



105514AMRI Hospitals Sallake

JC 16 1 / SALT

North 24 Parganas

DATE : 15/07/2024 TIME : 12:30:04
MID : 03713400/750789 TID : 42778396
BATCH: 000033 INVOICE : 000410

SALE

CARD NUM : xxxxxxxxxxxx4010 Chip
CARD TYPE : RUPAY
APPR CODE : 054326 RRN NO : 419712987926

CID : A0000005241010
LABEL : RuPay Debit
TSI : E800
TVR : 0080048000
TC : A880304C8581805B

AMOUNT : ₹24060.00

PIN VERIFIED OK, SIGNATURE NOT REQUIRED
CCBLTD 015337

I AGREE TO PAY AS PER CARD ISSUER AGREEMENT
Innoviti uniPAY NEXT (ver1.0)

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alt Lake City, Kolkata 700106 KB-24, Salt Lake City, Sector-3, Kolkata 700 106
4 7700/033 6606 3800 CIN: U85110WB1986PTC040525

BILL OF SUPPLY

1
ale
TOWN RAJARHAT NORTH 24 PARGANAS
56
Y MEDICINE & PULMONOLOGY MBK
BAID

Episode No : 026000028038
Episode Date: 15/07/2024
Bill No. : MBK240CS0039257
Bill Date : 15/07/2024 12:30PM
Phone : 7863932740
GSTIN : 19AAECS6786N1ZD

	Unit	Price	SAC	Amount
	1	2210.00		2210.00
	1	830.00	999316	830.00
	1	880.00	999316	880.00
ACTERIA	1	1660.00	999316	1660.00
	1	880.00	999316	880.00
5 AFB SMEAR/Z.N.STAINING	1	3490.00	999316	3490.00
6 RAPID AFB CULTURE (TB BACTERIA / MGIT)	1	3310.00	999316	3310.00
7 XPERT MTB/RIF ASSAY (GENEXPERT)	1	1980.00	999316	1980.00
8 FUNGUS CULTURE	1	8820.00	999311	8820.00

Total : 24060.00

Amount Paid : 24060.00

(Received with thanks a sum of Rupees Twenty Four Thousand Sixty only)

Payment Details

#	Mode	Particulars	Receipt Amt.	Amt. Adjusted
1	Online Payment No.	xxxxxxxxxxxx4010 dated 15/07/2024.	24060.00	24060.00

Total 24060.00

Generated/Printed By
(Ankita Chowdhury)



- 1) Report Delivery Time : Monday to Saturday 09:00AM-08:00PM, Sunday and holidays 9:00AM-2:00PM
2) For HomeCollection, please call 8584034625 (08:00AM - 08:00PM)

Bank : AXIS BANK
Batch : 064326
ApprCode : 000033

TID : 42778396
CType : VISA
Invoice : 5229969

Registered Office : Manipal Hospitals (East) India Private Limited
Manipal Hospitals (East) LTD, Regd. Off. P-4 & 5, C.I.T Scheme-LXXII Block A, Gariahat Road, Kolkata 700 029 | P +913366260000
CIN : U85110WB1986PTC040525
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