



BILL DETAILS

Bill Number : DMH / 2016-17 / 9999 Date : 25-01-2017
Reference Number : DMHHC002473 / E022884 Professional Name : Dr Berry Nikhil / 8411819057



PATIENT DETAILS

Name : Amod Gaikwad Mobile: 8411819057
Residential Address: Permanent Address:



Service Details

Service	Recommended Service	Date (From/To)	Time(From/To)	Cost
---------	---------------------	----------------	---------------	------

Company's Bank Detail:

Bank Name:HDFC BANK C.C A/C - 50200010027418
A/C No. : 50200010027418
Branch & IFS Code: BHANDARKAR ROAD & HDFC0000007

Declaration:

We declare that this Bill shows the actual prise of the services described and that all particulars are true and correct.



PATIENT PAYMENT RECEIPT DETAILS

Receipt Number:E022884 / 2016-17 / 22884

Received From: Amod Gaikwad

Received Rs. :1500.00

Rupees:

Only

Type Of Transaction:Payment

Mode Of Transaction:Card

Of Date :2017-01-25 14:01:10

Remark:

towards11 settlement of the above bill.

Address:

Office No 5,Bhosale House Apts, Karve Road Pune, Maharashtra,411004, Email : Info@sperohealthcare.in,
Website:WWW.Sperohealthcare.in, Phone :7620400100

This is computer generated document and no authentication required.