

**Patient:** Mr. Ssss

**Age/Sex:** 33/Male

**Email:** shubham.shrivastava@divyayoga.com

**Mobile:** 9557973243

**Address:** B J, NTPC Office, AHMEDABAD, Rajasthan, India - 380016

**MR No:** 24041420381523

**Booking No:** IPD242500000105

**Booking Date:** 14/04/2024

**Admission Date:** 14/04/2024 10:00 AM

**Discharge Date:** 21/04/2024 11:00 PM

**Dear Mr. Ssss,**

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	Standard Single Room Charges	7 x 1	2000	0	14000
2	Treatment/Medicated food charges	7 x 1	4000	0	28000
3	REGISTRATION CHARGES	1	500	0	500
					<b>Total Amount : 42500 /-</b>
					<b>Net Payable : 42500 /-</b>
					<b>Received Amount : 42500 /-</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.**