



**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 - 411033



# 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

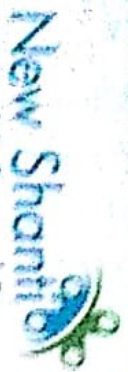
KAMAT HOSPITAL PVT. LTD.

CHAPEKAR CHOWK, CHINCHWAD

PUNE - 411033

Signature  
Vandana Nande





**New Shanti**  
 Medical & General Stores  
 Sai Plaza, Shop No. 11, Near  
 Karmat Hospital, Chaphalekar Chowk,  
 Chinchwadgaon, Pune 411033.  
 Mobile No.: 9768853412

GST No.: 27AARPS3398E27 DL No.: 20-214/5889A 21-214/5889A 200-214/5877A

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

**Patient Name : POOLJA DAHARE**  
**Add : KAMAT A D**  
**Doctor Name :**  
**Add :**

Com	HSN No.	Qty x Unit	Product Name	Batch	Exp	M.R.P.	Rate	Disc	Taxable	% CGST Amt	% SGST Amt
ELD	3004	15xTAB	SHEICAL 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
										1167.50	40.38
										40.38	40.38

Remarks : Consult Your Doctor Before Using Medicine.

Get Well Soon... For NEW SHANTI MEDICAL & GENERAL STORES

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

Rs. ONE THOUSAND TWO HUNDRED FORTY EIGHT ONLY

GROSS	1167.50
ADD	80.76
LESS	0.00
<b>NET AMT</b>	<b>1248.00</b>



# 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 CITI BANK

7797

27/10/2018

30.00

Amount In Words : ( ) Thirty Only

KAMAT HOSPITAL PVT. LTD.  
CHAPEKAR CHOWK, CHINCHWAD

PJ Kalpana 033.



**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
EPIC	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. <b>FORTY FIVE ONLY</b>											0.00
										<b>NET AMT</b>	<b>45.00</b>

**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
										1167.50	40.38
										40.38	40.38

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**

**NET AMT**

**1248.00**

**GROSS**

**1167.50**

**ADD**

**80.76**

**LESS**

**0.00**



**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.: 27AAFTH5835R121 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 004503 3304	15xCAP 15xCAP 1x50 GM	TRIPLE A CAL AUTRIN EPIGEN CREAM	28017234 820-18308 92	03/20 11/19 11/19	62.56 112.59 160.00	55.86 100.53 135.59		83.79 50.27 135.59	6.0 6.0 9.0	5.03 3.02 12.20	
Remarks :				269.65	20.25	20.25						
Consult Your Doctor Before Using Medicine.												
Get Well Soon....				For NEW SHANTI MEDICAL & GENERAL STORES								
Subject to jurisdiction only. E. & O.E.				Pharmacist								
R.S.				THREE HUNDRED TEN ONLY								
				NET AMT 310.00								





**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

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

10/11/2018

300.00

Amount In Words : ( ) Three Hundred Only

**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

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

**Invoice No : CA/18225**

Date : 13/11/2018

Time : 22:37:00

User : MAIN

Patient Name :

POOJA DAHARE

Add :

KAMAT A D

Doctor Name :

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  
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 : 01/11/2018  
Receipt Time : 06:02 PM  
Age : 26 Yrs.  
Sex : Female

Department Bill No. Req No. Particulars Amount

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

Net Amount (₹) 3400.00

Type	Bank Name	Branch Name	Chq/ECS./Card N	Date	Amount	Batch No.
Debit Card	CITI BANK	-	7797	01/11/2018	3,400.00	

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

Receipt Date : 07/12/2018

PRN No. : KH/OPD/2018/0003868

Receipt Time : 09:32 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	30484	34131	Follow up	300.00
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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, Chinichwad  
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, CHINICHWAD,  
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  
KALPANA



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

# RECEIPT

Receipt No

42965

Receipt Date : 04/01/2019

PRN No.

: KH/OPD/2018/0003868

Receipt Time : 09:33 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 33902 38043 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

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

CGST No.: 27AAFN5835RIZI 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





**New Shantio**  
Medical & General Stores

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

Date : 07/01/2019

Date : 07/01/2019

Date : 07/01/2019

**POOJA DAHARE**

Doctor Name :

KAMAT A D

KAMAT A D

Gem	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:

Consult Your Doctor Before Using Medicine.

Get Well Soon...

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

**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