



M/S IGKC MEDICINE(24hrs.)

A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - igkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admin No : IP2526-0881
NRQ No : NRQ242452
Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000049064
Bill Date : 14-May-2025 11:30:31 PM
Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA
NRQ Date : 14-May-2025 11:27:53 PM
Indent By : SANTILATA
TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1*	VEIN O LINE 10 (POLY)	901800	4024525B	Jan-30	1	269.00	240.18	6.0	14.41	6.0	14.41	269.00
2	EASYFIX (M)	30059040	EFME27-0928	Aug-27	2	47.00	83.93	6.0	5.04	6.0	5.04	94.00
3*	VENPORT 20G	90183930	G24H010577	Jul-29	2	307.00	548.21	6.0	32.89	6.0	32.89	614.00
								52.34		52.34		977.00

Created By : AJIT

Signature Of Pharmacist



IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003

GST No:21AACC19709F1ZS

OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL90655
Bill Dt : 14-May-2025 06:33 pm
Consultant : Dr.SURYAKANTA MOHARANA
Ref By : WALKIN
Org.Name ::

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	USG OF WHOLE ABDOMEN	ULS105	1	1,150.00	1,150.00
			Bill Amt	:	1,150.00
			Receipt Amt	:	1,150.00

In Words : One Thousand One Hundred Fifty Rupees Only

S. No.	Paymode	Payment No	Receipt Amount
1	CASH		1,150.00

Billing Assistant : SASMITA97



IMH36453

CASH RECEIVED
14 MAY 2025
(Authorised Signatory)
IGKC PVT LTD
BHUABANESWAR



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Phone - (0674)6600000, Email -igkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admn No : IP2526-0881
NRQ No : NRQ242547
Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000049169
Bill Date : 15-May-2025 12:06:43 PM
Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA
NRQ Date : 15-May-2025 11:39:12 AM
Indent By : MINATI
TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	EASYFIX (M)	30059040	EFME17-0325	Feb-28	2	47.00	83.93	6.0	5.04	6.0	5.04	94.00
2*	SURGICAL GLOVES (3A300) 7.502100	7.502100	SSG-25031	Mar-28	2	90.00	150.71	6.0	9.64	6.0	9.64	180.00
3*	THEMICAIN 2% JELLY	3003	YT305	Jan-27	1	36.28	32.39	6.0	1.94	6.0	1.94	36.28
4*	ROMOJET SYRINGE 50ML	9018	G24K020694	Oct-29	1	61.00	54.46	6.0	3.27	6.0	3.27	61.00
5*	URO BAG(POLY)	90183100	6341024L	Sep-29	1	349.00	332.38	2.5	8.31	2.5	8.31	349.00
6	ROMOLENE NO-16	901839	G24L011057	Nov-29	1	81.00	72.32	6.0	4.34	6.0	4.34	81.00
									32.54		32.54	801.28

Treated By : GURUPRASAD

Signature Of Pharmacist

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A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -igkchospital@gmail.com

D.L. No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

UMR No	: IMH36453	Bill No	: IP25-000050085									
Patient Name	: SAUNYAKANTA SAHOO	Bill Date	: 17-May-2025 03:37:45 PM									
Admn No	: IP2526-0881	Consultant Name	: Dr.P.C DALAI / S.B DHAL MOHA									
NRQ No	: NRQ243363	NRQ Date	: 17-May-2025 03:34:02 PM									
Ward	: ICU-12/ICU12-----4017/4061	Indent By	: SABITRI									
TPA Name			: ABPMJAY GJAY									
SNo	Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Bill Amt.
1	RUE SYRINGE 1ML	01811	G24K020522	Sep-29	2	9.30	16.61	6.0	1.00	6.0	1.00	18.60
2	RUE SYRINGE 1ML	018	G24K020769	Oct-29	3	18.70	50.09	6.0	3.01	6.0	3.01	56.10
3*	Syringe 1ML Syring	9018	J1052125A	Apr-29	3	18.00	48.21	6.0	2.89	6.0	2.89	54.00
4*	GLU 100ML INJ	40451900	011	Sep-27	12	15.00	160.71	6.0	9.64	6.0	9.64	180.00
5	PER 100ML INJ	30049035	GE254082D	Sep-27	3	5.98	16.02	6.0	0.96	6.0	0.96	17.94
6	NS 100ML INJ	10045020	2D250435	Mar-28	3	22.41	60.03	6.0	3.60	6.0	3.60	67.23
7	PR 100ML INJ	1004	AB154010A	Aug-26	3	447.00	1,197.32	6.0	71.84	6.0	71.84	1,341.00
8	TR 100ML INJ	30049069	7762501	Jan-28	3	26.00	69.64	6.0	4.18	6.0	4.18	78.00
9	RUE 100ML	3004	2B250107	Jan-27	3	714.75	1,914.51	6.0	114.87	6.0	114.87	2,144.25
10*	A 100ML INJ	1049035	I064001	Jul-26	3	13.00	34.82	6.0	2.09	6.0	2.09	39.00
11*	P 100ML INJ	30049039	MSMP4024	Jun-26	1	55.30	49.38	6.0	2.96	6.0	2.96	55.30
12	RUE 100ML	30045020	1L247117	Nov-27	2	63.27	112.98	6.0	6.78	6.0	6.78	126.54
13	L 100ML	30045020	1J245534	Sep-27	2	42.80	76.43	6.0	4.59	6.0	4.59	85.60
								228.41	228.41	228.41	228.41	4,263.56

Created By : BHASMITA1

Signature Of Pharmacist



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MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - igkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS, GST No : 21AAC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admn No : IP2526-0881
NRQ No : NRQ243665
Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000050451
Bill Date : 18-May-2025 03:44:26 PM
Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA
NRQ Date : 18-May-2025 03:19:38 PM
Indent By : ASIMA
TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	ROMOJET SYRING 10 ML	9018	G24K020769	Oct-29	6	18.70	100.18	6.0	6.01	6.0	6.01	112.20
2	GLOVES LATEX-M	40451900	011	Sep-27	5	15.00	66.96	6.0	4.02	6.0	4.02	75.00
3*	BACTO RUB 100ML WITH DISP38089400		BP1-25016	Dec-26	1	271.00	229.66	9.0	20.67	9.0	20.67	271.00
4	PERINORM-2ML INJ(P)	30049035	GE254082D	Sep-27	3	5.98	16.02	6.0	0.96	6.0	0.96	17.94
5	PIPAZO 4.5	3004	AB154010A	Aug-26	3	447.00	1,197.32	6.0	71.84	6.0	71.84	1,341.00
6	TRADOL 2 ML INJ	30049069	7762501	Jan-28	2	26.00	46.43	6.0	2.79	6.0	2.79	52.00
7	RELIPARA 100 ML	3004	28250107	Jan-27	3	714.75	1,914.51	6.0	114.87	6.0	114.87	2,144.25
8*	ANDTRON 2 ML INJ	30049035	I064001	Jul-26	3	13.00	34.82	6.0	2.09	6.0	2.09	39.00
9*	PANTOMIRA 40MG INJ	30049039	MSMP4024	Jun-26	1	55.30	49.38	6.0	2.96	6.0	2.96	55.30
								226.21	226.21	4,107.69		

Created By : AJIT

Signature Of Pharmacist



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D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AAC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admn No : IP2526-0881
NRQ No : NRQ244272
Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000051106
Bill Date : 20-May-2025 07:28:44 PM
Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA
NRQ Date : 20-May-2025 07:25:45 PM
Indent By : JASHABANTA
TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	NS 100ML	30045020	2D250467	Mar-28	2	22.41	40.02	6.0	2.40	6.0	2.40	44.82
2*	MUCAD 1 GM	3004	AV24115	Oct-26	3	1,067.06	2,858.20	6.0	171.49	6.0	171.49	3,201.18
								173.89		173.89		3,246.00

Created By : ADITYA

Signature Of Pharmacist



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Phone - (0674)6600000, Email - igkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AAC19709F1ZS

INVOICE

UMR No	: IMH36453	Bill No	: IP25-000051049									
Patient Name	: SAUMYAKANTA SAHOO	Bill Date	: 20-May-2025 04:36:22 PM									
Admn No	: IP2526-0881	Consultant Name	: Dr.P.C DALAI/ S.B DHAL MOHA									
NRQ No	: NRQ244223	NRQ Date	: 20-May-2025 04:35:02 PM									
Ward	: ICU-12/ICU12-----4017/4061	Indent By	: JASHABANTA									
		TPA Name	: ABPMJAY GJAY									
SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1*	TESIX 2ML INJ	3004	FR431	Nov-26	3	6.69	17.92	6.0	1.08	6.0	1.08	20.07
								1.08	1.08	1.08		20.07

Created By : RANJIT

Signature Of Pharmacist



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Phone - (0674)6600000, Email -igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AAC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admn No : IP2526-0881
NRQ No : NRQ244170
Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000050989

Bill Date : 20-May-2025 03:10:37 PM

Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA

NRQ Date : 20-May-2025 03:08:46 PM

Indent By : JASHABANTA

TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1*	SYRINGE 5 ML SAFE	9018	JI052125A	Apr-29	2	18.00	32.14	6.0	1.93	6.0	1.93	36.00
2	GLOVES LATEX-M	40451900	011	Sep-27	5	15.00	66.96	6.0	4.02	6.0	4.02	75.00
3	NS 100ML	30045020	2D250467	Mar-28	3	22.41	60.03	6.0	3.60	6.0	3.60	67.23
4	PERINORM-2ML INJ(P)	30049035	GE254082D	Sep-27	3	5.98	16.02	6.0	0.96	6.0	0.96	17.94
5*	TRADOL 2 ML INJ	30049069	7762501	Jan-28	3	26.00	69.64	6.0	4.18	6.0	4.18	78.00
6	RELIPARA 100 ML	3004	2B250107	Jan-27	3	714.75	1,914.51	6.0	114.87	6.0	114.87	2,144.25
7	ONDEM 2ML INJ	300490	OND24340SR	Nov-26	3	13.35	35.76	6.0	2.15	6.0	2.15	40.05
8*	PANTOMIRA 40MG INJ	30049039	MSMP4024	Jun-26	2	55.30	98.75	6.0	5.93	6.0	5.93	110.60
								137.63	137.63	2,569.07		

Created By : ADITYA

Signature Of Pharmacist



M/S IGKC MEDICINE(24hrs.)
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - igkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS, GST No : 21AAC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admn No : IP2526-0881
NRQ No : NRQ244510
Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000051430
Bill Date : 21-May-2025 03:46:44 PM
Consultant Name : Dr.P.C DALAI / S.B DHAL MOHA
NRQ Date : 21-May-2025 02:54:28 PM
Indent By : SWAGATIKA12
TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1*	ROMOJET SYRING 10 ML	9018	G24K020769	Oct-29	3	18.70	50.09	6.0	3.01	6.0	3.01	56.10
2	NS 100ML	30045020	2D250435	Mar-28	3	22.41	60.03	6.0	3.60	6.0	3.60	67.23
3*	MUCAD 1 GM	3004	AV24115	Oct-26	3	1,067.00	2,858.04	6.0	171.48	6.0	171.48	3,201.00
4	RELIPARA 100 ML	3004	2B250107	Jan-27	3	714.75	1,914.51	6.0	114.87	6.0	114.87	2,144.25
								292.96	292.96	5,468.58		

Created By : SUCHISMITA

Signature Of Pharmacist



M/S IGKC MEDICINE(24hrs.)
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - lgkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 1055/RS ,GST No : 21AAC19709F1ZS

INVOICE

UMR No : IMH36453

Patient Name : SAUMYAKANTA SAHOO

Admn No : IP2526-0881

NRQ No : NRQ244522

Ward : ICU-12/ICU12-----4017/4061

Bill No : IP25-000051441

Bill Date : 21-May-2025 04:13:31 PM

Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA

NRQ Date : 21-May-2025 03:05:56 PM

Indent By : SWAGATIKA12

TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	RL 500 ML	30045020	1A250057	Dec-27	2	63.27	112.98	6.0	6.78	6.0	6.78	126.54
2	DNS 500ML	30045020	1G244146	Jun-27	2	42.80	76.43	6.0	4.59	6.0	4.59	85.60

Created By : NEELAM

Signature Of Pharmacist



M/S IGKC PHARMACY
A unit of

MOUZA-GHATKOPAR

MOZA-GHATIKIA, KALINGA NAGAR, BBSR
Ph - (06741) 5500

Phone - (0674)6600000, Email - jkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS .GST No : 21AACC19709F1ZS

INVOICE

Patient Name : SOUMYAKANTA SAHOO

Bill No : OP25-005484

Bill Date : 22-May-2025 03:10:10 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	T-BROOKS 50 MG INJ	30049099	D-2411016B	Oct-26	1	976.80	872.14	6.0	52.33	6.0	52.33	976.80
Received sum of Nine Hundred Seventy-Seven Rupees Only towards Above Bill								52.33	52.33	52.33	52.33	977.00
								Cash Amount		Receipt Amount		977.00
												977.00

Created By : AJIT

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return /Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/S IGKC PHARMACY
A Unit

A Unit of IGKC (P) Ltd

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR
P - 752015

Phone - (0674)6600000, Email - jkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1Z9

INVOICE

Patient Name : SOUMYAKANTA SAHOO

Bill No : OP25-005488

Bill Date : 22-May-2025 03:26:09 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Bill Amt.
1	T-BROOKS 50 MG INJ	30049099	D-24110168	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
								104.66	104.66	1,954.00		
								Cash Amount			1,954.00	
								Receipt Amount			1,954.00	

Created By : AJIT

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s IGKC PHARMACY
A Unit of

A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR BBSR
P- (0674) 551 1111

Phone - (0674)6600000, Email - jkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS, GST No : 21AACC19709E1ZS

INVOICE

Patient Name : SOUMYAKANTA SAHOO

Bill No : OP25-005603

Bill Date : 23-May-2025 02:04:47 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Bill Amt.
1	T-BROOKS 50 MG INJ	30049099	D-2411016B	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
								104.66	104.66		1,954.00	
								Cash Amount			1,954.00	
								Receipt Amount			1,954.00	

Created By : LAXMI

Note : 1. Damage, Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.

2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s IGKC PHARMACY

A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : S SAHOO

Bill No : OP25-005794

Bill Date : 24-May-2025 08:02:28 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST	SGST	Bill Amt.		
								%	Amt			
1	TIGIPRIME INJ (P)	30049039	TGA24K04	Sep-26	2	5,388.00	9,621.43	6.0	577.29	6.0	577.29	10,776.00
Received sum of Ten Thousand Seven Hundred Seventy-Six Rupees Only towards Above Bill												
								577.29	577.29	10,776.00		
								Cash Amount		10,776.00		
								Receipt Amount		10,776.00		

Created By : PABITRA.

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/S IGKCT PHARMACY
A Unit of

A Unit of IGKC (P) Ltd.
GHATSI

MOUZA-GHATIKIA, KALINGA NAGAR, BAGDAD

Phone - (0674) 6600000

D.L.No. : KH-42681/R, 42682/RC, 18355/RS, GST No : 21AACC19709E1ZS

INVOICE

Patient Name : A SAHOO

BILL NO. : OP25-005817

Bill Date : 25-May-2025 02:40:32 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	Consultant Name : Dr.WALKIN				Bill Amt.
								CGST %	CGST Amt	SGST %	SGST Amt	
1	T-BROOKS 50 MG INJ	30049099	D-2411016B	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill								104.66	104.66	1,954.00	Cash Amount	1,954.00
								Receipt Amount		1,954.00		

Created By : PABITRA.

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s IGKC PHARMACY
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -igkchospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : SOUMYAKANT SAHOO

Bill No : OP25-005898

Bill Date : 26-May-2025 04:58:47 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1	T-BROOKS 50 MG INJ	30049099	D-2411016B	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
								104.66	104.66	1,954.00		
								Cash Amount		1,954.00		
								Receipt Amount		1,954.00		

Created By : BIJAYI

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s IGKC PHARMACY
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : SOUMYA KANTA SAHOO

Bill No : OP25-006017

Bill Date : 27-May-2025 04:22:25 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1	T-BROOKS 50 MG INJ	30049099	D-2411016B	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
104.66												
Cash Amount												
Receipt Amount												

Created By : SAMBIT

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s **IGKC PHARMACY**
A Unit of IGKC (P) Ltd.
MOUZA-GHATIKIA, KALINGA NAGAR, BBSR
Phone - (0674)6600000, Email -igkhospital@gmail.com
D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : SOUMYAKANTA SAHOO

Bill No : OP25-006169

Bill Date : 28-May-2025 06:43:46 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Bill Amt.
1	T-BROOKS 50 MG INJ	30049099	D-24110168	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
104.66												
Cash Amount												
Receipt Amount												
1,954.00												

Created By : LAXMI

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s **IGKC PHARMACY**
A Unit of IGKC (P) Ltd.
MOUZA-GHATIKIA, KALINGA NAGAR, BBSR
Phone - (0674)6600000, Email -igkchospital@gmail.com
D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : SAUMYAKANTA SAHOO

Bill No : OP25-006302

Bill Date : 29-May-2025 06:07:35 PM

Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1	T-BROOKS 50 MG INJ	30049099	D-24110168	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
								104.66	104.66	1,954.00		
								Cash Amount		1,954.00		
								Receipt Amount		1,954.00		

Created By : SHANTI

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15

Days From The Date Of Sale.

2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s **IGKC PHARMACY**
A Unit of **IGKC (P) Ltd.**
MOUZA-GHATIKIA, KALINGA NAGAR, BBSR
Phone - (0674)6600000, Email -igkchospital@gmail.com
D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : S SAHOO

Bill No : OP25-006459
Bill Date : 30-May-2025 06:56:50 PM
Consultant Name : Dr.WALKIN

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1	T-BROOKS 50 MG INJ	30049099	D-2411016B	Oct-26	2	976.80	1,744.29	6.0	104.66	6.0	104.66	1,953.60
Received sum of One Thousand Nine Hundred Fifty-Four Rupees Only towards Above Bill												
104.66 104.66 1,954.00												
Cash Amount 1,954.00												
Receipt Amount 1,954.00												

Created By : PABITRA.

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/S IGKC MEDICINE (24 hrs.)
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO
Admn No : IP2526-0881
NRQ No : NRQ247306
Ward : GENERAL WARD/4TH FLOOR/4017 A

Bill No : IP25-000054846
Bill Date : 30-May-2025 08:09:10 PM
Consultant Name : Dr.P.C DALAI/ S.B DHAL MOHA
NRQ Date : 30-May-2025 03:34:25 PM
Indent By : RANJANA
TPA Name : ABPMJAY GJAY

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1	VIBACT DS TAB 1*10	30049099	BA24R3	Aug-26	5	23.42	104.53	6.0	6.27	6.0	6.27	117.08

Created By : SAMBIT

Signature Of Pharmacist



M/s **IGKC PHARMACY**
A Unit of **IGKC (P) Ltd.**

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS, GST No : 21AAC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO

Bill No : OP25-0065-9

Bill Date : 31-May-2025 05:32:56 PM

Consultant Name : Dr.P.C.DALAI

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Bill Amt.
1	NEXPRO 11 CAP (P)	3004	A08932431	Nov-26	1	185.25	165.40	6.0 %	8.9	0	8.93	165.25
Received sum of One Hundred Sixty-Seven Rupees Only towards Above Bill.												
Discount Amount 8.53 8.93 185.00 18.53												
Net Amount 166.73												
Cash Amount 167.00												
Receipt Amount 167.00												

Created By : MANTU

Note : 1. Damage/Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.

2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s IGKC PHARMACY
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

UMR No : IMH36453

Patient Name : SAUMYAKANTA SAHOO

INVOICE

Bill No : OP25-8065
Bill Date : 31-May-2021 05:29:36 PM
Consultant Name : Dr.P.C.DALA

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	K-BIND SACHET	30049099	BRB1052	Jan-27	9	159.00	1,277.68	6.0	69.00	6.0	69.00	1,431.00
2	CADPAN 25K CAP	3004	JKKC25001	Jan-27	3	514.00	1,376.79	6.0	74.35	6.0	74.35	1,542.00
3	BECOSULE 2 CAP (P)	30045039	2430125N	May-26	1	61.04	54.50	6.0	2.94	6.0	2.94	61.04
4	MYFARON 300 MG	3004	STB24223	Jul-26	2	1,495.00	2,669.64	6.0	144.15	6.0	144.15	2,990.00
5	ULTRACET TAB (P)	30049069	J11796	Dec-26	10	21.03	187.74	6.0	10.14	6.0	10.14	210.27
6	PERCIN 600MG TAB (P)	30049099	PR241108	Oct-26	2	700.15	1,250.27	6.0	67.52	6.0	67.52	1,400.30
7	VIBACT DS TAB 1*1	30049099	BA24R3	Aug-26	5	23.42	104.53	6.0	5.65	6.0	5.65	117.08

Received sum of Six Thousand Nine Hundred Seventy-Seven Rupees Only towards Above Bill
373.74 373.74 7,752.00
Discount Amount 775.17
Net Amount 6,976.51
Cash Amount 6,977.00
Receipt Amount 6,977.00

Created By : MANTU

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.

2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



IGKC MULTISPECIALTY HOSPITAL
(A Unit of Institute of Gastro and Kidney Care Pvt.Ltd)

Plot No.43-44/1695,Ghatikia, Phone No.-0674 6600000

Bhubaneswar - 751003

GST No -21AACC19709F1ZS

CORPORATE IP FINAL BILL

Pkg+Exc

Bill No	: FB16375	Bill Date	: 31-May-25 4:03:52PM
Admission No	: IP2526-0881	Admitted Dt	: 14-05-2025 9:13PM
Patient Name	: SAUHYAKANTA SAHOO	UHR NO	: IMH36453
Age / Sex	: 23Y(s)/Male	Discharge Date	: 31-05-2025 1:23 pm
Organization	: ABPNJAY GJAY	Admitted Bed	: 4017 A
Consultant	: Dr.P.C DALAI/ S.B DHAL MOHAPATRA	Department	: GASTROENTEROLOGY
Employee No :	: 65465464645	Employee Name	: SAUHYAKANTA SAHOO
Ref. Form No. & Dt.	: 65465464645	Referred For	:
Medical Card No.	: 65465464645	Relationship	: Self

Package Details

Pkg.Cd	Pkg.FromDt	Pkg.ToDt	Service Name	HSN/SAC Code	Pkg Amount	Conc	Amount
MG50DB	14-May-25	14-May-25	C. T. Scan Whole Abdomen With Contrast		5,123.80	0.00	5,123.80
MG033A	14-May-25	18-May-25	Acute pancreatitis		130,680.00	0.00	130,680.00

Package Excludes

Service Dt	Service CQ	Service Name	HSN/SAC Code	Exc.Qty	Rate	Exc.Amount

Total Bill Amount 135,803.80
Org Payable Amount 135,803.80
Organization Due Amt 135,803.80

*Bill charted
31/5*



Patient/ Attendant Signature



IGKC MULTISPECIALTY HOSPITAL
(A Unit of Institute of Gastro and Kidney Care Pvt.Ltd)
Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003
GST NO: 21AACC19709F12S

50

Out Patient Bill - Cum - Receipt

UMR No : IMH36453

P. Name : Mr.SAUMYAKANTA SAHOO

Age/Sex : 23Y(s)/Male

Phone : 8763238260

Address : BIGUNIA
Khordha

Cons No : OP76852

Cons Dt : 10-Jun-2025 08:45 am

Consultant : DR.P.C.DALAI

Department : GASTROENTEROLOGY

Ref By : WALKIN

Insurance/Corp.:

Particulars	Amount (Rs)
Consultation Charges	700

In Words Received Amount Rs. 700.00/
Cash Amt : 700
Recpt Amt : 700
Due Amt : 0

< NEW > Validity :1 Consultation(s) Before 24-JUN-25

Billing Asst : PUNAM1

IMH36453





IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003

(S) 459

11.6.25

GST No:21AACC19709F1ZS OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL93738
Bill Dt : 10-Jun-2025 03:03 pm
Consultant : Dr.CONULTANT RADIOLOGIST
Insurance/Corp. :
Ref By : DR.P.C.DALAI

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	USG OF WHOLE ABDOMEN	ULS105	1	1,150.00	1,150.00

In Words : One Thousand One Hundred Fifty Rupees Only

Bill Amt : 1,150.00
Receipt Amt : 1,150.00

S. No.	Paymode	Payment No	Receipt Amount
1	CASH		1,150.00

Billing Assistant : JITUN



MH36453

CASH RECEIVED
10 JUN 2025
IGKC MULTISPECIALTY HOSPITAL
BHUBANESWAR

(Authorised Signatory)



IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003

GST No:21AACC19709F1ZS
OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL93643
Bill Dt : 10-Jun-2025 08:46 am
Consultant : Dr.P.C.DALAI
Insurance/Corp. :
Ref By : DR.P.C.DALAI

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	CBC	HAE54	1	360.00	360.00
2	LFT(LIVER FUNCTION TEST)	BIO264	1	760.00	760.00
3	NA+K+(SODIUM+POTASSIUM)	BIO648	1	430.00	430.00
4	UREA+CREATNINE	BIO647	1	380.00	380.00

In Words : One Thousand Nine Hundred Thirty Rupees Only

Bill Amt : 1,930.00
Receipt Amt : 1,930.00

S. No.	Paymode	Payment No	Receipt Amount
1	CASH		1,930.00

Billing Assistant : PUNAM1



DELIVERED





IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003

GST No:21AACC19709F1ZS
OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL93723
Bill Dt : 10-Jun-2025 01:06 pm
Consultant :
Insurance/Corp. :
Ref By : WALKIN

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	MRD DOCUMENTATION CHARGES	HSP0026	1	500.00	500.00
	In Words : Five Hundred Rupees Only			Bill Amt :	500.00
				Receipt Amt :	500.00
S. No.	Paymode	Payment No	Receipt Amount		
1	CASH		500.00		

Billing Assistant : PUNAM1



MH36453

CASH RECEIVED
10/JUN/2025

IGKC MULTISPECIALTY HOSPITAL
Bhubaneswar

(Authorised Signatory)



M/s IGKC PHARMACY

A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email - igkchospital@gmail.com
D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO

Bill No : OP25-007896
Bill Date : 11-Jun-2025 02:05:52 PM
Consultant Name : Dr.P.C.DALAI

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	LIVSOURCE 450GM	3004	SLLSC098	Aug-26	1	1,650.00	1,398.31	9.0	125.85	9.0	125.85	1,650.00
Received sum of One Thousand Six Hundred Fifty Rupees Only towards Above Bill												125.85
											Cash Amount	1,650.00
											Receipt Amount	1,650.00

Created By : BIJAY1

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



M/s **IGKC PHARMACY**
A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -igkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

UMR No : IMH36453
Patient Name : SAUMYAKANTA SAHOO

INVOICE

Bill No : OP25-007895
Bill Date : 11-Jun-2025 02:05:18 PM
Consultant Name : Dr.P.C.DALAI

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST		SGST		Bill Amt.
								%	Amt	%	Amt	
1	VELGUT CAP (P)	30049000	GVGC25002	Jul-26	1	291.76	260.50	6.0	14.07	6.0	14.07	291.76
2	CADPAN 25K CAP	3004	JKKC25001	Jan-27	6	514.00	2,753.57	6.0	148.69	6.0	148.69	3,084.00
3	ANTOXID P TAB (P)	2106	ATT24007	Nov-26	1	452.00	383.05	9.0	31.03	9.0	31.03	452.00
4	GOLBI SR 450MG TAB (P)	30049036	N2500592	Jan-28	3	857.25	2,449.29	2.5	55.11	2.5	55.11	2,571.75
5	LEVOTEC 750MG TAB	3004	LFTJ4C2	Sep-26	4	62.00	221.43	6.0	11.96	6.0	11.96	248.00
6	NEXPRO IT CAP(P)	3004	A08932431	Nov-26	2	185.25	330.80	6.0	17.86	6.0	17.86	370.50
Received sum of Six Thousand Three Hundred Sixteen Rupees Only towards Above Bill								278.72	278.72	333.44		
								Discount Amount				701.80
								Net Amount				6,316.21
								Cash Amount				6,316.00
								Receipt Amount				6,316.00

Created By : BIJAY1

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15 Days From The Date Of Sale.
2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



All India Institute of Medical Sciences
अधिकाल भारतीय आयुर्विज्ञान संस्थान भुवनेश्वर
Bhubaneswar, Odisha, India-751019

BILLING SERVICES RECEIPT

CR No. : 219172501497178 DATE&TIME : 23-Jun-2025 10:53:33 BILL No. : 219172250100279/1
NAME : SOUMYAKANTA SAHOO
CATEGORY : GENERAL AGE/SEX : 23 YR/FEMALE ORG. : ---
SERVICE : OPD NORMAL DEPARTMENT: CARDIOLOGY

S.No.	PROCEDURE/INV./SERVICE NAME	LOCATION	RATE(Rs.)	QTY.	DISC.(Rs.)	AMOUNT(Rs)
1	ECHO- (CARD002)	--	100	1 No.	0.00	100.00
						TOTAL AMOUNT 100.00

BILLED AMT 100.00
EXEMPTION/CONCESSION AMT 0.0
COLLECTED AMT 100.00

RUPEES (IN WORD) : ONE HUNDRED RUPEES ONLY
NOTE : AMOUNT, PATIENT SHARE AND CREDIT SHARE ARE IN RS.
MODE OF PAYMENT: Cash
PAYMENT DETAILS:CASH : (AMT::100.00)





IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003

SA 3

GST No:21AACC19709F1ZS
OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL95911
Bill Dt : 30-Jun-2025 07:43 am
Consultant : Dr.P.C.DALAI
Insurance/Corp. :
Ref By : WALKIN

- | SL No | Service Name |
|-------|--------------------------|
| 1 | CBC |
| 2 | GLUCOSE(FASTING) |
| 3 | GLUCOSE(PP) |
| 4 | LFT(LIVER FUNCTION TEST) |
| 5 | CREATININE |
| 6 | USG OF WHOLE ABDOMEN |

Service Cd	Qty	Rate	Amount (Rs)
HAE54	1	360.00	360.00
BIO335	1	130.00	130.00
BIO336	1	130.00	130.00
BIO264	1	760.00	760.00
BIO607	1	200.00	200.00
ULS105	1	1,150.00	1,150.00

Bill Amt : 2,730.00
Receipt Amt : 2,730.00

CASH RECEIVED

30 JUN 2025

IGKC MULTISPECIALTY HOSPITAL
BHUBANESWAR

(Authorised Signatory)

Billing Assistant : PRAGNYA



MH36453

DELIVERED



IGKC MULTISPECIALTY HOSPITAL
(A Unit of Institute of Gastro and Kidney Care Pvt.Ltd)
Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003
GST NO: 21AACC19709F12S

30

Out Patient Bill - Cum - Receipt

UMR No : IMH36453

P. Name : Mr.SAUMYAKANTA SAHOO

Age/Sex : 23Y(s)/Male

Phone : 8763238260

Address : BIGUNIA
Khordha

Cons No : OP78642
Cons Dt : 30-Jun-2025 08:19 am
Consultant : DR.P.C.DALAI
Department : GASTROENTEROLOGY
Ref By : WALKIN
Insurance/Corp.:

Particulars	Amount (Rs)
Consultation Charges	700

In Words Received Amount Rs. 700.00/

Cash Amt : 700
Recpt Amt : 700
Due Amt : 0

< PAY > Validity :1 Consultation(s) Before 14-JUL-25

Billing Asst : PUNAM1

IMH36453



OP78642



CASH RECEIVED
30 JUN 2025
IGKC MULTISPECIALTY HOSPITAL
Bhubaneswar
Authorised Signatory)



M/s IGKC PHARMACY

A Unit of IGKC (P) Ltd.

MOUZA-GHATIKIA, KALINGA NAGAR, BBSR

Phone - (0674)6600000, Email -lgkhospital@gmail.com

D.L.No. : KH-42681/R, 42682/RC, 18355/RS ,GST No : 21AACC19709F1ZS

INVOICE

Patient Name : SOUMYAKANT SAHOO

Bill No : OP25-010101

Bill Date : 01-Jul-2025 12:30:48 PM

Consultant Name : Dr.P.C DALAI(SUPER SPECIALIST)

SNo	Item Desc	HSN_CD	Batch No	Exp Dt	Qty	Rate	Taxable Amt	CGST %	SGST %	Bill Amt.		
1	CADPAN 25K CAP	3004	JKKC25001	Jan-27	2	514.00	917.86	6.0	49.57	6.0	49.57	1,028.00
Received sum of Nine Hundred Twenty-Five Rupees Only towards Above Bill												
49.57												
Discount Amount												
102.80												
Net Amount												
925.20												
Cash Amount												
925.00												
Receipt Amount												
925.00												

Created By : BIJAYI

Note : 1. Damage,Cutting & Cold Chain Items Not To Be Taken Back. Return/Exchange Of Items Will Be Accepted Within 15

Days From The Date Of Sale.

2. No Cash Will Be Refunded Against Any Returned Items.

Signature Of Pharmacist



IGKC MULTISPECIALTY HOSPITAL
(A Unit of Institute of Gastro and Kidney Care Pvt.Ltd)
Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003
GST NO: 21AACC19709F12S

Out Patient Bill - Cum - Receipt

UMR No : IMH36453

P. Name : Mr.SAUMYAKANTA SAHOO

Age/Sex : 23Y(s)/Male

Phone : 8763238260

Address : BIGUNIA
Khordha

Cons No : OP81653

Cons Dt : 30-Jul-2025 08:12 am

Consultant : DR.P.C.DALAI

Department : GASTROENTEROLOGY

Ref By : WALKIN

Insurance/Corp.:

Particulars

Amount (Rs)

Consultation Charges

700

In Words Received Amount Rs. 700.00/

Cash Amt : 700

Recpt Amt : 700

Due Amt : 0

< PAY > Validity :1 Consultation(s) Before 13-AUG-25

Billing Asst : PUNAM1

IMH36453



CASH RECEIVED
30 JUL 2025
(Authorised Signatory)
OP81653





IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000

Bhubaneswar - 751003

GST No:21AACC19709F1ZS

OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL99746
Bill Dt : 30-Jul-2025 08:11 am
Consultant : Dr.P.C.DALAI
Insurance/Corp. :
Ref By : DR.P.C.DALAI

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	GLUCOSE(FASTING)	BIO335	1	130.00	130.00
2	GLUCOSE(PP)	BIO336	1	130.00	130.00
3	LFT(LIVER FUNCTION TEST)	BIO264	1	760.00	760.00
4	CBC	HAE54	1	360.00	360.00
5	NA+K+(SODIUM+POTASSIUM)	BIO648	1	430.00	430.00
6	UREA+CREATNINE	BIO647	1	380.00	380.00
7	USG OF WHOLE ABDOMEN	ULS105	1	1,150.00	1,150.00
Bill Amt :					3,340.00
Receipt Amt :					3,340.00

In Words : Three Thousand Three Hundred Forty Rupees Only

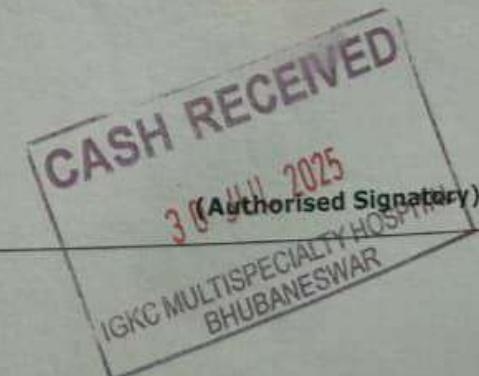
S. No.	Paymode	Payment No	Receipt Amount
1	CASH		3,340.00

Billing Assistant : PUNAM1



MH36453

DELIVERED





IGKC MULTISPECIALTY HOSPITAL
(A Unit of Institute of Gastro and Kidney Care Pvt.Ltd)
Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003
GST NO: 21AACC19709F12S

80

Out Patient Bill - Cum - Receipt

UMR No : IMH36453
P. Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA
Khordha

Cons No : OP84063
Cons Dt : 25-Aug-2025 08:19 am
Consultant : DR.P.C.DALAI
Department : GASTROENTEROLOGY
Ref By : WALKIN
Insurance/Corp.:

Particulars	Amount (Rs)
Consultation Charges	700
In Words Received Amount Rs. 700.00/	
Cash Amt	: 700
Recpt Amt	: 700
Due Amt	: 0

< PAY > Validity : 1 Consultation(s) Before 08-SEP-25

Billing Asst : MADHUSMITA 1

IMH36453





IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000

Bhubaneswar - 751003

GST No:21AACC19709F1ZS

OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23/(s) Male
Phone : 8753238260
Address : BIGUNIA

Bill No : BIL103232
Bill Dt : 27-Aug-2025 11:29 am
Consultant : Dr.P.C.DALAI
Insurance/Corp. :
Ref By : DR.P.C.DALAI

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	USG OF WHOLE ABDOMEN	ULS105	1	1,150.00	1,150.00
In Words : One Thousand One Hundred Fifty Rupees Only		Bill Amt			1,150.00
		Receipt Amt			1,150.00

S. No. Pay mode Payment No Receipt Amount
1 CASH 1,150.00

Billing Assistant : PRUTYUNJAYA

MH36453

CASH RECEIVED

(Authorised Signatory)
27 AUG 2025

IGKC MULTISPECIALTY HOSPITAL
BHUBANESWAR



All India Institute of Medical Sciences
अंडियन आर्टीय अम्युक्षिनान संस्थान भुबनेश्वर
Bhubaneswar, Odisha, India-751019

BILLING SERVICES RECEIPT

CR No. : 219172501497178 DATE&TIME : 27-Aug-2025 09:25:58 BILL No. : 219172250141075/1
NAME : SOUMYAKANTA SAHOO
CATEGORY : GENERAL AGE/SEX : 23 YR/MALE ORG. : ---
SERVICE : OPD NORMAL DEPARTMENT: CARDIOLOGY

S.No.	PROCEDURE/INV./SERVICE NAME	LOCATION	RATE(Rs.)	QTY.	DISC.(Rs.)	AMOUNT(Rs)	
1	ECHO-(CARD002)		100	1	No.	0.00	100.00
						TOTAL AMOUNT	100.00

BILLED AMT 100.00

EXEMPTION/CONCESSION AMT 0.0

COLLECTED AMT 100.00

RUPEES (IN WORD) : ONE HUNDRED RUPEES ONLY
NOTE : AMOUNT, PATIENT SHARE AND CREDIT SHARE ARE IN RS.
MODE OF PAYMENT: Cash
PAYMENT DETAILS: CASH : (AMT::100.00)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
SHIBA PRASAD SAHOO (NA)
AUTHORISED SIGNATORY



IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000

Bhubaneswar - 751003

GST No:21AACC19709F1ZS OP Bill - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL103281
Bill Dt : 28-Aug-2025 07:55 am
Consultant : Dr.P.C.DALAI
Insurance/Corp. :
Ref By : WALKIN

SL No	Service Name	Service Cd	Qty	Rate	Amount (Rs)
1	CBC	HAE54	1	360.00	360.00
2	LFT(LIVER FUNCTION TEST)	BIO264	1	760.00	760.00
3	GLUCOSE(FASTING)	BIO335	1	130.00	130.00
4	GLUCOSE(PP)	BIO336	1	130.00	130.00
5	HBA1C(GLYCOSYLATED HAEMOGLOBIN)	BIO476	1	640.00	640.00
6	HB ELECTROPHORESIS	HAE56	1	1,130.00	1,130.00
7	UREA+CREATNINE	BIO647	1	380.00	380.00
8	NA+K+(SODIUM+POTASSIUM)	BIO648	1	430.00	430.00

In Words : Three Thousand Nine Hundred Sixty Rupees Only

Bill Amt : 3,960.00
Receipt Amt : 3,960.00

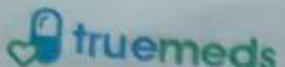
S. No.	Paymode	Payment No	Receipt Amount
1	CASH		3,960.00

Billing Assistant : PREETI



MH36453

CASH RECEIVED
28 AUG 2025
IGKC MULTISPECIALTY HOSPITAL
(Authorised Signatory)
BHUBANESWAR



Tax Invoice

Invoice No: INV3326-00007713

Order ID: 34673355

Invoice Date: 2025-08-30

BILL FROM

ANKW Pharma Retail Private Limited

Ankw Pharma Retail Private Limited, Plotno-3161, 3162, Cuttack Puri Bypass Pandra
Bber, Near Second Wife Kitchen

ORDER PLACED BY: Saumyakanta Sahoo

PATIENT NAME: Saumyakanta Sahoo

C/O - Chetradhar Sahoo, House No - 37, Belpatana, At-
Belpatana, Po-Kunjuri, Block-Seguni, Pa-Khordha Sader, Dist-
Khordha, Near Balpatana Shiva Temple, Godi Playground-
Belpatana, Near Lokanatha Temple-Baripada, Khordha District,
Orissa, 752056, India.T&C Apply*
Scan the QR to read

Supplier GSTIN: 21ABSCA6074H1ZZ

FSSAI License Number: 12025019000031

Doctor: Dr. Sechin Singh

DL No: ODRET07607/R,ODRET07608/RC

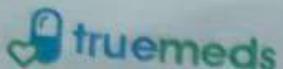
CIN: U47720MH2024PTC434474

Place of Supply: OO

Sr.	Item Name	Manufacturer Name	HSN	Batch No.	Exp. Date	MRP	Qty.	MRP Total	Discount	Taxable Amt.	GST%	GST Amt.	Total Amt.
1	Livsource Mango Flavour Sugar Free Powder 450gm	Invig Healthcare Pvt Ltd	30049029	SLLSM078	06/26	1650.0	1	1650	330	1118.64	18.0%	201.36	₹1320

Taxable Amt.	CGST%	CGST Amt.	SGST%	SGST Amt.	MRP Total	₹1650.0
1127.96	9.0	101.52	9.0	101.52	Packaging & Handling Charge (GST@18.0%)	₹33.0 ₹11.0
Cash Handling Charge SAC: 996819						
Delivery Charges (GST@18.0%)					₹40.0	₹0.0
MRP Discount Amount						-₹330.0
Bill Amount						₹1331
TM Reward						-₹100.0
Payable Amount						₹1231.0

Pharmacist Signature



Tax Invoice

Invoice No: INV3326-00007713

Order ID: 34673355

Invoice Date: 2025-08-30

BILL FROM

ANKW Pharma Retail Private Limited

Ankw Pharma Retail Private Limited, Plotno-3161, 3162, Cuttack Puri Bypass Pandra
Bber, Near Second Wife Kitchen

ORDER PLACED BY: Saumyakanta Sahoo

PATIENT NAME: Saumyakanta Sahoo

C/O - Chetradhar Sahoo, House No - 37, Belpatana, At-
Belpatana, Po-Kunjuri, Block-Seguni, Pa-Khordha Sader, Dist-
Khordha, Near Balpatana Shiva Temple, Godi Playground-
Belpatana, Near Lokanatha Temple-Baripada, Khordha District,
Orissa, 752056, India.T&C Apply*
Scan the QR to read

Supplier GSTIN: 21ABSCA6074H1ZZ

FSSAI License Number: 12025019000031

Doctor: Dr. Sechin Singh

DL No: ODRET07607/R,ODRET07608/RC

CIN: U47720MH2024PTC434474

Place of Supply: OO

Sr.	Item Name	Manufacturer Name	HSN	Batch No.	Exp. Date	MRP	Qty.	MRP Total	Discount	Taxable Amt.	GST%	GST Amt.	Total Amt.
1	Livsource Mango Flavour Sugar Free Powder 450gm	Invig Healthcare Pvt Ltd	30049029	SLLSM078	06/26	1650.0	1	1650	330	1118.64	18.0%	201.36	₹1320

Taxable Amt.	CGST%	CGST Amt.	SGST%	SGST Amt.	MRP Total	₹1650.0
1127.96	9.0	101.52	9.0	101.52	Packaging & Handling Charge (GST@18.0%)	₹33.0 ₹11.0
Cash Handling Charge SAC: 996819						
Delivery Charges (GST@18.0%)					₹40.0	₹0.0
MRP Discount Amount						-₹330.0
Bill Amount						₹1331
TM Reward						-₹100.0
Payable Amount						₹1231.0

Pharmacist Signature



IGKC MULTISPECIALTY HOSPITAL

(A Unit of Institute of Gastro and Kidney Care Pvt.Ltd)

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000

Bhubaneswar - 751003

GST NO: 21AACC19709F12S

Out Patient Bill - Cum - Receipt

UMR No : TMH36453
P. Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA
Khordha

Cons No : OP88011
Cons Dt : 06-Oct-2025 08:17 am
Consultant : DR.P.C.DALAI
Department : GASTROENTEROLOGY
Ref By : WALKIN
Insurance/Corp.:

Particulars	Amount (Rs)
Consultation Charges	700
In Words Received Amount Rs. 700.00/	
Cash Amt :	0
Recpt Amt :	700
Due Amt :	0
Cheque Amt :	700

< PAY > Validity :1 Consultation(s) Before 20-OCT-25

Billing Asst : MADHUSMITA 1

TMH36453





IGKC MULTISPECIALTY HOSPITAL

Plot No.43-44/1695,Ghatikia, Phone No- 0674 6600000
Bhubaneswar - 751003

GST No:21AACC19709F1ZS OP BILL - Cum - Receipt

UMR NO : IMH36453
Patient Name : Mr.SAUMYAKANTA SAHOO
Age/Sex : 23Y(s)/Male
Phone : 8763238260
Address : BIGUNIA

Bill No : BIL108063
Bill Dt : 06-Oct-2025 08:17 am
Consultant : Dr.P.C.DALAI
Insurance/Corp. :
Ref By : DR.P.C.DALAI

SL No Service Name

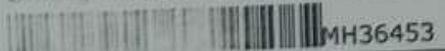
Service Cd	Qty	Rate	Amount (Rs)
HSP526	1	3,000.00	3,000.00
Bill Amt	:		3,000.00
Receipt Amt	:		3,000.00

1 FIBROSCAN

In Words : Three Thousand Rupees Only

S. No.	Paymode	Payment No	Receipt Amount
1	CHEQUE	101637081187	3,000.00

Billing Assistant : MADHUSMITA 1



MH36453

CASH RECEIVED

06 OCT 2025

IGKC MULTISPECIALTY HOSPITAL

(Authorised Signatory)

Bill Details



You saved ₹3100.53 on this order

MRP ₹12032.50

Discount -₹2400.53

Coupon (**SUPERFLASH28**) -₹700.00

Taxes and charges ⓘ ₹11.00

Cash handling charge ⓘ ₹29.00 FREE

Delivery charge ₹149.00 FREE

Estimated Payable ⓘ ₹8942.97

inclusive of all taxes

BILL FROM

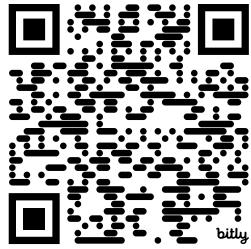
ANKW Pharma Retail Private Limited

Khatian No.-777 J.L.No.04 Mouza - Sandhipur Foodpark Vill Sandhipur Ground Floor Master Plot No.F-3 R.S. Dag Nos. 959 961 962 963 All Part P.O.- Joynagar P.S.- Sankrail Howrah Howrah Pin- 711302

ORDER PLACED BY: Saumyakanta Sahoo

PATIENT NAME: Saumyakanta Sahoo

C/O - Chakradhar Sahoo, House No - 37, Balipatana, At-Balipatana,Po-Kunjuri,Block-Begunia,Ps-Khordha Sadar,Dist-Khordha, Near Balipatana Shiva Temple, Godi Playground-Balipatana, Near Lokanatha Temple-Barapada, Khordha District, Orissa, 752056, India.



T&C Apply*
Scan the QR to read

Supplier GSTIN: 19ABBCA6074H1ZK

FSSAI License Number: 12824008000267

Doctor: Dr. satya Naraya

DL No: WB/HWH/NBO/R/756368, WB/HWH/BIO/R/756368

CIN: U47720MH2024PTC434474

Place of Supply: OD

Sr.	Item Name	Manufacturer Name	HSN	Batch No.	Exp. Date	MRP	Qty.	MRP Total	Discount	Taxable Amt.	GST%	GST Amt.	Total Amt.
1	Antoxid P Tablet 15	Dr. Reddys Laboratories Ltd	21069099	ATT2500 2	03/27	498.0	1	498	88.64	346.92	18.0%	62.44	₹409.36
2	Atocor 10 Tablet 15	Dr. Reddys Laboratories Ltd	30049099	E250003 8	11/26	82.9	2	165.8	31.29	120.1	12.0%	14.41	₹134.51
3	Dytor E 10 Combikit Tablet 20	Cipla Ltd.	30049099	FK00325 002	12/26	334.97	2	669.94	174.19	442.63	12.0%	53.12	₹495.75
4	Glycomet 500 Sr Tablet 20	Usv Pvt Ltd	30049099	60001622	10/27	44.0	1	44	6.6	33.39	12.0%	4.01	₹37.4
5	Glycomet 500 Sr Tablet 20	Usv Pvt Ltd	30049099	60001655	10/27	44.0	1	44	6.6	33.39	12.0%	4.01	₹37.4
6	Livsource Mango Flavour Sugar Free Powder 450gm	Invig Healthcare Pvt Ltd	30049029	SLLSM07 8	06/26	1650.0	1	1650	429	1034.75	18.0%	186.25	₹1221
7	Metolar Xr 25 Capsule 15	Cipla Ltd.	30049099	4BA2675	09/26	90.84	2	181.68	47.24	120.04	12.0%	14.4	₹134.44
8	Nurokind Plus Rf Capsule 10	Mankind Pharmaceuticals Ltd.	30045036	D15Y008	07/26	119.9	3	359.7	93.52	237.66	12.0%	28.52	₹266.18
9	Ramistar 1.25 Tablet 15	Lupin Ltd	30049099	UB00445	01/27	123.25	2	246.5	64.09	162.87	12.0%	19.54	₹182.41
10	Telday 20 Tablet 15	Torrent Pharmaceuticals Ltd.	30049099	2MJ8M00 1	12/27	65.16	2	130.32	21.58	97.09	12.0%	11.65	₹108.74
11	Udapa 10 Tablet 10	Usv Pvt Ltd	30049099	48020163	03/27	151.0	1	151	39.26	99.77	12.0%	11.97	₹111.74
12	Udapa 10 Tablet 10	Usv Pvt Ltd	30049099	48019713	08/26	141.2	2	282.4	73.42	186.59	12.0%	22.39	₹208.98
13	Ursocol Sr 450 Tablet 15	Sun Pharma Laboratories Ltd.	30049099	SIG0714A	08/27	866.0	1	866	225.16	610.32	5.0%	30.52	₹640.84
14	Ursocol Sr 450 Tablet 15	Sun Pharma Laboratories Ltd.	30049099	SIF2482A	04/27	866.0	2	1732	450.32	1220.65	5.0%	61.03	₹1281.68
15	Veltam 0.4 Tablet 15	Intas Pharmaceuticals Ltd	30049099	N250070 3	02/28	225.0	2	450	117	297.32	12.0%	35.68	₹333

Taxable Amt.	IGST%	IGST Amt.
1830.85	12.0	219.7
1830.97	5.0	91.55
1390.99	18.0	250.38

Packaging & Handling Charge SAC: 998549

Shipping charge SAC: 996511

Cash Handling Charge SAC: 996819



MRP Total	₹7471.34
Packaging & Handling Charge (GST@18.0%)	₹33.0 ₹11.0
Delivery Charges (GST@18.0%)	₹40.0 ₹0.0
MRP Discount Amount	-₹1472.55
Coupon Discount	-₹395.35
Bill Amount	₹5614.44
Payable Amount	₹5614.44

Note: This is a computer generated paid invoice, signature not required. Signed physical copy of the invoice has already been shared with your order.

BILL FROM

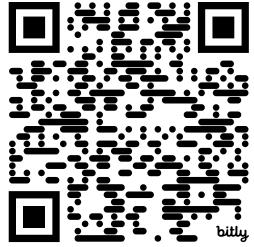
ANKW Pharma Retail Private Limited

Khatian No.-777 J.L.No.04 Mouza - Sandhipur Foodpark Vill Sandhipur Ground Floor Master Plot No.F-3 R.S. Dag Nos. 959 961 962 963 All Part P.O.- Joynagar P.S.- Sankrail Howrah Howrah Pin- 711302

ORDER PLACED BY: Saumyakanta Sahoo

PATIENT NAME: Saumyakanta Sahoo

C/O - Chakradhar Sahoo, House No - 37, Balipatana, At-Balipatana,Po-Kunjuri,Block-Begunia,Via-Pallahat,Ps-Khordha Sadar,Dist-Khordha, Near Balipatana Shiva Temple, Godi Playground-Balipatana, Near Lokanatha Temple-Barapada, Khordha District, Orissa, 752056, India.



T&C Apply*
Scan the QR to read

Supplier GSTIN: 19ABBCA6074H1ZK

FSSAI License Number: 12824008000267

Doctor: Dr. Kavya Chhabra

DL No: WB/HWH/NBO/R/756368, WB/HWH/BIO/R/756368

CIN: U47720MH2024PTC434474

Place of Supply: OD

Sr.	Item Name	Manufacturer Name	HSN	Batch No.	Exp. Date	MRP	Qty.	MRP Total	Discount	Taxable Amt.	GST%	GST Amt.	Total Amt.
1	Antoxid P Tablet 15	Dr. Reddys Laboratories Ltd	21069099	ATT2500 2	03/27	498.0	2	996	177.29	693.82	18.0%	124.89	₹818.71
2	Atocor 10 Tablet 15	Dr. Reddys Laboratories Ltd	30049099	E2500627	03/27	84.34	2	168.68	31.81	122.21	12.0%	14.66	₹136.87
3	Dytor E 10 Combikit Tablet 20	Cipla Ltd.	30049099	FK00325 005	02/27	334.97	1	334.97	84.33	223.79	12.0%	26.85	₹250.64
4	Glycomet 500 Sr Tablet 20	Usv Pvt Ltd	30049099	60001704	11/27	44.0	3	132	19.8	100.18	12.0%	12.02	₹112.2
5	Kabvie 20 Tablet 10	Torrent Pharmaceuticals Ltd.	30049039	TVB2506 04	05/27	185.8	3	557.4	140.33	372.38	12.0%	44.69	₹417.07
6	Livsource Mango Flavour Sugar Free Powder 450gm	Invig Healthcare Pvt Ltd	30049029	SLLSM07 8	06/26	1650.0	1	1650	415.41	1046.26	18.0%	188.33	₹1234.59
7	Metolar Xr 25 Capsule 15	Cipla Ltd.	30049029	4BA2675	09/26	90.84	2	181.68	45.74	121.37	12.0%	14.57	₹135.94
8	Nurokind Plus Rf Capsule 10	Mankind Pharmaceuticals Ltd.	30049099	D15Y012	09/26	129.9	3	389.7	98.11	260.35	12.0%	31.24	₹291.59
9	Ramistar 1.25 Tablet 15	Lupin Ltd	30049099	UB01334	05/27	123.25	2	246.5	62.06	164.68	12.0%	19.76	₹184.44
10	Telday 20 Tablet 15	Torrent Pharmaceuticals Ltd.	30049099	2MJ8M00 1	12/27	65.16	2	130.32	21.58	97.09	12.0%	11.65	₹108.74
11	Udapa 10 Tablet 10	Usv Pvt Ltd	30049029	48020163	03/27	151.0	3	453	114.05	302.63	12.0%	36.32	₹338.95
12	Ursocol Sr 450 Tablet 15	Sun Pharma Laboratories Ltd.	30049029	SIG0714A	08/27	866.0	4	3464	872.12	2468.46	5.0%	123.42	₹2591.88
13	Veltam 0.4 Tablet 15	Intas Pharmaceuticals Ltd	30049099	N250067 7	02/28	225.0	2	450	113.29	300.63	12.0%	36.08	₹336.71

Taxable Amt.	IGST%	IGST Amt.
2065.31	12.0	247.83
2468.46	5.0	123.42
1749.4	18.0	314.89

Cash Handling Charge SAC: 996819



MRP Total	₹9154.25
Packaging & Handling Charge (GST@18.0%)	₹33.0 ₹11.0
Delivery Charges (GST@18.0%)	₹40.0 ₹0.0
MRP Discount Amount	-₹1795.93
Coupon Discount	-₹400.0
Bill Amount	₹6969.32
Payable Amount	₹6969.33

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BILL FROM

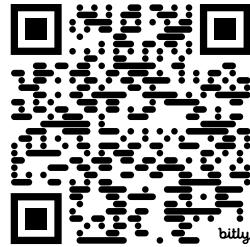
ANKW Pharma Retail Private Limited

Khatian No.-777 J.L.No.04 Mouza - Sandhipur Foodpark Vill Sandhipur Ground Floor
Master Plot No.F-3 R.S. Dag Nos. 959 961 962 963 All Part P.O.- Joynagar P.S.-
Sankrail Howrah Howrah Pin- 711302

ORDER PLACED BY: Saumyakanta Sahoo

PATIENT NAME: Saumyakanta Sahoo

C/O - Chakradhar Sahoo, House No - 37, Balipatana, At -
Balipatana, Po- Kunjuri, Block- Begunia, Ps - Khordha Sadar, Dist -
Khordha, Near Shiva Temple, Godi Playground - Balipatana,
Near Shiva Temple - Barapada, Khordha District, Orissa, 752056,
India.



T&C Apply*
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Supplier GSTIN: 19ABBCA6074H1ZK

FSSAI License Number: 12824008000267

Doctor: Dr. Shakeel Ahmad

DL No: WB/HWH/NBO/R/756368, WB/HWH/BIO/R/756368

CIN: U47720MH2024PTC434474

Place of Supply: OD

Sr.	Item Name	Manufacturer Name	HSN	Batch No.	Exp. Date	MRP	Qty.	Total Amt.	Discount	Taxable Amt.	GST%	GST Amt.	Final Amt.
1	Cad Pan Pe 25k Capsule 10	Cadila Pharmaceuticals Ltd	30049099	JKKC240 03	03/26	470.0	2	940	188.0	671.43	12.0%	80.57	₹752.0
2	Dytor E 10 Combitkit Tablet 20	Cipla Ltd.	30049099	FK00325 002	12/26	334.97	1	334.97	66.99	239.27	12.0%	28.71	₹267.98
3	Metolar Xr 25 Capsule 15	Cipla Ltd.	30049074	4BA3011	10/26	90.84	2	181.68	36.34	129.77	12.0%	15.58	₹145.34
4	Ramistar 1.25 Tablet 15	Lupin Ltd	30049099	UB00445	01/27	123.25	2	246.5	49.3	176.07	12.0%	21.13	₹197.2
5	Udapa 10 Tablet 10	Usv Pvt Ltd	30049099	48019713	08/26	141.2	2	282.4	56.48	201.71	12.0%	24.21	₹225.92
6	Udapa 10 Tablet 10	Usv Pvt Ltd	30049099	48019547	06/26	141.2	1	141.2	28.24	100.86	12.0%	12.1	₹112.96

Taxable Amt.	IGST%	IGST Amt.
1519.11	12.0	182.3
9.32	18.0	1.68

Packaging & Handling Charge SAC: 998549 | Shipping charge SAC: 996511 | Cash Handling Charge SAC: 996819



Total Amount	₹2126.75
Packaging & Handling Charge (GST@18%)	₹30.0 ₹11.0
Delivery Charges (GST@18%)	₹40.0 ₹0.0
Discount Amount	- ₹425.35
Final Amount	₹1712.4
Coupon Discount	-₹63.8
Payable Amount	₹1648.6

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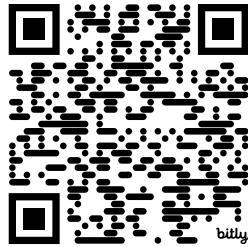
ANKW Pharma Retail Private Limited

Khatian No.-777 J.L.No.04 Mouza - Sandhipur Foodpark Vill Sandhipur Ground Floor
Master Plot No.F-3 R.S. Dag Nos. 959 961 962 963 All Part P.O.- Joynagar P.S.-
Sankrail Howrah Howrah Pin- 711302

ORDER PLACED BY: Saumyakanta Sahoo

PATIENT NAME: Saumyakanta Sahoo

C/O - Chakradhar Sahoo, House No - 37, Balipatana, At-Balipatana,Po-Kunjuri,Block-Begunia,Ps-Khordha Sadar,Dist-Khordha, Near Balipatana Shiva Temple, Godi Playground-Balipatana, Near Lokanatha Temple-Barapada, Khordha District, Orissa, 752056, India.



T&C Apply*
Scan the QR to read

Supplier GSTIN: 19ABBCA6074H1ZK

FSSAI License Number: 12824008000267

Doctor: Dr. Sachin Singh

DL No: WB/HWH/NBO/R/756368, WB/HWH/BIO/R/756368

CIN: U47720MH2024PTC434474

Place of Supply: OD

Sr.	Item Name	Manufacturer Name	HSN	Batch No.	Exp. Date	MRP	Qty.	MRP Total	Discount	Taxable Amt.	GST%	GST Amt.	Total Amt.
1	Lamino Gi Plus Vanilla Flavour No Added Sugar Powder 200gm	La Renon Healthcare Private Limited	21069099	LGV2500 2	06/26	1021.0	1	1021	173.57	718.16	18.0%	129.27	₹847.43

Taxable Amt.	IGST%	IGST Amt.
727.48	18.0	130.95

Packaging & Handling Charge SAC: 998549 | Shipping charge SAC: 996511 | Cash Handling Charge SAC: 996819



MRP Total	₹1021.0
Packaging & Handling Charge (GST@18.0%)	₹39.0 ₹11.0
Delivery Charges (GST@18.0%)	₹40.0 ₹0.0
MRP Discount Amount	-₹173.57
Bill Amount	₹858.43
Payable Amount	₹858.43

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