

**Patient:** Mrs. Madhavi Patil  
**Age/Sex:** 69/Female  
**Email:**  
**Mobile:** 8050438325  
**Address:** BIJAPUR, Karnataka, India -

**MR No:** 23101609453827  
**Booking No:** IPD2324000079041  
**Booking Date:** 16/10/2023  
**Admission Date:** 16/10/2023 11:00 AM  
**Discharge Date:** 21/10/2023 11:00 AM

**Dear Mrs. Madhavi Patil,**

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:

S.No	Description	Nights x count	MRP	Tax	Total
1	SEMI DELUXE ROOM	5 x 1	1000	0	5000
2	Treatment Charges	5 x 1	2000	0	10000
					<b>Total Amount : 15000 -/-</b>
					<b>Bill Wise Dis. Amount (%): 2499.9998 -/(16.67%)</b>
					<b>Net Payable : 12500 -/-</b>
					<b>Received Amount : 12500 -/-</b>
					<b>Balance Amount : 0 -/-</b>

**Note:**

- Please provide residence ID with photo Identity card approved by govt. of all adult person at the time of admitted.
- This booking is non refundable in any circumstances, please refer <https://patanjaliwellness.com/term&condition.php>

**Thanks and Regards,**

Patanjali Wellness Booking Team

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