**Shraddha Hospital**

**PMC Reg.No. LCBP-0506-01856**

Sr.No.43, Parashar Society, Pune Nagar Road,Chandannagar, Kharadi, Pune – 14.Mob: 9011052829

**Dr.(Mrs.) ShraddhaJadhav** **Dr.SanjivJadhav**

B.A.M.S. M.B.B.S. D.G.O.

Reg.No.I-20546 Reg.No.60876

Family Physician Obstetrician & Gynaecologist

Date: I.P.D. Bill No.

Name:

D.O.A.: D.O.D.:

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** |  |  | **Amount** |
| Administration Charges |  |  |  |
| Room Charges |  |  |  |
| Consultation |  |  |  |
| Nursing |  |  |  |
| Delivery Charges |  |  |  |
| Operative |  |  |  |
| Anaesthesia |  |  |  |
| Theatre Charges |  |  |  |
| IV Fluids |  |  |  |
| Injections |  |  |  |
| Medicines |  |  |  |
| Lab. Charges/Investigation |  |  |  |
| Assistance/Paediatrician |  |  |  |
| Others |  |  |  |
|  |  |  |  |

Received Rs.

By Cash / Cheque / D.D. No. : **By Cash**

(Receipt for payment other than in cash are subject to realization)

Receiver’s Signature