

No. 346	CASH BILL		Date 4-4-2008		
KHAN MEDICAL & FANCY STORE			20 CU-776 21 CU-776		
4/244-A, Opp. SBI, Main Road, Rajampet.					
Prescribed by Dr.					
Name: D. SOUTANNA					
S. No.	PARTICULARS	M.E	Batch No	Expiry Date	AMOUNT
①	carboster-z. 20 Tab		Q BZ 21	2009	78-00
②	calsimox 20 Tab		252754	2009	100-00
③	Dolo - 4 Tab		AD 0090	2011	6-00
④	Dolomest 1st	1	—	2010	54-00
⑤	Candid-V. gel	1	007704	1-2010	54-50
E. & O.E.					(Including of all Taxes)

Two hundred ninety two rupees only TOTAL-292.50

No. **369** CASH BILL Date **9-5-08**

KHAN MEDICAL & FANCY STORE
 4/244-A, Opp. SBI, Main Road, Rajampet.
 Prescribed by Dr. **A. Sakenthala**
 Name: **Soujanya**

20 CU-776
21 CU-776

S. No.	PARTICULARS	M.F.	Batch No	Expiry Date	AMOUNT
1.	ACNis out.				45-00
2.	Citizine 10 tabs				38-00
					83-00

(Including of all Taxes)

E. & O.E.

No. **347** CASH BILL Date **2-5-08**

KHAN MEDICAL & FANCY STORE
 4/244-A, Opp. SBI, Main Road, Rajampet.
 Prescribed by Dr.
 Name: **B. SOUJANYA**

20 CU-776
21 CU-776

S. No.	PARTICULARS	M.F.	Batch No	Expiry Date	AMOUNT
①	Corbafar - Z -	30T4	282 21	2009	117-00
②	AZibest 500	5T4	AZF 801	2009	91-00
③	Shaleal-500	30T4	1425	2009	88-00
④	T-T- 2mg	1		2009	8-00

(Including of all Taxes)

E. & O.E. **Three hundred Four Rupees only - 304-00**

K K HO CLINIC FOR WOMEN PTE LTD
3 MT ELIZABETH #17-' 5 MT ELIZABETH MEDICAL CENTRE
SINGAPORE 228510 TEL: 6733 1856

Co Reg No : 200704653M

INVOICE

BOJIREDDY SOUJANYA
879 TAMPINES AVE 8
#09-270
S(520879)

Invoice No. : 14136
Our Reference : 02694
Date : 22 May 2008

PATIENT : BOJIREDDY SOUJANYA (G6016452K)
Doctor : DR HO KOK KEE

DESCRIPTION	QTY	FEE (S\$)
OBIMIN FILM TABLET	30.00 tabs	10.00
CALCIUM LACTATE BLISTER 300MG	30.00 tabs	5.00
DHAXTRA CAPS	1.00 box	50.00
BLOOD GROUP		10.00
CONSULTATION		40.00
SCANNING		40.00
Total Amount Payable		155.00
CASH Payment Received - Receipt No. 13758		155.00
Outstanding Balance		S\$0.00

All Cheques should be crossed and made payable to :

K K HO CLINIC FOR WOMEN PTE LTD

This is a computer generated invoice which does not require a signature

E. & O.E

K K Ho Clinic For Women
3 Mt Elizabeth #17-15
Mt Elizabeth Medical Centre
Singapore 228510
Tel: 6733 1856

K K HO CLINIC FOR WOMEN PTE LTD
 3 MT ELIZABETH #17-15 MT ELIZABETH MEDICAL CENTRE
 SINGAPORE 228510 TEL: 6733 1856

Co Reg No : 200704653M

INVOICE

BOJIREDDY SOUJANYA
 879 TAMPINES AVE 8
 #09-270
 S(520879)

Invoice No. : 14313
 Our Reference : 02694
 Date : 13 Jun 2008

PATIENT : BOJIREDDY SOUJANYA (G6016452K)
 Doctor : DR HO KOK KEE

DESCRIPTION	QTY	REL (\$)
UTROGESTAN 100MG	30.00 caps	36.00
GAVISCON ADVANCE	1.00 bott	15.00
DHACTULOSE 200MLS	1.00 bott	10.00
CONSULTATION		40.00
SCANNING		40.00
Total Amount Payable		141.00
CARD Payment Received - Receipt No. 13906		141.00
Outstanding Balance		S\$0.00

All Cheques should be crossed and made payable to :

K K HO CLINIC FOR WOMEN PTE LTD

This is a computer generated invoice which does not require a signature

E. & O.E

K K Ho Clinic For Women
 3 Mt Elizabeth #17-15
 Mt Elizabeth Medical Centre
 Singapore 228510
 Tel: 6733 1856

K K HO CLINIC FOR WOMEN PTE LTD
 3 MT ELIZABETH #17-15 MT ELIZABETH MEDICAL CENTRE
 SINGAPORE 228510 TEL: 6733 1856

Co Reg No : 200704653M

INVOICE

BOJIREDDY SOUJANYA
 879 TAMPINES AVE 8
 #09-270
 S(520879)

Invoice No. : 14282
 Our Reference : 02694
 Date : 02 Jun 2008

PATIENT : BOJIREDDY SOUJANYA (G6016452K)
 Doctor : DR HO KOK KEE

DESCRIPTION	QTY	REL (\$)
CURAM 625MG	12.00 tabs	24.00
AMNIOCATER	1.00 stick	20.00
OSCAL 500+D	1.00 bott	15.00
VERAGEL	20.00 tabs	5.00
UTROGESTAN 100MG	30.00 caps	36.00
HIGH VAGINAL SWAB		40.00
CONSULTATION		40.00
CTG		40.00
SCANNING		30.00
Total Amount Payable		250.00
CARD Payment Received - Receipt No. 13878		250.00
Outstanding Balance		S\$0.00

All Cheques should be crossed and made payable to :

K K HO CLINIC FOR WOMEN PTE LTD

This is a computer generated invoice which does not require a signature

E. & O.E

CASH BILL

No. 623 Date 5-7-08

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

20 CU-776
21 CU-776

Prescribed by Dr.

Name:

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1	Tab. Cyclopam					115-00
2	Cefolac					60-00
3	Imax forte					55-00
4	Levodex I. v. set					83-00 25-00
						238-00

E. & O.E. (Including of all Taxes)

CASH BILL

No. 621 Date 20-6-08

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

20 CU-776
21 CU-776

Prescribed by Dr. A. Sakunthala

Name: Sowjanya

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1	Suprax-SR					125-00
						125-00

E. & O.E. (Including of all Taxes)

NO. 100

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

Prescribed by Dr. A. Sakunthala

Name: Sowjanya

Date 8-8-08
20 CU-776
21 CU-776

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1.	Buscopan (5)					100-00
2.	Prostodin (1)					150-00
3.	Epidozin (5)					100-00
4.	X Hecamelvair					75-00
						425-00

E. & O.E. [Signature] (Including of all Taxes)

No. 551

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

Prescribed by Dr. A. Sakunthala

Name: Sowjanya

Date 2-8-08
20 CU-776
21 CU-776

CASH BILL

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1.	Cyclopam tab					6-00
2.	Inj. Jectoros					125-00
	2nd stage					20-00
3.	Imase forte					175-00
						326-00

E. & O.E. [Signature] (Including of all Taxes)

No. 622

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

Prescribed by Dr. A. Sakunthala

Name: Sowjanya

Date 1-5-7-08
20 CU-776
21 CU-776

CASH BILL

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1.	Recliner Cap					62-00
2.	Shelcal (7)					35-00
3.	Imse (10)					55-00
						152-00

No. 753 CASH BILL Date 28-08

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

Prescribed by Dr. A. Sakudhala

Name: Sowjanya

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1.	Catgut ①					147-00
2.	Cotton 8011					140-00
3.	Plaster					30-00
4.	Resypad					250-00
						567-00

E. & O.E. (Including of all Taxes)

No. 755 CASH BILL Date 28-08

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

Prescribed by Dr. A. Sakudhala

Name: Sowjanya

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
	I.V. Fluid					45-00
	I.V. Set					40-00
	I.V. Canula					55-00
	S. Closures					75-00
	Ins. Subocin					75-00
	" methesgin					64-00
						354-00

E. & O.E. (Including of all Taxes)

No. 754 CASH BILL Date 28-08

KHAN MEDICAL & FANCY STORE

4/244-A, Opp. SBI, Main Road, Rajampet.

Prescribed by Dr. A. Sakudhala

Name: Sowjanya

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1.	Spirit					140-00
2.	Betadine					175-00
3.	Dettol					140-00
4.	Baby clamp					75-00
5.	Easy fire					162-00
						250-00

డా. A. శక్కుంతల,

M.B.B.S., D.G.O.,

గర్భిణి మరియు స్త్రీ వ్యాధుల నిపుణురాలు

Reg. No. 44840

Dr. A. Sakuntala,

M.B.B.S., D.G.O.,

Obstetrician & Gynaecologist

Reg. No. 44840

Opp. State Bank of India, Madras Road, Rajampet. ☎: 251549

Date 8/8/08

B. Soujanya

w/o M. Ashok Kumar Reddy

Bill Amount

Delivery charges :- Rs 3500/-

Room Rent for 2 days :- Rs 1000/-

Laboratory fees :- Rs 520/-

Ultrasound fee :- Rs 500/-

Rs 5520/-

A. Sakuntala
DR. A. SAKUNTALA,
M.B.B.S., D.G.O.
Consultant Obstetrician and Gynaecologist,
Sri Sai General & Maternity Nursing Home,
Opp. S.D.I. BANKING ROAD, RAJAMPET.
REGD NO: 44840.

No. 550 CASH BILL Date 23/4/88

KHAN MEDICAL & FANCY STORE
 4/244-A, Opp. SBI, Main Road, Rajampet.
 Prescribed by Dr. A. Shaktun Kola,
 Name: B. Sanyal / 8487-207/

20 CU-776
21 CU-776

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1	Aslanger	23/wal		8025	12/01	23=00
2	Caligo	26/-	200	808	6/2017	26=00
3	Cetnal	19/-	808	5/2009		19=00
4	T. New Dm	32/-	808	6/2017		32=00
5	Mucob	15/-	808	1/2010		15=00
						115=00

E. & O.E. (Including of all Taxes)

No. 549 CASH BILL Date 23/4/88

KHAN MEDICAL & FANCY STORE
 4/244-A, Opp. SBI, Main Road, Rajampet.
 Prescribed by Dr. A. Shaktun Kola, D.A.
 Name: B. Sanyal

20 CU-776
21 CU-776

S. No.	PARTICULARS	Rate	M.F.	Batch No	Expiry Date	AMOUNT
1	LOPP -1	3/16	6090	4825-5	7/12	3/16=00
2	1002 m 2/2	53/-	808	5/10		53=00
3	mebbel 8/1	10/-	808	6/2017		10=00
						379/-

E. & O.E. (Including of all Taxes)



GOVERNMENT OF ANDHRA PRADESH
Office of the NAGARA PANCHAYATHI RAJAMPET, KADAPA District.

CERTIFICATE OF BIRTH

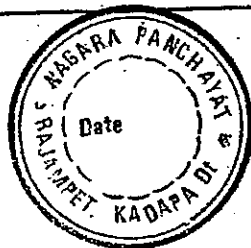
Issued under section 17 of the Registration of Births and Death Act, 1969

This is to certify that the following information has been taken From the original records of Birth which is in the register for the Year.....2008..... of Division
.....Rajampet.....of Nagarapanchayathi Rajampet, Kadapa District, Andhra Pradesh.

Name	Mooni Rochan Sai Kumar Reddy							
Sex	Male							
Date of Birth	Day		Month		Year			
In Figures	0	8	0	8	2	0	0	8
In words	zero	eight	zero	eight	two	zero	zero	eight
Place of Birth	Sree Sai Ganesh Maternity Nursing Home.							
Registration No.	23/1584				Registration Date : 18-8-08			
Name of the Father	Mooni Ashok Kumar Reddy							
Name of the Mother	Rajji Reddy Sujanya							

Seal

Date



Prepared by

Compared by

REGISTRAR OF BIRTHS & DEATHS
 COMMISSIONER
 NAGARA PANCHAYAT
 Rajampet.



MATERNITY EXPENSE REIMBURSEMENT FORM

FULL ACCOUNT NAME: MOORI ASHOK KUMAR REDDY		TO BE COMPLETED BY MALE EMPLOYEES ONLY	
(CITIBANK ACCOUNT NAME)		SPOUSE'S NAME: BOJJIREDDY SOUJANYA	SPOUSE'S ORGANIZATION: HOUSE WIFE
ACCOUNT NO: 0-597813-007	CHILD'S BIRTH DATE: 08-Aug-2008	CONTACT NUMBER: 81188449	DEPT: EMEA TI DISTRIBUTED STORAGE MGMT
INDICATE AMOUNT (\$\$) IF SIMILAR BENEFIT PROVIDED 0.00			
COST CENTRE: 8639			

IMPORTANT: PLEASE ENSURE ALL DETAILS ARE COMPLETE

DATE	DETAILED DESCRIPTION OF EXPENSES	CATEGORY (Select from Drop-Down List)		AMOUNT \$S	AMOUNT IND Rs
04-Apr-2008	Medicines	Pre-natal Expense			292.50
22-May-2008	Consultation & Medicines	Pre-natal Expense		155.00	
02-May-2008	Medicines	Pre-natal Expense			304.00
09-May-2008	Medicines	Pre-natal Expense			83.00
02-Jun-2008	Consultation & Medicines	Pre-natal Expense		250.00	
13-Jun-2008	Consultation & Medicines	Pre-natal Expense		141.00	
20-Jun-2008	Medicines	Pre-natal Expense			125.00
05-Jul-2008	Medicines	Pre-natal Expense			238.00
15-Jul-2008	Medicines	Pre-natal Expense			152.00
02-Aug-2008	Medicines	Pre-natal Expense			326.00
08-Aug-2008	Medicines	Post-natal Expense			425.00
08-Aug-2008	Medicines	Post-natal Expense			912.00
08-Aug-2008	Medicines	Post-natal Expense			354.00
08-Aug-2008	Medicines	Post-natal Expense			567.00
08-Aug-2008	consultation and room rent	Inpatient Maternity			5,520.00
23-Sep-2008	Medicines	Post-natal Expense			379.00
23-Sep-2008	Medicines	Post-natal Expense			115.00
TOTAL CLAIMS SUBMITTED				546.00	9,792.50
TOTAL AMOUNT DUE TO STAFF					

I declare that all information provided above are accurate and this is not a duplicate claim, i.e. no similar claim was made under Group Hospital & Surgical Insurance or maternity benefit provided by spouse's employer.

M.A.K. Reddy
EMPLOYEE'S SIGNATURE
15/12/08
DATE

PLEASE NOTE:

1. Attach all original receipts and birth certificate of child(ren) to completed FORM.
2. This is for one-time submission only. Pls collate all receipts (finalised hospital bills and CPF medisave statements, if any) for submission within 6 months from the birth of the child(ren).
3. Submit via Internal Mail to IXchange Pte Ltd.
4. No duplication of claims is allowed, e.g. if claim is reimbursed through Group Hospital & Surgical Insurance, no payment will be made from this maternity expense reimbursement benefit.

For Exchange use only:-
Check the following:-
[] Permanent Staff
[] Staff's Confirmation Date < Child's DOB

5. If the spouse of the male employee is receiving a similar benefit provided by her employer, the Bank will reimburse up to the difference between \$2,500 and the benefit provided by her employer. Under such circumstances, if the employee is not able to produce the original bill, he may submit the "certified true copy" of the bills instead. However certification can only be from the Spouse's Employer and the Employer must indicate the total amount reimbursed - in cash and/or CPF.

6. Any misrepresentation of information would render this FORM invalid and the Bank reserves the right to make no payment and claw back payment in this respect.

NAME/ SIGNATURE _____ DATE _____