



GSTIN : 19AAECA5407E1ZY

OP Cash Bill - Bill of Supply

Reference No :

Name : Mr. ARPAN JANA

Age : 4Yr 11Mth 21Days

UHID: AMHL.0002420097

Father Name : PRAVAT JANA

Sex : Male

Address : Other Other India ,
CellNo:91-9733555082

OP Number: AMHLOPP6948016

Pan Number:

Doctor's Name : Dr. ATUL TANEJA

Bill No : AMHL-OCS-6860633

Speciality : DERMATOLOGY

Date : 13-Sep-24 Time : 12:23:12

Bill Amount: ₹. 1,600.00

FOR APOLLO MULTI SPECIALITY HOSPITALS

Amount in words: ₹ One Thousand Six Hundred Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation(999311)					
1	OP Consultation - First Visit	Consultation	1	1,600.00	0.00	1,600.00
					Sub Total	1,600.00

Service Amount :	1,600.00
Total Bill Amount	1,600.00
Final Payment	(Cash:0.00, NonCash:1,600.00)
	1,600.00

No Tax is Payable on Reverse Charge Basis

Receipt Details: Received with thanks sum of ₹. 1,600.00 (CARD)

₹ One Thousand Six Hundred Only From Mr. ARPAN JANA

* Denotes Cancelled Services

Authorized Signatory

(QR) Denotes Quick Registration

Mr. Sumitava Adhikary

Cashier

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KINDLY NOTE: IT IS MANDATORY TO BRING YOUR ORIGINAL BILL FOR COLLECTING THE REPORTS.
PLEASE COLLECT THE REPORT WITHIN 3 MONTHS



Apollo Multispeciality Hospitals Limited

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