**SWASTIK HEALTH CLINIC**

Swastik Chowk, Bharatpur-11

PAN No.: 300967690

Bill No.: [----] Date: DD/MM/YYYY

Name: [Customer Name]

SN. Procedure Amount

[Bill]

Total: [TTTTT.00]

Discount: [DDDDD.00]

Net Total: [NNNNN.00]

Payment Type:[PPPPPPPPPPP]

**Hiraman Maharjan**

**| Received by |**