



Dear Ms. patient three,

Thank you for making a reservation with us for your upcoming wellness retreat. We are pleased to confirm the booking on basis of following details:

Health Seeker Details

Name: Ms. patient three

Email: emr@divyayoga.com

Mobile: 9557973243

Group Number: GRP2223000000058

patient three (MR No. - 22041409221436)
patient two (MR No. - 22041409204252)

Booking Details

Admission Date: 12-May-2022 Discharge Date: 19-May-2022

Number Of Nights: 7 Number Of Rooms: 1

Total Amount: 7000

Payment Reference: 7000/- in Yog Gram A/c on 14-

Apr-2022 Balance -nil

S.No	Room Category	Nights x Rooms	Meal Plan	MRP	Tax	Discount	Total
1	Cottage 101	7	All Meals	1000	0	0	7000
Net Amount :							7000 /-
Round Off:							0.00 /-
Bill Wise Dis. Amount :							0 /-
Tax Amount (Inc) :							0 /-
Total :							7000 /-

Cancellation Policy

Yog Gram

Please provide Govt. Approved Photo Identity Card of All Adult person at the time of check in.

This is computer generated reservation and does not require any signature.

Thanks and Regards

Manager

Yog Gram - Yog Naturopathy Panchkarma Treatment & Research Center, Aurangabad, Haridwar, Haridwar, Uttarakhand, India - 249402,

Admission Time: 10:00 AM Hrs

For Any Clarification Contact:

Discharge Time: 11:00 AM Hrs

Mobile : 9557973243

Landline:

 ${\bf Email: shubhamshrivastavaom@gmail.com}$

Website: yoggram.divyayoga.com