

JEEVIKA PHARMA**[UNIT OF JEEVIKA HOSPITALS PVT LTD]**

DL.No. KA-B05-105798/ KA-B05-105799/ KA-B61-138768, GST No:29AACCJ6372K123, CIN No.u85110KA2011PTC057285 & PAN No. AACCJ6372K

#95/3,GF,MARATHAHALLI,DODDANEKUNDI,BANGALORE-560037.PH: 080 30766712

CASH BILL(Tax Invoice)

| | | |
|------------------------------|--|---|
| Patient : MANISH | Age/Sex : | Mobile No. : |
| Type : Walkin | Issue Type/No : Cash/JH/PH/WIS/23031093 | Issue Date : 04/07/2023 13:21:16 |
| Doctor : Dr. CMO | Sponsor : CASH | Dispensor : Miss. YOGITA VAISHNAVA |
| Reg/IP No. : | UHID : | Tax Inv No. : TII25475 |
| P.Address : | | Sponsor GSTIN : |
| S.Address : Bengaluru | | S.StateCode : 28 |

| S.No. | Description | HSN Code | Mfg. | Batch No | Expiry | UOM | Qty | MRP | Total | CGST% | CGST Amt | SGST% | SGST Amt |
|-------|-----------------------|----------|---------|-------------|--------|-----|-----|-------|-------|-------|----------|-------|----------|
| 1 | PANSEC 40MG IV | 30049039 | CIPLA | C22DP118 | 08/24 | PCS | 1 | 50.40 | 50.40 | 6 | 2.70 | 6 | 2.70 |
| 2 | EMESET 2ML INJ | 30049035 | CIPLA | A030063 | 01/26 | PCS | 1 | 11.91 | 11.91 | 6 | 0.64 | 6 | 0.64 |
| 3 | 2ML SYRINGE (OMNIVAN) | 90183100 | BBRAUN | 22L12M8201. | 09/27 | PCS | 2 | 12.00 | 24.00 | 6 | 1.29 | 6 | 1.29 |
| 4 | SV SET 20G | 9018-20 | ROMSONS | G221211039 | 11/27 | PCS | 1 | 25.00 | 25.00 | 6 | 1.34 | 6 | 1.34 |

| | | | | | |
|-------------------------|------------------------------|---------------------------|------------------------------|--------------------------|----------------------------|
| AMOUNT IN INR() | Total : 111.31 | Discount : 0.00 | Net : 111.31 | Round off : -0.31 | Net(Round) : 111.00 |
| CGST Amt: 5.96 | SGST Amt: 5.96 | | C.Payable : 111.00 | C.Paid : 111.00 | Due : 0.00 |
| | Sponsor Payable: 0.00 | Sponsor Paid: 0.00 | Sponsor Balance: 0.00 | Write Off: 0.00 | Card Charges: 0.00 |

| | | | | |
|----------------------------------|---------------------------------------|--|------------------|------------------------|
| Payment Mode | Bank | Mode No. | Mode Date | Amount |
| EFT | HDFC BANK | 8196 | 04/07/2023 | 111.00 |
| Receipt No. : PSR12320328 | Date : 04/07/2023 13:21:16 | Generated By : Miss. YOGITA VAISHNAVA | | Amount : 111.00 |
| Grand Total : 111.00 | One Hundred Eleven Rupees Only | | | |

| | | | |
|-------------|--------------------|-----------------|-----------------|
| GST% | Taxable Amt | CGST Amt | SGST Amt |
| 12% | 99.38 | 5.96 | 5.96 |

(H):High Risk
(N):Narcotic
(S):Scheduled

Miss. YOGITA VAISHNAVA
User/Pharmacist

Miss. YOGITA VAISHNAVA [JH-000400]
Printed By

-----Terms & Condition-----

1. ORIGINAL COPY OF THE BILL SHOULD BE PROVIDED AT THE TIME OF MEDICINE RETURN. , 2. MEDICINES SHOULD BE RETURNED IN PROPER CONDITION & FULL STRIP WITHIN 15 DAYS FROM THE DATE OF PURCHASE. , 3. CONTROLLED TEMPERATURE ITEMS WILL NOT BE TAKEN BACK, SURGICAL & CONSUMABLES ITEMS WILL NOT BE TAKEN BACK. , 4. ANY EXCESS COLLECTION BY OVERSIGHT WILL BE REFUNDED.

Claimed by - The New India Assurance Co. Ltd
Under Software AG Policy
memphikumar
9.8.23

JEEVIKA PHARMA

[UNIT OF JEEVIKA HOSPITALS PVT LTD]

DL.No. KA-B05-105798/ KA-B05-105799/ KA-B61-138768, GST No:29AACCJ6372K1Z3, CIN No.u85110KA2011PTC057285 & PAN No. AACCJ6372K

#95/3,GF,MARATHAHALLI,DODDANEKUNDI,BANGALORE-560037.PH: 080 30766712

| CASH BILL(Tax Invoice) | | | | | | | | | | | | | |
|---------------------------|-------------------------------|-------------------------------------|----------|---------------------------------------|---------------|-----------------------|-----|------------------------------------|--------|---------------------|----------|-------|----------|
| Patient | : MANISH | Age/Sex | : | Mobile No. | : | | | | | | | | |
| Type | : Walkin | Issue Type/No | : | Issue Date | : | | | | | | | | |
| Doctor | : Dr. CMO | Sponsor | : | Dispensor | : | | | | | | | | |
| Reg/IP No. | : | UHID | : | Tax Inv No. | : | | | | | | | | |
| P.Address | : | | | | Sponsor GSTIN | : | | | | | | | |
| S.Address | : Bengaluru | | | | S.StateCode | : | | | | | | | |
| S.No. | Description | HSN Code | Mfg. | Batch No | Expiry | UOM | Qty | MRP | Total | CGST% | CGST Amt | SGST% | SGST Amt |
| 1 | TRAMASURE 100MG INJ | 30049099 | MANKIND | E3AAV069 | 11/24 | PCS | 1 | 23.54 | 23.54 | 6 | 1.26 | 6 | 1.26 |
| 2 | N S 100ML IV (ACULIFE) | 30049099 | BAXTER | IC31499 | 02/26 | PCS | 1 | 42.02 | 42.02 | 6 | 2.25 | 6 | 2.25 |
| 3 | 2ML SYRINGE (OMNIVAN) | 90183100 | BBRAUN | 22L12M8201. | 09/27 | PCS | 1 | 12.00 | 12.00 | 6 | 0.64 | 6 | 0.64 |
| 4 | IV SET VENTED ADULT (ROMSONS) | 90183990 | ROMSONS | G230520502 | 04/28 | PCS | 1 | 190.00 | 190.00 | 6 | 10.18 | 6 | 10.18 |
| AMOUNT IN INR() | | Total : 267.56 | | Discount : 0.00 | | Net : 267.56 | | Round off : 0.44 | | Net(Round) : 268.00 | | | |
| CGST Amt: 14.33 | | SGST Amt: 14.33 | | Sponsor Payable: 0.00 | | C.Payable : 268.00 | | C.Paid : 268.00 | | Due : 0.00 | | | |
| | | | | Sponsor Paid: 0.00 | | Sponsor Balance: 0.00 | | Write Off: 0.00 | | Card Charges: 0.00 | | | |
| Payment Mode | | Bank | | Mode No. | | Mode Date | | Amount | | | | | |
| EFT | | HDFC BANK | | 1100+9141 | | 04/07/2023 | | 268.00 | | | | | |
| Receipt No. : PSR12320334 | | Date : 04/07/2023 13:41:34 | | Generated By : Miss. YOGITA VAISHNAVA | | Amount : 268.00 | | | | | | | |
| Grand Total : 268.00 | | Two Hundred Sixty Eight Rupees Only | | | | | | | | | | | |
| GST% | Taxable Amt | CGST Amt | SGST Amt | | | | | | | | | | |
| 12% | 238.89 | 14.33 | 14.33 | | | | | | | | | | |
| (H):High Risk | | | | Miss. YOGITA VAISHNAVA | | | | Miss. YOGITA VAISHNAVA [JH-000400] | | | | | |
| (N):Narcotic | | | | User/Pharmacist | | | | Printed By | | | | | |
| (S):Scheduled | | | | | | | | | | | | | |

-----Terms & Condition-----

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Claimed for - The New India Assurance Co. Ltd
Under Software AG policy
Mamish Kumar

Jeevika Hospital

No.95/3, Opposite To Vasan Eye Care, Outer Ring Road, Marathahalli, Bangalore-560037. ph : 080 - 68155555,7022288405,7022288504.

Bill of Supply

| | | | | | |
|-------------------|---------------|-------------------|---|---------------------|--------------|
| Bill No | : OPB12320842 | Bill Date | : 04/07/2023 1:44PM | Patient Name | : Mr. MANISH |
| Reg No | : JU-63609 | Age/Gender | : 46Y 10M 7D/M | Sponsor | : CASH |
| Consultant | : Dr. CMO | Address | : MARATHAHALLI, BENGALURU, Bengaluru City, Karnataka, India- 560037 | Mobile No. | : 8197996006 |

| S.No | Particulars | Doctor | Units | Unit Price | Disc.% | Disc.Amt | Amount(Rs.) |
|------|-------------|--------|-------|------------|--------|----------|-------------|
| 1 | IV INFUSION | | 1 | 260.00 | 0.00 | 0.00 | 260.00 |

Bill Total : 260.00
Discount Amt. : 0.00
Net Amt. : 260.00
Paid Amt. : 260.00

Amount in words : Two Hundred Sixty Rupees Only

Receipt Details

| Mode of Payment | Receipt No | Bank | Mode No | Mode Date | Card Charges [%] | Amount(Rs.) |
|-----------------|-------------|-----------|----------|------------|------------------|-------------|
| EFT | ORC12320842 | HDFC BANK | 30189595 | 04/07/2023 | 0.00[0.00] | 260.00 |

****Consultation valid for 5 Day for the same Doctor****

Signatory
Mr. Arun
FRONT OFFICE

manish kumar
9.8.23

*Claimed for - The New India Assurance Co. Ltd
under Software AG policy.*

Jeevika Hospital

No.95/3, Opposite To Vasan Eye Care, Outer Ring Road, Marathahalli, Bangalore-560037. ph : 080 - 68155555,7022288405,7022288504.

Bill of Supply
Bill No : OPB12320870
Reg No : JU-68857
Consultant : Dr. CMO
Bill Date : 04/07/2023 3:19PM
Age/Gender : 46Y 6M 18D/M
Address : MARATHAHALLI, BENGALURU, Bengaluru City, Karnataka, India- 560037
Patient Name : Mr. MANISH
Sponsor : CASH
Mobile No. : 8197996006

| S.No | Particulars | Doctor | Units | Unit Price | Disc.% | Disc.Amt | Amount(Rs.) |
|------|---------------------|--------|-------|------------|--------|----------|-------------|
| 1 | OBSERVATION CHARGES | | 1 | 400.00 | 0.00 | 0.00 | 400.00 |

Bill Total : 400.00
Discount Amt. : 0.00
Net Amt. : 400.00
Paid Amt. : 400.00

Amount in words : Four Hundred Rupees Only

Receipt Details

| Mode of Payment | Receipt No | Bank | Mode No | Mode Date | Card Charges [%] | Amount(Rs.) |
|-----------------|-------------|-----------|-------------------------|------------|------------------|-------------|
| EFT | ORC12320870 | HDFC BANK | T2307041519006074760434 | 04/07/2023 | 0.00[0.00] | 400.00 |

Consultation valid for 5 Day for the same Doctor

Signatory
Mr. Arun
FRONT OFFICE

manish kumar
9.8.23



Claimed for - The New India Assurance
Co. Ltd under Software AG policy

JEEVIKA PHARMA

[UNIT OF JEEVIKA HOSPITALS PVT LTD]

DL.No. KA-B05-105798/ KA-B05-105799/ KA-B61-138768 , GST No:29AACCJ6372K123, CIN No.u85110KA2011PTC057285 & PAN No. AACCJ6372K

#95/3,GF,MARATHAHALLI,DODDANEKUNDI,BANGALORE-560037.PH: 080 30766712

| CASH BILL(Tax Invoice) | | | | | | | | | | | | | |
|---------------------------|----------------------|----------------------------|----------|-----------------------------|---------------|---------------------|-----|--------------------------|-------|---------------|----------|-------|----------|
| Patient | : MANISH | Age/Sex | : | Mobile No. | : | | | | | | | | |
| Type | : Walkin | Issue Type/No | : | Issue Date | : | 04/07/2023 15:30:02 | | | | | | | |
| Doctor | : Dr. CMO | Sponsor | : | Dispensor | : | Mrs. ROOPA K | | | | | | | |
| Reg/IP No. | : | UHID | : | Tax Inv No. | : | TII25516 | | | | | | | |
| P.Address | : | | | | Sponsor GSTIN | : | | | | | | | |
| S.Address | : Bengaluru | | | | S.StateCode | : | 28 | | | | | | |
| S.No. | Description | HSN Code | Mfg. | Batch No | Expiry | UOM | Qty | MRP | Total | CGST% | CGST Amt | SGST% | SGST Amt |
| 1 | N S 500ML (EUROFLEX) | 3004 | ACULIFE | 1C31231 | 02/26 | PCS | 1 | 87.85 | 87.85 | 6 | 4.71 | 6 | 4.71 |
| AMOUNT IN INR() | | Total : | | 87.85 | | Discount : | | 0.00 | | Net : | | 87.85 | |
| CGST Amt: 4.71 | | SGST Amt: | | 4.71 | | C.Payable : | | 88.00 | | Round off : | | 0.15 | |
| | | Sponsor Payable: | | 0.00 | | Sponsor Paid: | | 0.00 | | C.Paid : | | 88.00 | |
| | | | | | | Sponsor Balance: | | 0.00 | | Write Off: | | 0.00 | |
| | | | | | | | | | | Net(Round) : | | 88.00 | |
| | | | | | | | | | | Due : | | 0.00 | |
| | | | | | | | | | | Card Charges: | | 0.00 | |
| Payment Mode | | Bank | | Mode No. | | Mode Date | | Amount | | | | | |
| EFT | | ICICI Bank | | 6221 | | 04/07/2023 | | 88.00 | | | | | |
| Receipt No. : PSR12320353 | | Date : 04/07/2023 15:30:02 | | Generated By : Mrs. ROOPA K | | Amount : 88.00 | | | | | | | |
| Grand Total : 88.00 | | Eighty Eight Rupees Only | | | | | | | | | | | |
| GST% | Taxable Amt | CGST Amt | SGST Amt | | | | | | | | | | |
| 12% | 78.44 | 4.71 | 4.71 | | | | | | | | | | |
| (H):High Risk | | | | Mrs. ROOPA K | | | | Mrs. ROOPA K [JH-000397] | | | | | |
| (N):Narcotic | | | | User/Pharmacist | | | | Printed By | | | | | |
| (S):Scheduled | | | | | | | | | | | | | |

-----Terms & Condition-----

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manish kumar
9.8.23

Claimed by - The India New India Assurance
Co. Ltd under Software AG policy.

#95/3, Marathahalli Outer Ring Road,
Doddanekundi, Bangalore - 560 037
Ph : +91 80-68155555
Mobile : 7022288504 / 7022288405
Email : info@jeevikaahospitals.com



JEEVIKA

Hospital
Health and Happiness Comes First

EMERGENCY DEPT(OPD)

Sl.No.

Date

09/07/23

Patient Name :

MR. Manish

Dr. Consultation :

Investigation :

Observation 2 hours

Other Services :

Dr. Signature



JEEVIKA
Hospital

Health and Happiness Comes First

#95/3, Marathahalli Outer Ring Road,
Doddanekundi, Bangalore - 560 037
Ph : +91 80-68155555
Mobile : 7022288504 / 7022288405
Email : info@jeevika-hospitals.com

Sl.No.

Date 04/07/23

Patient Name :

Mr. Manish

Doctor Name :

IVF NS500m/



Dr. Signature