



**New Shanti**  
Medical & General Stores

GST No.: 27AAFTN835R1Z1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A

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

**Invoice No : CA/18225**

Date : 13/11/2018

Time : 22:37:00

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
GSK	3004	20xTAB	ZINETAC 150	N5996	02/20	21.87	19.53		13.02	6.0	0.78
STL	004903	20xTAB	ONSTAL	SBT-5472	08/20	45.00	40.18		80.36	6.0	4.82
CRE	004201	10xTAB	CREFIX 200 TAB	MB-70105	02/20	97.55	87.09		87.09	6.0	5.23
AME	3004	6xTAB	WIKORYL	180800111	07/21	40.00	35.71		21.43	6.0	1.29

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. TWO HUNDRED TWENTY SIX ONLY

GROSS	201.90	12.12	12.12
ADD			24.24
LESS			0.00
NET AMT			226.00



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

**RECEIPT**

Receipt No 32965

Receipt Date : 01/11/2018

PRN No. : KH/OPD/2018/0003868

Receipt Time : 06:02 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

Pathology	4135	6228	FIRST TRIMISTER SCREENING TEST (D MARKER)	1600.00
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	6228	GLUCOSE TEST	100.00
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	6228	HCV(ANTIBODIES TO HEPATITIS C VIRUS)	300.00
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Sonography	3769	4034	Obstetric USG	1400.00
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Net Amount (₹) 3400.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
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Debit Card	CITI BANK	-	7797	01/11/2018	3,400.00	
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Amount In Words : (₹) Three Thousand Four Hundred Only

**KAMAT HOSPITAL LTD.**  
Signature  
CHAPEKAR CHOWK, Vikas Desai  
PUNE - 411033



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

**RECEIPT**

Receipt No 38536  
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 : 07/12/2018  
Receipt Time : 09:32 PM  
Age : 26 Yrs.  
Sex : Female

Department Bill No. Req No. Particulars Amount

OPD 30484 34131 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	07/12/2018	300.00	

Amount In Words : (₹) Three Hundred Only

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





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

**RECEIPT**

Receipt No 40952

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 : 22/12/2018

Receipt Time : 03:39 PM

Age : 26 Yrs.

Sex : Female

Department Bill No. Req No. Particulars

OPD 32344 36288 Inj TT

Amount 30.00

Net Amount ( ) 30.00

Cash Amount 30.00

Amount In Words : ( ) Thirty Only

Signature

Dr. Kamat Kalpana J.D.

Chapekar Chowk, Chinchwad,  
Pune - 411 033.



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

**RECEIPT**

Receipt No 40954

Receipt Date : 22/12/2018

PRN No. : KH/OPD/2018/0003868

Receipt Time : 03:40 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 32346 36288 Follow up

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	22/12/2018	300.00	
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Amount In Words : ( ) Three Hundred Only

Signature

Kalpanta LTD.

CHOWK, CHINCHWAD,  
PUNE - 411 033.





# Kamat Hospital Pvt.Ltd.

Chapekar Chowk, Chinchwad

Pune Pin- 411033

Phone No. 020-27354888/777

## RECEIPT

Receipt No 39586

Receipt Date : 14/12/2018

PRN No. : KH/OPD/2018/0003868

Receipt Time : 05:00 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

Sonography 4402 4707 Anamoly Scan

2000.00

Net Amount ( ) 2000.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
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Debit Card	CITI BANK	-	7797	14/12/2018	2,000.00	
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Amount In Words : ( ) Two Thousand Only

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

Signature  
Kajapana



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

**RECEIPT**

Receipt No 42965

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 : 04/01/2019

Receipt Time : 09:33 PM

Age : 26 Yrs.

Sex : Female

Department Bill No. Req No. Particulars

OPD 33902 38043 Follow up

Amount  
300.00

Net Amount (₹) 300.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
Debit Card	CITI BANK	-	7797	04/01/2019	300.00	

Amount In Words : (₹) Three Hundred Only

Signature  
SV (NIGHT)

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





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

SGST No.: 27AATN5835RIZ1 DL No.: 20-P/H/5889A, 21-P/H/5889A, 20C-P/H/5877A

**Invoice No : CA/22770**

Date : 04/01/2019

Time: 21:57:00

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	
GLE	004902	1x6 TAB	CANDID V6	18181300	10/22	54.77	48.90		48.90	6.0	2.93	6.0	2.93

Remarks:

Consult Your Doctor Before Using Medicine.

Get Well Soon...

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

**FOR NEW SHANTI MEDICAL & GENERAL STORES**

Pharmacist

**R5. FIFTY FIVE ONLY**

	2.93	2.93
GROSS		48.90
ADD		5.86
LESS		0.00
NET AMT		55.00





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/22959**

Date: 07/01/2019

Time : 20:41:00

User : MAIN

Patient Name:

**POOJA DAHARE**

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
CRE	004201	4xTAB	CREFIX 200 TAB	B-386	10/20	100.00	89.28		35.71	6.0	2.14
KOL	3004	4xTAB	SINUS 77	18068	03/20	25.70	22.94		9.18	6.0	0.55
USV	3004	6xCAP	TRIPLE A CAL	28017235	03/20	62.56	55.86		33.52	6.0	2.01

Remarks:

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**For NEW SHANTI MEDICAL & GENERAL STORES**

Pharmacist

**R5. EIGHTY EIGHT ONLY**

	4.70	4.70
GROSS		78.41
ADD		9.40
LESS		0.00
NET AMT		88.00