

IMAGE CT SCAN CENTRE

25/25L, OPP MEDAM FILLING STATION, SANJEEVA NAGAR GATE, NANDYAL

Contact No: 08514-243243, cell: 9908252243

CASH BILL

Patient Name : S.LATHIF Age / Gender : 30 / Male Phone. No : 7095056455

Ref.Dr. Name : Dr MADHU SUDHAN RAO

SI No Investigation Name

1 CT PNS

Charges 3,000.00

No.ofTimes

Bill No

Bill Date

Bill Time

UHID

Net Charges

: CR028531

: 11:21 AM

: stcd28579

: 08/01/2024

3,000.00

Sub Total Net Total

3,000.00 3,000.00

InWords: Rs. Three Thousand Only

Authorized Signature

ANIL MEDICAL & FANCY STORES

For

TAX INVOICE MEDICAL & FANCY STORES

D.NO-444-D1,C/O MADHU MANI COMPLEY NANDYAL KURNOOL-PH NO-9390351420

TO LATHIF Dr Name: C. MADHU SUDAN RAO, MS.ENT	GSTN : STATE:	IMMOICE ND : 2021-22 41472 MODE : Cash DATE : 08/01/2024					
MFR HSN CODE PRODUCT NAME PACK	BATCH EXPLT	M.R.P	OTY	RATE	GST		GROSS AM
1 30049099 MONTEMAC AL TAB. 10 PH	UAH58 09/25	19.10	10.0	19.10	12.0		191.00
No Of Items : 1 Units : 10.0 GST TAXY TAXABLE AMT CGST AMT GGST AMT			Gross Amount : DISCOUNT AMT :			191.00	
9% 5%				TAYABLI TOTAL (AMT	:	170.54 10.23
12% 176.54 16.23 16.2 18%	3			TOTAL S	SGST O DFF		10.23
28% Rs. :Rupees One Hundred Winety One Only	y			NET AM	JUNT		191.40

Note: Goode Sold Cannot BeTaken Back Only Exchange Allowed

జ ఆసుపత్రి: 243210, 226666 సెల్ : 6301609093 మధుమణి నల్దంగ్ హా బాలాజ కాంప్లెక్స్, సంద్యాల-518501. **ಡೌ**။ సి. ಮಡೆඩ්ඩ් ಡ್ಗಾ ಸಿ. ಮಧುಸುಾದನರಾವು B.Sc., M.B.B.S., D.G.O. M.B.B.S., M.S. (ENT)., M.S.(P.G.I. Chandigarh), D.L.O., D. N.B. (ENT) Regd. No.93914 Regd, No. 18168 Regd. No. 15005 Bill No. 19 Date : Name :... Amount Nature of Fees Rs. Ps. Advance Signature