.** As informed and suggested by the attending doctor, the hospitalization treatment of the said patient is required for the ailment/disease mentioned in Authorization Request. We hereby authorize your esteemed hospital to extend credit facilities upto the extent of **Rs.12000/-, strictly in accordance to coverage under the policy of the patient.** Genins India TPA Ltd. will reimburse the bills, raised for the treatment, to the hospital directly, after the submission of claim documents.

However, the following expenses, which are not covered under the policy, should be excluded and are to be recovered from the patient at the time of discharge :-

Any kind of service charges/surcharges, admission fees/registration charges etc. Non-medical expenses including equipments/personal convenience items/ services such as telephone/diet charges/cosmetics/toiletries/napkins/thermometer/ extra bed /guest services & other miscellaneous expenses. Expenses related to any external durable medical equipment/s, which could be used at home subsequently Expenses on consultation/s/investigations/treatment not related to ailment authorized; private nursing charges, referral fee to family physician, outstation Doctor/Surgeon/ consultants' fees etc. Expenses related to HIV/AIDS, HBsAg investigation in unrelated cases, Male/Female Sterilization.

**DETAILS OF THE PATIENT**

DATE OF ADMISSION	28-2-2019
EMPLOYEE ID	303396
NAME	ANAND PARAB
ADDRESS	GOA
SEX	M
DATE OF BIRTH	25/11/1972
PROPOSER OF POLICY	MRF LTD.
PROVISIONAL DIAGNOSIS<	THD
DIAGNOSED BY & AT	PRABHAKAR KORE HOSPITAL
AUTHORISED AMOUNT	<b>Rs. 12000/-</b>

Patient's medical bills are required to be submitted to the hospital.

**REMARKS**

Subject to Room Rent+Nursing+Boarding Rs.2000/- per day and in case of ICU/CCU Rs.4000/- per day maximum

(1)In case of change in DOA, revised authorisation request with reason for the same is required. (2)In case the authorisation limit gets exhausted, it is mandatory on the part of the Service Provider to immediately request for further extension / enhancement of limit, along with revised estimate, clinical summary and future line of treatment. (3)Please note to inform Genins, well in advance, before discharge of the patient, and to send final bill with breakup along with Discharge /Death Summary for Final Authorisation. NOTE: (1) Patient's / policy holder's signature with contact details on Final Bill and Discharge Summary is mandatory. (2) You are requested to submit the claim documents along with all the X-Ray/CT/MRI/USG films within 7 days of discharge of patient. (3) Claim documents for bills of one lakh and above pertaining to individual policies should include self attested (1) Recent photograph (2) Photo ID (Copy of passport /PAN card / Voter's ID Card & Aadhar Card)(3)Address Proof (if not included in Photo ID proof like, Ration Card /less than 6 month old Electricity / Phone Bill, Current passbook updated upto previous month /Current statement of bank account of main policy holder / proposer. It is mandatory for payment processing as per AML /CFT Guidelines vide IRDA Circular No: IRDA/SDD/GDL/CIR/020/02/2013.

With Regards, Dr.

Authorised Signatory  
CIN: U65910DL1996PLC08130



ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

2019

(2)

# HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING



51-18-00710-00-00

KLEs Dr Prabhakar Kore Hospital and MRC  
Nehrunagar, Belgaum, Belgaum KARNATAKA

Preauth Reference no : 1211910047102  
Corporate Name : Anand Munavalli  
Employee Name : Anand  
Employee No : IND144  
Patient Name : Basavaraj Munavalli

986344

**Subject: Authorisation of Cashless for Rs 46393.00/- as per the final bill**

The aforementioned claimant is being admitted in your hospital, kindly extend the cashless facility as per below details:

Date of issue : 28/08/2019  
Date of admission : 25/08/2019  
Date of discharge : 28/08/2019  
Valid till : 08/09/2019  
Claim amount : 50741.00  
Disallowed amount : 4348  
Approved amount : 46393.00  
Amount to be co-paid : 0.00

**Comments:**

Eligible for OPTED Room--- do not collect MOU discount from patient Kindly collect NMEs from patient. Final settlement will be as per agreed tariff only---Kindly submit all document at time of claim submission

**Any special condition:**

0.00

**Deduction Details:**

Disallowed amount	Reason	Description
4,348.00	Rs 300/-Intensivist charges, Rs 3878/-Dispo Gloves, Wipes, Exam Gloves, Diapers, Vacutainer, Pad,,,,,Rs 170/-Registration Fees, Visitor Pass	

**Jimeet Jain**  
Authorised Signatory

ATTESTED

**Dr. V.A. Kothiwale**  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Kamataka

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.  
Product Name: Group Activ Health, Product UIN: IRDAI/HLT/ABHI/P-H(G)/V.1/19/2016-17  
Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000; Fax: +91 22 6225 7700. Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Contact us:  
1800 270 7000





1003152 - 52660 = 2020

# HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Cashless Authorization Letter

Part-D

Claim Number: 1211910060234 (Please quote this number for all further correspondence) Date:02/03/2020

Authorization is valid for admission up to 09-MAR-20 23:59:00

ABC Hospital : KLEs Dr Prabhakar Kore Hospital and MRC Address : Nehrunagar,Belgaum, Belgaum KARNATAKA	Name of Insurance Company : Aditya Birla Health Insurance Name of TPA : Aditya Birla Health Insurance Co. Limited Corporate Name : Accentiv India Private Limited Employee Name : Muragesh Prakash Muttur Employee No. : 150059. Patient's Member : A-19-14969553-04 Relation with Proposer : Dependent Son
Rohini Id : 8900080200265	

Dear Sir /Madam,

This has reference to the pre-authorization request submitted on null We here by authorize cashless facility as per details mentioned below:

Patient Name: Rajveer Muragesh Muttur	Age: 0	Gender: M
Policy Number: GHI19-3632383	Expected Date of Admission: 2020-02-24 00:00:00	
Policy Period: 1	Expected Date of Discharge: 2020-03-02 00:00:00	
Room category: Single Private Room Eligible Room Category as per T&C of Policy: Single Private Room Contract:	Estimated length of stay: 7	
Provisional Diagnosis: Bronchopneumonia	Proposed line of treatment:	

### Authorization Details:-

Date & Time	Reference number	Amount	Status
2020-03-02 00:00:00	1211910060234	49019.00	Approved

Total Authorized amount:- Rs. 46568

Authorization Remarks :. Kindly collect NMEs charges from patient. Final settlement will be as per agreed tariff only. Please provide all original documents at the time of settlement if any discrepancy is found al issued will be null and void

Hospital Agreed Tariff:

Package case

= 502410

Agreed Package Rate NA

### Non - Package Case:

- i. Room Rent/day : NA
- ii. ICU Rent/day : NA
- iii. Nursing Charges/day : NA
- Iv. Consultant Visit Charges/day. : NA
- v. Surgeon's fee/OT/Anaesthetist : NA
- vi. Others (specify) : NA

ATTESTED

Dr. V.A. Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.  
Product Name: Group Activ Health, Product UIN: IRDAI/HLT/ABHLP-H(G)/V.1/19/2016-17  
Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000. Fax: +91 22 6225 7700. Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Contact us:  
1800 270 7000

# HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Authorization Summary:

Total Bill Amount: 54660  
\*Other Deductions: 5641.00  
Discount: 0.00  
Co-Pay: 2450.95  
Deductibles: 0.00  
Total Authorised Amount: 46568.00  
Amount to be paid by Insured: 8091.95

## \*Other Deduction Details:

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Room And Nursing Charges	12600.00	0.00	12600.00	NA
2	Room And Nursing Charges	7700.00	0.00	7700.00	NA
3	Medicine And Consumables charges	13780.00	485.100	8929.00	RS 4851/-NEBULIZATION MASK,OXYGEN MASK,EASY PAD,BED BATH
4	Investigation Charges	3540.00	0.00	3540.00	NA
5	ICU Charges	12500.00	0.00	12500.00	NA
6	Professional fees charges	3750.00	0.00	3750.00	NA
7	Miscellaneous charges	790.00	790.00	0.00	RS 790/- MISCELLANEOUS CHARGES

## Terms and Conditions of authorisation:

- Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
- KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package).
- Network provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
- In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
- where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
- Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

## DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed Discharge Summary and all Bills from the hospital
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner/ Surgeon recommending such diagnostic tests.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge

Name of the Product Group Activ Health Important Policy terms & conditions (sub-limits/co-Day/deductible etc)

Authorized signatory :  
(Insurer/TPA)

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed to be University u/s 3 of the UGC Act, 1956)

Contact us:  
1800 270 7000

ADITYA BIRLA  
CAPITAL



To,

**Date : 03 Apr 2021**

MD and CE  
KLES Dr Prabhakar Kore Hospital and MRC  
Belagavi

**Subject:** Payment Sectioned and credited for under Genesis Research Clinical Trials

**Respected Sir,**

With reference to the above subject would like to state that amount of Rs 173048 /- has been sanctioned for the project under Genesis Research Clinical Trials will be credited to your account no 8515256000001. Details as Follows,

Year	2017	2018	2019
Payment Paid	Rs 7800	Rs 61485	Rs 103763
<b>Grand Total</b>			<b>Rs 173048</b>

Kindly Acknowledge the same

Thanking You



Dr Jyothi Hattiholi (MBBS, MD)  
KLES Dr Prabhakar Kore Hospital and MRC  
Belagavi

ATTESTED



Dr. V.A.Kothiwale  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Ref: KLES/Dr PK HOSP/ACCT/2020/21

DATE: 03-04-2021

The  
Medical Director  
KLES Dr Prabhakar Kore  
Hospital & MRC  
Belagavi.

Subject: Payment sanctioned and credited for project LPS14941/KIDDIE.

Sir,

With reference to the above subject, we would like to state that amount of Rs 1,91,030/- has been sanctioned for the project LPS14941/KIDDIE and will be credited to your **ACCOUNT No: 8515256000001.**

Year	Amount
2019	27,690
2020	1,63,340
<b>Total Grand</b>	<b>1,91,030</b>

Kindly acknowledge the same,

Thanking you,

  
Dr. Mahantesh Patil  
Principal Investigator

Dr. Mahantesh V. Patil  
MD  
Consultant Pediatric Nephrologist  
I/C Pediatric Nephrology Division  
KMC Reg. No. 54813  
KLES Dr. Prabhakar Kore Hospital &  
MRC, Belagavi.

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

2019

(2)

# HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING



51-18-00710-00-00

KLEs Dr Prabhakar Kore Hospital and MRC  
Nehrunagar, Belgaum, Belgaum KARNATAKA

Preauth Reference no : 1211910047102  
Corporate Name : Anand Munavalli  
Employee Name : Anand  
Employee No : IND144  
Patient Name : Basavaraj Munavalli

986344

**Subject: Authorisation of Cashless for Rs 46393.00/- as per the final bill**

The aforementioned claimant is being admitted in your hospital, kindly extend the cashless facility as per below details:

Date of issue : 28/08/2019  
Date of admission : 25/08/2019  
Date of discharge : 28/08/2019  
Valid till : 08/09/2019  
Claim amount : 50741.00  
Disallowed amount : 4348  
Approved amount : 46393.00  
Amount to be co-paid : 0.00

**Comments:**

Eligible for OPTED Room--- do not collect MOU discount from patient Kindly collect NMEs from patient. Final settlement will be as per agreed tariff only---Kindly submit all document at time of claim submission

**Any special condition:**

0.00

**Deduction Details:**

Disallowed amount	Reason	Description
4,348.00	Rs 300/-Intensivist charges, Rs 3878/-Dispo Gloves, Wipes, Exam Gloves, Diapers, Vacutainer, Pad,,,,,Rs 170/-Registration Fees, Visitor Pass	

**Jimeet Jain**  
Authorised Signatory

ATTESTED

**Dr. V.A. Kothiwale**  
Registrar  
KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Kamataka

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.  
Product Name: Group Activ Health, Product UIN: IRDAI/HLT/ABHI/P-H(G)/V.1/19/2016-17  
Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000; Fax: +91 22 6225 7700. Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Contact us:  
1800 270 7000



1003152 - 54660 = 2020

# HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Cashless Authorization Letter

Part-D

Claim Number: 1211910060234 (Please quote this number for all further correspondence) Date:02/03/2020

Authorization is valid for admission up to 09-MAR-20 23:59:00

ABC Hospital : KLEs Dr Prabhakar Kore Hospital and MRC Address : Nehrunagar,Belgaum, Belgaum KARNATAKA	Name of Insurance Company : Aditya Birla Health Insurance Name of TPA : Aditya Birla Health Insurance Co. Limited Corporate Name : Accentiv India Private Limited Employee Name : Muragesh Prakash Muttur Employee No. : 150059. Patient's Member : A-19-14969553-04 Relation with Proposer : Dependent Son
Rohini Id : 8900080200265	

Dear Sir /Madam,

This has reference to the pre-authorization request submitted on null We here by authorize cashless facility as per details mentioned below:

Patient Name: Rajveer Muragesh Muttur	Age: 0	Gender: M
Policy Number: GHI19-3632383	Expected Date of Admission: 2020-02-24 00:00:00	
Policy Period: 1	Expected Date of Discharge: 2020-03-02 00:00:00	
Room category: Single Private Room Eligible Room Category as per T&C of Policy: Single Private Room Contract:	Estimated length of stay: 7	
Provisional Diagnosis: Bronchopneumonia	Proposed line of treatment:	

### Authorization Details:-

Date & Time	Reference number	Amount	Status
2020-03-02 00:00:00	1211910060234	49019.00	Approved

Total Authorized amount:- Rs. 46568

Authorization Remarks :. Kindly collect NMEs charges from patient. Final settlement will be as per agreed tariff only. Please provide all original documents at the time of settlement if any discrepancy is found al issued will be null and void

Hospital Agreed Tariff:

Package case

= 502410

Agreed Package Rate NA

### Non - Package Case:

- i. Room Rent/day : NA
- ii. ICU Rent/day : NA
- iii. Nursing Charges/day : NA
- Iv. Consultant Visit Charges/day. : NA
- v. Surgeon's fee/OT/Anaesthetist : NA
- vi. Others (specify) : NA

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.  
Product Name: Group Activ Health, Product UIN: IRDAI/HLT/ABHLP-H(G)/V.1/19/2016-17  
Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000. Fax: +91 22 6225 7700. Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

Contact us:  
1800 270 7000



# HEALTH INSURANCE

Aditya Birla Health Insurance Co. Limited



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Authorization Summary:

Total Bill Amount: 54660  
\*Other Deductions: 5641.00  
Discount: 0.00  
Co-Pay: 2450.95  
Deductibles: 0.00  
Total Authorised Amount: 46568.00  
Amount to be paid by Insured: 8091.95

## \*Other Deduction Details:

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Room And Nursing Charges	12600.00	0.00	12600.00	NA
2	Room And Nursing Charges	7700.00	0.00	7700.00	NA
3	Medicine And Consumables charges	13780.00	485.100	8929.00	RS 4851/-NEBULIZATION MASK,OXYGEN MASK,EASY PAD,BED BATH
4	Investigation Charges	3540.00	0.00	3540.00	NA
5	ICU Charges	12500.00	0.00	12500.00	NA
6	Professional fees charges	3750.00	0.00	3750.00	NA
7	Miscellaneous charges	790.00	790.00	0.00	RS 790/- MISCELLANOUS CHARGES

## Terms and Conditions of authorisation:

1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
2. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package).
4. Network provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
5. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
6. where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

## DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital
2. Cash Memos from the Hospitals / Chemists supported by proper prescription.
3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner/ Surgeon recommending such diagnostic tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge

Name of the Product Group Activ Health Important Policy terms & conditions (sub-limits/co-Day/deductible etc)

Authorized signatory :  
(Insurer/TPA)

Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed to be University u/s 3 of the UGC Act, 1956)

Contact us:  
1800 270 7000

ADITYA BIRLA  
CAPITAL

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.  
Product Name: Group Activ Health, Product UIN: IRDAI/HLT/ABHI/P-H(G)/V.1/19/2016-17  
Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com.  
Telephone: 1800 270 7000, Fax: +91 22 6225 7700. Trademark/Logo Aditya Birla Capital logo is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).



Ref:KLES/Dr PK HOSP/ACCT/2020/21

Date: 31-03-2021

The  
Medical Director  
KLES Dr Prabhakar Kore  
Hospital & MRC  
Belagavi

Subject: Payment Sanctioned and credited for Project REUMATOID ARTHRITIS RESEARCH STUDY

Sir,

With reference to the above subject we would like to state that amount of 28690/- has been sanctioned for the project REUMATOID ARTHRITIS RESEARCH STUDY will be credited to your **Account No: 8515256000001**.

Kindly acknowledge the same.

Thanking You,



Dr Archana Uppin  
Principal Investigator

Dr. ARCHANA M. UPPIN  
Consultant Physician and Rheumatologist  
KMC Reg. No. 84197  
KLES Dr. Prabhakar Kore Hospital &  
MRC, Belagavi.

ATTESTED

  
Dr. V.A. Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುಬ್ಬಳ್ಳಿ  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.,)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.

Phone:0831-2470053.

E-Mail ID: eebgm.hescom@gmail.com

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G) /19-20/ 3922

Date: 29 JUL 2019

To,

The Medical Director  
KLE's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub:- Requested for Medical Treatment to Smt Shobha Bharmappa Jedennaver.  
Ref :- Employee request application dated: 29.07.2019.

Sri Bharmappa B. Jedennaver is working as Sr.Asst. CSD-1 of Urban Division, HESCOM, Belagavi, his wife Smt Shobha Bharmappa Jedennaver is suffering from Lump in left Breast and in the above letter we have requested for treatment on credit basis. Further, as she needs treatment on continuous basis, you are requested to give necessary medical treatment on credit till she is fully cured and charges will be paid upon the receipt of the bills.

Thanking You Sir.

Your's faithfully,

On Credit HESCOM  
Asst. Adm. Officer - Finance & Accounts  
KLE's Prabhakar Kore Hospital &  
MRC - BELGAUM.

Executive Engineer (Ele)  
EXECUTIVE ENGINEER (Ele)  
O & M Urban Division HESCOM  
O & M URBAN DIVISION HESCOM  
BELAGAVI.

Copy for information :

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-1, HESCOM, Belagavi
2. Sri. Bharmappa B. Jedennaver, Sr.Asst, CSD-1, Belagavi with instructions to submit the medical reimbursement bill in the prescribed format with all necessary documents within 7 days of discharge from the Hospital.

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ವಿ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುಬ್ಬಳ್ಳಿ-590 010.  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.,)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.

Phone:0831-2470053.

E-Mail ID: eebgm.hescom@gmail.com

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G) /19-20/ 3922

Date: 29 JUL 2019

To:

The Medical Director  
KLE's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub:- Requested for Medical Treatment to Smt Shobha Bharmappa Jedennaver.  
Ref :- Employee request application dated: 29.07.2019.

Sri Bharmappa B. Jedennaver is working as Sr.Asst. CSD-1 of Urban Division, HESCOM, Belagavi, his wife Smt Shobha Bharmappa Jedennaver is suffering from Lump in left Breast and in the above letter we have requested for treatment on credit basis. Further, as she needs treatment on continuous basis, you are requested to give necessary medical treatment on credit till she is fully cured and charges will be paid upon the receipt of the bills.

Thanking You Sir.

Your's faithfully,

On Credit HESCOM  
Asst. Administrator - Finance & Accounts  
KLE's Prabhakar Kore Hospital &  
MRC - BELGAUM.

Executive Engineer (Ele)  
EXECUTIVE ENGINEER (Ele)  
O & M Urban Division HESCOM  
BELAGAVI.

Copy for information :

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-1, HESCOM, Belagavi
2. Sri. Bharmappa B. Jedennaver, Sr.Asst. CSD-1, Belagavi with instructions to submit the medical reimbursement bill in the prescribed format with all necessary documents within 7 days of discharge from the Hospital.

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುಬ್ಬಳ್ಳಿ  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.,)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.

Phone:0831-2470053.

E-Mail ID: eebgm.hescom@gmail.com

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G) /19-20/6057-59 Date: 23 SEP 2019

To.

The Medical Director  
KLE's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub : Treatment to Our Staff of O&M Urban Division HESCOM Belagavi.

Ref : Employee request application dated : 24.09.2019

\* \* \* \*

With reference to the above, it is came to know that **Sri. Sadananda G. Kurer**, Assistant, City sub division-3, HESCOM, Belagavi is admitted to your Hospital for Medical treatment on 22.09.2019. In this regard, you are requested to give him further treatment and send the final bills to this office for arranging payment.

*On Credit HESCOM, Urban*

*Shillal  
25/9/19*

Your's faithfully,

Executive Engineer(Ele)  
O&M Urban Divn HESCOM Belagavi

Copy for information :

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-1, HESCOM, Belagavi
2. Sri. Sadananda G. Kurer, Assistant, CSD-3, Belagavi with instructions to submit the medical reimbrusment bill in the prescribed format with all necessary documents within 7 days of discharge from the Hospital.

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka

Medical Treatment Ltr-10

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುವಿಸಕನಿ  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.,)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.  
E-Mail ID: eebgm.hescom@gmail.com

Phone:0831-2470053.

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G) /19-20/ 1946-47

Date: 29.05.2019

To.

The Medical Director  
KLE's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub : Treatment to Our Maintanance Staff of O&M Urban Division  
HESCOM Belagavi.

\*\*\*

As per the telephone message dated 28.05.2019 from Central complaint Section,  
O & M City Sub Division-1 HESCOM Belgavi, Sri. Rudrappa Balappa Manannavar,  
Powerman has met with an electrical accident while on duty on 28.05.2019. The  
Employee is already admitted to your Hospital for Medical treatment.

In this regard, I request your kindness that the necessary medical treatment  
may be given and charges will be paid by HESCOM after producing of bills from  
your hospital.

Your's faithfully,

Executive Engineer(Ele)

O&M Urban Divn HESCOM Belagavi

On Credit  
HESCOM. Urban

Asst. Executive Engineer  
KLE's Dr. Prabhakar Kore Hospital &  
MRC - BELGAUM.

Copy for information :

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-1, HESCOM, Belagavi
2. Sri. Rudrappa Balappa Manannavar, Powerman, Central complaint Section,, CSD-1,  
Belagavi with instructions to submit the medical reimbrusment bill in the prescribed format  
with all necessary documents within 7 days of discharge from the Hospital.

Medical Treatment Ltr-10

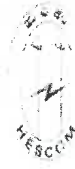
ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka



ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುದ್ದೆಸಹಂಸಿ  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.  
Phone:0831-2470053.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.  
E-Mail ID: eebgm.hescom@gmail.com

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G)/19-20/ 7424

Date: 28 OCT 2019

To.

The Medical Director  
Kl E's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub : Treatment to Our Staff of O&M Urban Division HESCOM Belagavi.

Ref : Letter dated : 26.10.2019

\*\*\*\*

With reference to the above, we came to know that Sri. Dudasangappa N. Kuri, Watchman, Urban division, HESCOM, Belagavi is getting admitted in your Hospital for Medical treatment on 26.10.2019. In this regard, you are requested to give him further treatment and send the final bills to this office for arranging payment.

Your's faithfully,

Executive Engineer(Ele)

O&M Urban Divn HESCOM Belagavi

An credit HESCOM  
Copy for information  
KLES Dr. Prabhakar Kore Hospital &  
MRC - BELAGAVI

1. Sri. Dudasangappa N. Kuri, Watchman, Urban division, HESCOM, Belagavi with instructions to submit the medical reimbrusment bill in the prescribed format with all necessary documents within 7 days of discharge from the Hospital.

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

ಹುಬ್ಬಳ್ಳಿ ವಿಜ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುಬ್ಬಳ್ಳಿ  
ನಹರುನಗರ ಬೆಳಗಾವಿ-590 010.



HUBBALI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.,)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.  
E-Mail ID: eebgm.hescom@gmail.com

Phone:0831-2470053.

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G)/19-20/ 9977-78

Date: 21 DEC 2019

To,

The Medical Director  
KLE's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub: Treatment to Our Maintanance Staff of O&M Urban Division  
HESCOM Belagavi.

Ref: Message from AE So5: 21.12.2019

\*\*\*\*

991087

With reference to the above, we came to know that Sri. Balappa Bandivaddar Junior Power man, Section no. 05, CSD-2, HESCOM, Belagavi is being admitted in your Hospital for Medical treatment on 21.12.2019. In this regard, you are requested to give him necessary medical treatment and send the bills to this office. We are ready to make payments for all the necessary treatments.

ON CREDIT  
On Credit HESCOM/SELF  
Chillal  
23/12/19

Your's faithfully,

Executive Engineer(Ele)

O&M Urban Divn HESCOM Belagavi

Copy for information: Asst. Administrator - Finance & Accounts  
KLE's Prabhakar Kore Hospital &  
BELAGAVI

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-2, HESCOM, Belagavi.

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುವಿಸಕಂನಿ  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.,)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.  
E-Mail ID: eebgm.hescom@gmail.com

Phone:0831-2470053.

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No : BGM/EE/AO/AAO/EA(G) /19-20/ 7922-23 Date: 13 NOV 2019

To.

The Medical Director  
KLE's Prabhakar Kore Hospital  
& MRC Belagavi  
Belagavi.

Sir,

Sub:- Requested for Medical Treatment to Kum Aradya V. Nandihalli.  
Ref :- Employee request application dated : 06.11.2019.

Sri Vijaykumar R. Nandihalli is working as Jr.Asst. CSD-3 of Urban Division, HESCOM, Belagavi, his daughter Kum Aradya V. Nandihalli is suffering from PRE B-ALL and in the above letter he has requested for treatment on credit basis. So that, as she needs treatment on continuous basis, you are requested to give necessary medical treatment on credit till she gets discharged from your hospital and charges will be paid upon the receipt of the bills.

Thanking You Sir.

On credit  
HESCOM Urban  
Abhullal  
13/11/19

Asst. Administrator - Finance & Accounts  
KLE'S Dr. Prabhakar Kore Hospital &  
Copy for information BELAGAVI.

Your's faithfully,

Executive Engineer (Ele)  
O&M Urban Division  
HESCOM Belagavi.

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-3, HESCOM, Belagavi

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

100 2459

PVT

ped once

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ  
(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)  
ಕಾರ್ಯನಿರ್ವಾಹಕ ಅಂಜನಿಯರ್(ಎ),  
ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹುವಿಸಕಂನಿ  
ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.  
Phone:0831-2470053.



HUBBALI ELECTRICITY SUPPLY COMPANY LIMITED  
(Wholly owned Govt. of Karnataka Undertaking)  
Executive Engineer (Ele.)  
O & M Urban Division HESCOM  
Nehru Nagar Belagavi-590010.  
E-Mail ID: eebgm.hescom@gmail.com

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G)/19-20/

10049-050 Date:

17 JAN 2020

To.

The Medical Director  
KLE's Prabhakar Kore Hospital  
Belagavi.

Sir,

Sub : Treatment to Our Staff of O&M Urban Division HESCOM Belagavi.

Ref : Letter dated : 17.01.2020.

\* \* \* \*

With reference to the above, we came to know that **Sri. Ramesh.R.Kotiwale**, store keeper Gr-2, Urban division, HESCOM, Belagavi is getting admitted in your Hospital for Medical treatment on 17.01.2020. In this regard, you are requested to give him further treatment and send the final bills to this office for arranging payment.

On Credit HESCOM  
Shilal  
17/1/2020

Your's faithfully,

Executive Engineer(Ele)  
O&M Urban Divn HESCOM Belagavi

Copy for information :

1. **Sri. Ramesh.R.Kotiwale**, store keeper Gr-2, Urban division, HESCOM, Belagavi with instructions to submit the medical reimbursement bill in the prescribed format with all necessary documents within 7 days of discharge from the Hospital.

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kotiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act,1956)  
Belagavi-590 010,Karnataka

ಹುಬ್ಬಳ್ಳಿ ವಿದ್ಯುತ್ ಸರಬರಾಜು ಕಂಪನಿ ನಿಯಮಿತ

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಪೂರ್ಣ ಸ್ವಾಮ್ಯಕ್ಕೆ ಒಳಪಟ್ಟಿದೆ)

ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ಎ),

ಕಾರ್ಯ ಮತ್ತು ಪಾಲನೆ ನಗರ ವಿಭಾಗ ಹವಿಸಕನಿ

ನೆಹರುನಗರ ಬೆಳಗಾವಿ-590 010.

Phone:0831-2470053.



HUBLI ELECTRICITY SUPPLY COMPANY LIMITED

(Wholly owned Govt. of Karnataka Undertaking)

Executive Engineer (Ele.,)

O & M Urban Division HESCOM

Nehru Nagar Belagavi-590010.

E-Mail ID: eebgm.hescom@gmail.com

Corporate Identity Number (CIN) : U31401KA2002SGC030437

No:BGM/EE/AO/AAO/EA(G)/2020-21/ 4851-53

Date: 4 NOV 2020

To.

The President,

Dr.Prabhakar Kore KLE's Hospital & MRC

Belagavi.

Sir,

Sub: Treatment to Our Staff of O&M Urban Division HESCOM Belagavi.

\*\*\*\*

1027111  
4/11/20

With reference to the above, we came to know that Sri. Tukaram M Basarikatti, Line Mechanic Grade - 2, working at SO-5 CSD-2, HESCOM, Belagavi is getting admitted in your Hospital for Medical treatment on 04.11.2020. In this regard, you are requested to give him further treatment and send the final bills to for arranging payment to O & M Urban Division, HESCOM, Belagavi.

Yours faithfully,

Executive Engineer(Ele)

O&M Urban Divn HESCOM Belagavi

ON CREDIT  
On HESCOM / SELF PAY.

Abhinal  
4/11/2020

Administrator - Finance & P...  
Dr. Prabhakar Kore Hospital & MRC  
Copy for information U.M.

1. The Assistant Executive Engineer(Ele), O & M City Sub Division-2, HESCOM, Belagavi.
2. Sri. Tukaram M Basarikatti, Line Mechanic Grade - 2, working at SO-5 CSD-2, HESCOM, Belagavi with instructions to submit the medical reimbursement bill in the prescribed format with all necessary documents within 7 days of discharge from the Hospital to concerned division.

Medical Treatment Ltr-10

ATTESTED

Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka



To  
The Medical Director  
KLEs Prabhakar Kore Hospital and  
Medial Research Centre  
Nehru Nagar  
Belagavi

Subject: Regarding Confirmation of Operations Under Global Grant.

Greeting

Respected Sir,

I, the Undersigned Rtn.Mr.Chaitanya Kulkarni Primary Contact for "GG No. 1871678" would like to Confirm that the following Operations for the Beneficiaries referred under the Grant are operated by your Hospital. The Bills to that affect are also cleared from the Grants Under GG No. 1871678. We appreciate the Care and Concern by the Hospital.

1. Mast. Nanvi Ganesh Shirshail - Cardiac Surgery
2. Mast. Singh Shubham Salikram - Cardiac Surgery
3. Mast.Sunagar Shrikant Basavaraj - Cardiac Surgery
4. Mast.Khoravi Samarth Sankalp - Cardiac Surgery

Thanking You

Yours faithfully



Rtn. Mr.Chaitanya Kulkarni

ATTESTED



Dr. V.A.Kothiwale  
Registrar

KLE Academy of Higher Education and Research,  
(Deemed-to-be-University u/s 3 of the UGC Act, 1956)  
Belagavi-590 010, Karnataka