



CPIM.0000135442

Bill of Supply

Name : Mr. SUMIT KUMBHAKARN
Age/Gender : 23Yrs 3Mths 18Days / Male
Contact No. : 9370059280
UHID : CPIM.0000135442
Address : NIGADI,P.C.n.t.,Pune,Maharashtra

Bill No. : CPIM-OCS-95272
Bill/Reg Date : 13/12/2025, 07:34:26 am
Referred by : Self
Prescribed Doctor : --
Emp No/Auth Code : --
Center : Pimpri

#	Department	Description of Service	SAC Code	Qty	Rate	Gross Value	Discount	Tax	Net Value
1	Other charge	REGISTRATION FEE	--	1	100.00	100.00	100.00	0.00	0.00
2	Package	APOLLO PROHEALTH MASTER CHECK	--	1	8799.00	6159.30	2639.70	0.00	6159.30

Apollo Health and Lifestyle Limited

(CIN - U85110TG2009PLC115819)
 Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor ; Ameerpet, Hyderabad 500038, Telangana. |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINIC NETWORK

Telangana: **Hyderabad** (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) **Andhra Pradesh:** Vizag (Seethamma Peta) **Karnataka:** Bangalore (Basavangudi | Bellandur | Electronics City | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla) **Tamilnadu:** Chennai (Annanagar | Kotturpuram | T Nagar) Valasaravakkam | Velachery) **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Vimran Nagar | Wanowrie | Kharadi) **Uttar Pradesh:** Ghaziabad (Indrapuram)

Online appointments: www.apolloclinic.com

GSTIN: 27AADCA0733E1Z7

Address:
 Shop No. : 14 to 20, City Pride building, Sector - 25, Next to BHEL Chowk, Nigdi Pradhikaran, Pune - 411004.

1860 500 7788

Payments	Receipt No	Mode	Ref.No	Amount		Bill Amount	:	8899.00
Settlement						Total Discount	:	2739.70
13-Dec-2025	CPIMRCA101658	Phonepe	HDF1676b60620aa4c08af73e7d463693167	6159.30		Net Amount	:	6159.30
						Patient Payable	:	6159.30
						Patient Paid	:	6159.30
						Paid Amount	:	6159.30

Received With Thanks: Six Thousand One Hundred And Fifty-Nine Rupee And Thirty Paise Only

Authorized Signature (. Revati Ananta Taware)

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