



Kamat Hospital Pvt.Ltd.
Chapekar Chowk, Chinchwad
Pune Pin- 411033
Phone No. 020-27354888/777

RECEIPT

Receipt No 36224
PRN No. : KH/OPD/2018/0003868
Patient Name : **Mrs. Dahare(Kurwade) Pooja Pravin**
Patient Type : self Paying
Doctor Name : Dr. Kamat Amit Dilip (MD)

Receipt Date : 23/11/2018
Receipt Time : 09:52 PM
Age : 26 Yrs.
Sex : Female

Department	Bill No.	Req No.	Particulars	Amount
OPD	28682	32090	Follow up	300.00

Net Amount (₹) 300.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
Debit Card	CITI BANK	-	7797	23/11/2018	300.00	

Amount In Words : (₹) Three Hundred Only

Signature
SV (NIGHT)

KAMAT HOSPITAL PVT. LTD.
CHAPEKAR CHOWK, CHINCHWAD
PUNE - 411 033



Kamat Hospital Pvt.Ltd.

Chapekar Chowk, Chinchwad

Pune Pin- 411033

Phone No. 020-27354888/777

RECEIPT

Receipt No 32169

Receipt Date : 27/10/2018

PRN No. : KH/OPD/2018/0003868

Receipt Time : 12:37 PM

Patient Name : Mrs. Dahare(Kurwade) Pooja Pravin

Age : 26 Yrs.

Patient Type : self Paying

Sex : Female

Doctor Name : Dr. Kamat Amit Dilip (MD)

Department Bill No. Req No. Particulars

Amount

OPD 25474 28482 Consultation

600.00

Net Amount (') 600.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
Debit Card	CITI BANK	-	7797	27/10/2018	600.00	

Amount In Words : (') Six Hundred Only

KAMAT HOSPITAL PVT. LTD.
CHAPEKAR CHOWK, CHINCHWAD
PUNE - 411033
Signature
Vandana Nande



Dr. Etem Sag, M.D., Near
Carmel Hospital, Oughadar Chowd,
Chindrapur, Pune 41033,
Mobile No. 876655412

ST No. 230-24/5889A, 21-FH/5889A, 20C-PH/5871A

Invoice No : CA/16863
Date : 27/10/2018
Time : 15:16:00
User : MAIN

Patient Name :	POOLA DAHARE
Add :	
Doctor Name :	KAMAT A D
Add :	

Com	HSN No.	Qty x Unit	Product Name	Batch	Exp	M.R.P.	Rate	Disc	Taxable	% CGST Amt	% SGST Amt
ELD	3004	15X7AB	SHELICAL 500	BCH2E024	02/20	82.00	73.21		73.21	6.0	4.39
WYT	004503	15XCAP	AUTRIN	S20-18308	01/19	112.59	100.53		50.27	6.0	3.02
GEN	3004	4X5ML	GEMROL	LVS-10974	09/19	55.00	49.10		196.40	6.0	11.78
ABG	3002	1X0.5 ML	INFLUVAC INJ 0.5 ML	R1ZR	06/19	890.00	847.62		847.62	2.5	21.19

Remarks:

Consult Your Doctor Before Using Medicine.

Get Well Soon...

Subject to jurisdiction only. E. & O.E.

For NEW SHANTI MEDICAL & GENERAL STORES

Pharmacist

Rs. ONE THOUSAND TWO HUNDRED FORTY EIGHT ONLY

0	40.38	40.38
GROSS		1167.50
ADD		80.76
LESS		0.00
NET AMT		1248.00



Kamat Hospital Pvt.Ltd.

Chapekar Chowk, Chinchwad

Pune Pin- 411033

Phone No. 020-27354888/777

RECEIPT

Receipt No

32229

PRN No.

KH/OPD/2018/0003868

Patient Name

Mrs. Dahare(Kurwade) Pooja Pravin

Patient Type

self Paying

Doctor Name

Dr. Kamat Amit Dilip (MD)

Receipt Date : 27/10/2018

Receipt Time : 02:53 PM

Age

26 Yrs.

Sex

Female

Department Bill No. Req No. Particulars

OPD

25526

28482

Inj TT

Amount

30.00

Net Amount ()

30.00

Type

Bank Name

Branch Name

Chq/ECS./Card N

Date

Amount Batch No.

Debit Card

CTI BANK

-

7797

27/10/2018

30.00

Amount In Words : () Thirty Only

KAMAT HOSPITAL PVT. LTD.
CHAPEKAR CHOWK, CHINCHWAD

Pooja Dahare

New Shanti
Medical & General Stores

Sai Plaza, Shop No.11, Near
Kamat Hospital, Chaphekar Chowk,
Chinchwadgaon, Pune 411033.
Mobile No.: 9766858412

GST No.: 27AAFFN5835R1Z1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A

Invoice No : CA/17137

Date : 30/10/2018

Time : 20:27:00

User : MAIN

Patient Name : **POOJA DAHARE**

Add :

Doctor Name : **KAMAT A D**

Add :

Com	HSN No.	Qty x Unit	Product Name	Batch	Exp	M.R.P.	Rate	Disc	Taxable	% CGST Amt	% SGST Amt
EPIG	2106	1x75 GM	E 75 GM	NF01821	11/19	45.00	38.14		38.14	9.0 3.43	9.0 3.43
Remarks :										38.14	3.43
Consult Your Doctor Before Using Medicine.											3.43
Get Well Soon...											38.14
Subject to jurisdiction only. E. & O.E.											6.86
Rs. FORTY FIVE ONLY											0.00
										NET AMT	45.00

For NEW SHANTI MEDICAL & GENERAL STORES

Pharmacist



New Shanti
Medical & General Stores

Sai Plaza, Shop No. 11, Near
Kamat Hospital, Chaphekar Chowk,
Chinchwadgaon, Pune 411033.
Mobile No.: 9766858412

GST No.: 27AAFFN5835R1Z1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A

Invoice No : CA/16863

Date : 27/10/2018

Time : 15:16:00

User : MAIN

Patient Name : POOJA DAHARE

Add :

Doctor Name :

KAMAT A D

Add :

Com	HSN No.	Qty x Unit	Product Name	Batch	Exp	M.R.P.	Rate	Disc	Taxable	% CGST Amt	% SGST Amt
ELD	3004	15xTAB	SHELCAL 500	BCH2E024	02/20	82.00	73.21		73.21	6.0	4.39
WYT	004503	15xCAP	AUTRIN	820-18308	01/19	112.59	100.53		50.27	6.0	3.02
GEN	3004	4x5ML	GEMROL	LVS-10974	09/19	55.00	49.10		196.40	6.0	11.78
ABB	3002	1x0.5 ML	INFLUVAC INJ 0.5 ML	R1ZR	06/19	890.00	847.62		847.62	2.5	21.19

Remarks :

Consult Your Doctor Before Using Medicine.

Get Well Soon...

Subject to jurisdiction only. E & O.E.

For NEW SHANTI MEDICAL & GENERAL STORES

Pharmacist

Rs. ONE THOUSAND TWO HUNDRED FORTY EIGHT ONLY

GROSS	1167.50
ADD	80.76
LESS	0.00
NET AMT	1248.00



Kamat Hospital Pvt.Ltd.

Chapekar Chowk, Chinchwad

Pune Pin- 411033

Phone No. 020-27354888/777

RECEIPT

Receipt No 34537

PRN No. : KH/OPD/2018/0003868

Patient Name : Mrs. Dahare(Kurwade) Pooja Pravin

Patient Type : self Paying

Doctor Name : Dr. Kamat Amit Dilip (MD)

Receipt Date : 13/11/2018

Receipt Time : 10:22 PM

Age : 26 Yrs.

Sex : Female

Department Bill No. Req No. Particulars

OPD	27384	30639	Follow up	Amount
				300.00

Net Amount (₹) 300.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
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Debit Card	CITI BANK	-	7797	13/11/2018	300.00	
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Amount In Words : (₹) Three Hundred Only

KAMAT HOSPITAL PVT. LTD.
CHAPEKAR CHOWK, CHINCHWAD
PUNE (MH)



Sai Plaza, Shop No.11, Near
Kamat Hospital, Chaphekar Chowk,
Chinchwadgaon, Pune 411033.
Mobile No.: 9766858412
GST No.: 27AAFTH5835R1Z1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A

Invoice No : CA/17963

Date : 10/11/2018

Time : 14:29:00

User : MAIN

POOJA DAHARE

Patient Name :

Add :

Doctor Name :

Add :

KAMAT A D

Com	HSN No.	Qty x Unit	Product Name	Batch	Exp	M.R.P.	Rate	Disc	Taxable	% CGST Amt		% SGST Amt
USV WVT RES	3004	15xCAP	TRIPLE A CAL	28017234	03/20	62.56	55.86		83.79	6.0	5.03	6.0
	004503	15xCAP	AUTRIN	820-18308	11/19	112.59	100.53		50.27	6.0	3.02	6.0
	3304	1x50 GM	EPIGEN CREAM	92	11/19	160.00	135.59		135.59	9.0	12.20	9.0

Remarks :

Consult Your Doctor Before Using Medicine.

Get Well Soon...

Subject to jurisdiction only. E. & O.E.

THREE HUNDRED TEN ONLY

For NEW SHANTI MEDICAL & GENERAL STORES

Pharmacist

Rs.

NET AMT

310.00

269.65

20.25

20.25

GROSS

269.65

ADD

40.50

LESS

0.00



Kamat Hospital Pvt.Ltd.
Chapekar Chowk, Chinchwad
Pune Pin- 411033
Phone No. 020-27354888 / 777

RECEIPT

Receipt No

34003

PRN No.

: KH/OPD/2018/0003868

Patient Name

: Mrs. Dahare(Kurwade) Pooja Pravin

Patient Type

: self Paying

Doctor Name

: Dr. Kamat Amit Dilip (MD)

Department Bill No. Req No. Particulars

OPD 26955 30165 Follow up

Net Amount (₹)

300.00

Type

Bank Name

Branch Name

Chq/ECS./Card N Date

Amount Batch No.

Debit Card CITI BANK

7797

10/11/2018

300.00

Amount In Words : (₹) Three Hundred Only

Receipt Date : 10/11/2018

Receipt Time : 12:31 PM

Age : 26 Yrs.

Sex : Female

SSD
KAMAT HOSPITAL PVT. LTD.
CHAPEKAR CHOWK, CHINCHWAD
PUNE - 411033

PUNE - 41 833