						The Fmer	gency Specialist
33/	AAACA5443N3ZN	OP Cash Bill -Bill of Supp	You .	Reference	ce No :		135
Name	: Miss PRANAVI BHARANIDHARAN	Age: 7Yr 4Mth 20D	ITALS ays: s	UHID: AC01	.0005441367	0	me. Saving lives
ather Name	e : BHARANIDHARAN	OGA, FORMAIO			 	i iiii i iiii iiii ii ii	
Address	: 20 BHARATHIDASAN STREE MANAVALANAGAR Tiruvallur Nadu India 602002, CellNo:91-9884111384			OP Number:	CHNAH963	052	
Pan Numbe	r:						, "
Doctor's Na	me : Dr. APHC Immigration : GENERAL MEDICINE				1H-OCS-7408 -Oct-24	Time:	9:27:41
2:II Amount	: ₹. 3,900.00			FOR APOLLO	UOSDITAI S		
	ords: ₹ Three Thousand Nine Hund	lred Only		TONAI OLLO	HOOFTALO		ø
S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount	(INR)
	Health Checkup(999311)						
1	CANADIAN IMMIGRATION PACK II - 5 TO 11 YEARS	Apollo Health Check	1	3,900.00	0.00		3,900.00
					Sub Total		3,900.00
Service Amo	ount :			,			3,900.00
Total Bill An	nount						3,900.00
inal Payme	ent	(Cash:0.00, NonCash:3,	900.00)	· · · · · · · · · · · · · · · · · · ·			3,900.00
Receipt Deta	ayable on Reverse Charge Basis ails: Received with thanks sum of ousand Nine Hundred Only From		HARAN				
	es Cancelled Services es Quick Registration					Authorized	Signatory



Mr. Barathkargil S

Cashier

Keep the records carefully and bring them along during your next visit to our hospital

Online Payment access- https://pay.apollohospitals.com





Name : Miss PRANAVI BHARANIDHARAN

OP Number: OHNAH963052

Bill No: CMH-OC\$-7408804

Package Information	Packag	e Inf	forma	ation
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.No	Service Type/Service Name	Department
1	CANADIAN IMMIGRATION PACK II - 5 TO 11 YEARS	
1	PHYSICAL EXAMINATION/CONSULTATION BY INTERNAL MEDICINE SPECIALIST	General Medicine
2	URINE ROUTINE (CUE)	Haematology

Amount saved on availing Health Check Package INR 0

Note: Cancellation of individual test will not be refunded.

Save on Tax under 80 D - up to 30% of Rs 5000 /- (amount spent on Preventive Health Check)



Keep the records carefully and bring them along during your next visit to our hospital