



Dear Mr. patient one,

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: Mr. patient one

Email: emr@divyayoga.com

**Mobile**: 9557973243

**Booking Details** 

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

Number Of Nights: 7 Number Of Rooms: 1 Total Amount: 24500

Payment Reference: 24500/- in Yog Gram A/c on

13-Apr-2022 Balance -nil

S.No	Room Category	Nights x Rooms	Meal Plan	MRP	Tax	Discount	Total
1	Cottage 103	7	All Meals	1000	0	0	7000
2	Extra Bed Charges	7	All Meals	2500	0	0	17500
Net Amount :							24500 /-
Round Off:							0.00 /-
Bill Wise Dis. Amount :							0 /-
Tax Amount (Inc) :							0 /-
Total :							24500 /-

### **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