



MANIPAL HOSPITAL YESHWANTHPUR
6/1, BRIGADE GATEWAY, BESIDE METRO, MALLESWARAM WEST, BENGALURU, 560055? Ph : 080-61656262
IN: U855110KA2003PTC03305

BILL OF SUPPLY

Reg No. : MH015375987
Name : MR MAHESHA C
Age/Sex : 50 Y / Male
Address : NO 233 B G PURA HOBLI MALAVALLI TALUK
HULLAMBALLI CHINNAKEBBAGILU POST MANDYA MALAVALLI MANDYA DIST. 571463 Phone : 968
Department: GENERAL SURGERY MYB
Doctor : DR. SATHISH N
Episode No : O17000398376
Episode Date: 02/12/2024
Bill No. : MYB24OCS0130706
Bill Date : 02/12/2024 10:59AM
GSTIN : 29AACCC2943F1ZS

Particulars	Unit	Price	SAC	Amount
REGISTRATION	1	250.00	999311	250.00
CONSULTATION GENERAL SURGERY	1	950.00	999311	950.00
Total :				1200.00
Amount Paid :				1200.00

Received with thanks a sum of Rupees One Thousand Two Hundred only)

Payment Details

Mode	Particulars	Receipt Amt.	Amt. Adjusted
Online Payment No.	xxxxxxxxxxxxx5636 dated 02/12/2024.	1200.00	1200.00
Total			1200.00

Generated/Printed By
(PREETHI D)

Bank : AXIS BANK
Batch : 701381
ApprCode : 000444
TID : 48578626
CType : VISA
Invoice : 7804724



MANIPAL HOSPITAL YESHWANTHPUR

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Pharmacy 24 x 7

TAX INVOICE

KA-B12-218934, KA-B12-218935, KA-B12-218936, KA-B12-218937, KA-B12-218938, KA-B12-218939

GSTIN : 29AACCC2943F1Z8

Reg.No : PH1211041
Name : MAHESHA
Episode No : P17000151141
Doctor : REFERRAL DOCTOR OTC
Ext.Ref.Doc :

Bill# : MYB24PCS0052627

Date : 02/12/2024 04:13PM

Age : 50 Y/Male

EmpNo :

Department : PHARMACY MYB

#	Item	MFG	HSN	Qty	MRP	Disc. Tax.Val	CGST	SGST	Total
1	ZERODOL-P TABLET RW313101AS#341[30/11/25]	IPC	30049069	4	7.30	26.08	6.00% 1.56	6.00% 1.56	29.21
			ABBAS ALI (MYB39029)				1.57 Round Off	1.57	29.21 -0.21
			(Rupees Twenty Nine only)				Total		29.00

Terms & Conditions :

- 1) Returns of items will be accepted & refunds made on producing the original Pharmacy bill, between 10:00 AM and 6:00 PM within 7 days of purchase.
 - 2) Return of items will not be accepted on Sundays and General Holidays
 - 3) Items will be accepted for refund, provided the items are good condition and will exclude requiring refrigeration and loose tablets.
 - 4) Pharmacy reserves the right to reject any item and their decision will be final.
- Note: Unless otherwise stated, tax on this invoice is not payable under reverse charge.
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CONFIDO MULTI SPECIALITY HOSPITAL

Your health, our priority

#1/1, Near Veeranjanya Temple, Mysore Road, New Guddadahalli,
Bengaluru Karnataka- 560026



UHID : 24110327



OUTPATIENT BILL

OP No : 24110343



Patient : MAHESH
Age / Gender : 51 Y, 11 M, 17 D / M Phone : 2569871236
Consultant : Dr. Mithun
Sponsor : Cash
Package : NONE
Promo : No
Address :

Bill No : 24003161
Bill Date : 2024-11-28 21:55:14
Appoint. Date : 2024-11-28
Referral :
Token No : 24

SI No	Particular	Rate	Qty	Amount
1	GENERAL CONSULTATION	100	1	100
Total :				100
Paid :				100
Balance :				0

Rec. No	Date	Amount	Mode of Payment	Status
24003234 (Nandan)	2024-11-28 21:55:14	100	Cash	Received

Printed By :

Prepared By :

Print Date : 2024-11-28 21:55

Authorized Signature

url: www.confidohospital.com || email: confidohospitals@gmail.com || phone: 8139952999