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Name: : dsada

Date: : 12-11-2025

Consult Dr: : sadsa

Bill No: : BILL016

S. No	Service Name	Qty	Amount	Total Amt
1	sadasd	1	₹ 23.00	₹ 23.00
2	Consulting (Dr.sadsa)	1	₹ 9	₹ 9
Amount in words:	: FORTY ONE		Sub Total	41
Payment Mode:	: -		Discount	0%
			Total	₹ 41

The above payment is made as per my requirement and with my full consent.