



Dear Mr. demo patient ,

Thank you for making a reservation with us for your upcoming journey towards Holistic Wellness. we are pleased to confirm the booking on the basis of following details:

**Health Seeker Details**

**Name :** Mr. demo patient

**MR No. :** 22062520570256

**Email :** emr@divyayoga.com

**Mobile :** 9557973243

**Booking Details**

**Booking ID :** IPD2223000000794

**Booking Date :** 25-Jun-2022

**Admission Date :** 25-Jun-2022

**Discharge Date :** 02-Jul-2022

**Total Amount :** 66500

**Group Number :** GRP2223000000794

1) demo patient (MR No. - 22062520570256)

2) patient C (MR No. - 22062309194156)

S.No	Description	Nights x count	MRP	Tax	Total
1	Treatment (Standard Single)	7 x 1	7000	0	49000
2	Treatment (Extra Person)	7 x 1	2500	0	17500
Net Amount :					66500 /-
Round Off :					0.00 /-
Tax Amount (Inc) :					0 /-
Total :					66500 /-

**Note:**

- Please provide Govt. Approved Photo Identity Card of All Adult person at the time of check in.
- For refund/cancellation, please refer <https://patanjaliwellness.com/term&condition.php>
- This is computer generated reservation and does not require any signature.

**Thanks and Regards,**

Patanjali Wellness Booking Team

**For Any Clarification Contact :**

**Mobile :** 9557973243

**Other Contact No. :**

**Admission Time :** 10:00 AM Hrs

**Discharge Time :** 11:00 AM Hrs

**Email** : shubhamshrivastavaom@gmail.com

**Website** : <https://patanjaliwellness.com/>