

**Health Seeker Details****Name :** Mr. LAMBODARA MAHANTA**MR No. :** 22031210112379**Email :** rs.kcs.shubham@gmail.com**Mobile :** 9557973243**Booking Details****Booking ID :** IPD1318545145**Booking Date :** 13-Mar-2022**Admission Date :** 17-Sep-2022**Discharge Date :** 26-Sep-2022**Total Amount :** 72750**Dear Mr. LAMBODARA MAHANTA,**

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	Non-AC Dormitory Room Charges	7 x 1	1500	0	10500
2	Standard Single Room Charges (3 person)	7 x 1	3000	0	21000
3	Treatment/Medicated food charges	7 x 1	6000	0	42000
4	Extra Person	7 x 1	3000	0	21000
5	Treatment/Medicated food charges	7 x 1	2000	0	14000
6	Non-AC Dormitory Room Charges	1 x 1	1500	0	1500
7	Standard Single Room Charges (3 person)	1 x 1	3000	0	3000
8	Treatment/Medicated food charges	1 x 1	6000	0	6000
9	Extra Person	1 x 1	3000	0	3000
10	Treatment/Medicated food charges	1 x 1	2000	0	2000
11	Non-AC Standard Single Room Charges	1 x 1	3000	0	3000

**Total Amount : 127000 /-**

**Bill Wise Dis. Amount : 54250 /-**

**Net Payble : 72750 /-**

**Received Amount : 18750 /-**

**Balance Amount : 54000 /-**

**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. : 9557973243**

**Email : rs.kcs.shubham@gmail.com**

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

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

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