



MANIPAL HOSPITAL BHUBANESWAR

Plot No.1, Besides Satyasaai Enclave, Khandagiri, Bhubaneswar, 751030 P: +91 6746666600

CIN: U85110WB1986PTC040525

Date : 25/09/2025 09:25:56

INPATIENT INTERIM RUNNING DETAIL BILL WITH POLICY DISCOUNT

| Name : [REDACTED] | Reg No. | : MH017321255 | | | |
|--|--------------|----------------|-----------|------------|----------|
| Age / Sex : [REDACTED] | InPatient No | : I30000069238 | | | |
| Sl. Particulars | | | | | |
| Order Item | Qty | Price | Gross Amt | Pol. Disc. | Amt(Rs.) |
| Patient Share | | | | | 0.00 |
| Net Payable | | | | | 0.00 |
| IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED Share | | | | | 63071.00 |
| Net Payable | | | | | 63071.00 |

Generated By

(Sudam Charan Sahoo)

Manager

* This is a provisional running bill and does not include charges that may be incurred during the current hospitalisation of the patient. The final bill for this admission may be different from this bill.

Original

THE SALVATION ARMY EMERY HOSPITAL

Opp. Police Station, Amul Dairy Road,
ANAND - 388 001. Gujarat. Phone : (02692) 253737

Bill No. : **331** Date : 21/8/2025 O. P. No. 4799/2025

To M/s. _____

Patient's Name [REDACTED] _____

Admission 20/8/2025 Discharged 21/8/2025

Village : _____ Code No. : _____

| | Rs. | Ps. |
|---|---|-----|
| Consultation Emg Cons. | 300=00 | |
| X - Ray | | |
| Laboratory (550+1800) | 2350=00 | |
| Physiotherapy | | |
| E. C. G. / Echo Emg. ECG | 400=00 | |
| Sonography | | |
| Drugs (70+100+311+1100) | 1581=00 | |
| Operation | | |
| Anaesthesia AC | | |
| Ward / Room Per day Rs. 1500/- x 2 days | 3000=00 | |
| Doctors Visit Charge Per day Rs. 300/- x 2 days | 600=00 | |
| I. V. & I. M. Injection Service | 400=00 | |
| Blood Transfusion Service | | |
| I. V. Infusion Service | Dr. Ujjaval Patel MD Medicine Physician | |
| Dressing Charge | | |
| Certificate | Reg. No. G-25404 THE SALVATION ARMY EMERY HOSPITAL | |
| Other Charges | ANAND - 388 001 | |
| Nursing Care Per Day Rs. 100/- x 2 days | 200=00 | |
| Rupees Eight Thousand Eight Hundred Thirty One Only Total ... | 8831=00 | |

Sign

Kalpana



| Description | Date | Unit Rate | Qty | SGST | CGST | Amount(Rs) |
|---|------------|-----------|-----|------|------|------------|
| MEDICINE & CONSUMABLES | | | | | | |
| PANTOCID 40MG INJECTION NPA00282/ 30-11-2026 (300490) | 21-04-2025 | 56.50 | 1 | 0 | 0 | 56.50 |
| PANTOCID 40MG INJECTION ,INJECTION,40MG NPA00282/ 30-11-2026 (300490) | 21-04-2025 | 56.50 | 2 | 0 | 0 | 113.00 |
| POLYFLUSH - 10ML - POLYMED ... 8532424-L/ 30-09-2027 (90183220) | 21-04-2025 | 83.00 | 1 | 0 | 0 | 83.00 |
| RL 500ML OTSUKA 1247958/ 31-10-2027 (30045020) | 21-04-2025 | 63.26 | 2 | 0 | 0 | 126.52 |
| ROTA FLO (ROMSONS) ... G24K010932/ 31-10-2029 (90183990) | 21-04-2025 | 587.00 | 1 | 0 | 0 | 587.00 |
| SYRINGE 10ML 2411502/ 31-10-2029 (90183100) | 21-04-2025 | 31.00 | 5 | 0 | 0 | 155.00 |
| SYRINGE 10ML ..I 2411502/ 31-10-2029 (90183100) | 21-04-2025 | 31.00 | 2 | 0 | 0 | 62.00 |
| URINE PORT-PLASTIC 01/ 30-04-2029 (3004) | 21-04-2025 | 110.00 | 1 | 0 | 0 | 110.00 |
| VELFIX I V DRESSING KIT (REF: 770043K) ... 01251074L/ 31-03-2027 (30051090) | 21-04-2025 | 275.00 | 1 | 0 | 0 | 275.00 |
| ZH MICRO RUB+ SOLUTION 500 ML ,LIQUID,2.5%+70% ZMR-25004/ 28-02-2027 (30049087) | 21-04-2025 | 302.00 | 1 | 0 | 0 | 302.00 |
| GERZONE 1.5GM INJECTON ,INJECTION,1.5GM F500042/ 31-12-2026 (30049099) | 22-04-2025 | 256.17 | 1 | 0 | 0 | 256.17 |
| KABIMOL 100ML FREEFLEX ,INJECTION,100ML 82TM782103/ 30-11-2026 (30049061) | 22-04-2025 | 725.00 | 1 | 0 | 0 | 725.00 |
| PANTOCID 40MG INJECTION ,INJECTION,40MG NPA00282/ 30-11-2026 (300490) | 22-04-2025 | 56.50 | 2 | 0 | 0 | 113.00 |
| EMESET 2ML INJECTION ,INJECTION,2ML 4A00546/ 30-09-2027 (30049035) | 23-04-2025 | 13.35 | 2 | 0 | 0 | 26.70 |
| EMESET 2ML INJECTION ,INJECTION,2ML 4A00546/ 30-09-2027 (30049035) | 23-04-2025 | 13.35 | 2 | 0 | 0 | 26.70 |
| GERZONE 1.5GM INJECTON ,INJECTION,1.5GM F500042/ 31-12-2026 (30049099) | 23-04-2025 | 256.17 | 2 | 0 | 0 | 512.34 |
| GERZONE 1.5GM INJECTON ,INJECTION,1.5GM F500042/ 31-12-2026 (30049099) | 23-04-2025 | 256.17 | 1 | 0 | 0 | 256.17 |
| I V SET AUTOFUSION SET - POLYMED 6422524-N/ 01-11-2029 (90183990) | 21-04-2025 | 393.00 | -1 | 0 | 0 | -393.00 |
| I V SET VENTED - ROMSONS ... K25A020842/ 31-12-2029 (90183990) | 23-04-2025 | 225.00 | 1 | 0 | 0 | 225.00 |
| I V SET VENTED - ROMSONS ... K25A020842/ 31-12-2029 (90183990) | 23-04-2025 | 225.00 | 1 | 0 | 0 | 225.00 |
| KABIMOL 100ML FREEFLEX ,INJECTION,100ML 82TM782103/ 30-11-2026 (30049061) | 23-04-2025 | 725.00 | 3 | 0 | 0 | 2,175.00 |
| KABIMOL 100ML FREEFLEX ,INJECTION,100ML 82TM782103/ 30-11-2026 (30049061) | 23-04-2025 | 725.00 | 2 | 0 | 0 | 1,450.00 |
| NEEDLE 16GX1.5' ... 240722/ 30-06-2029 (90183290) | 23-04-2025 | 7.00 | 5 | 0 | 0 | 35.00 |
| NITRILE (POWDER FREE) GLOVES MEDIUM 12-250330/ 02-03-2030 (40151900) | 21-04-2025 | 15.00 | -50 | 0 | 0 | -750.00 |
| NS 100ML ACULIFE ,INFUSION, 100ML 1C250983/ 29-02-2028 (30045020) | 23-04-2025 | 22.03 | 1 | 0 | 0 | 22.03 |
| NS 100ML ACULIFE ,INFUSION, 100ML 1C2511/ 29-02-2028 (30045020) | 21-04-2025 | 22.03 | -1 | 0 | 0 | -22.03 |
| NS 100ML ACULIFE ,INFUSION, 100ML 2D250434/ 30-04-2028 (30045020) | 23-04-2025 | 22.41 | 3 | 0 | 0 | 67.23 |
| NS 500ML OTSUKA ,INFUSION, 500ML 2244795/ 30-11-2027 (30045020) | 23-04-2025 | 39.05 | 2 | 0 | 0 | 78.10 |

CLAIM PAID BY BAJAJ ALLIANZ
 Date: 10 JUN 2025 Rs. 166989
Health Administration Team



ID No.

NAME _____

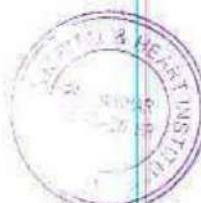
Ago

| CONSUMABLE EMESET INJ 2ML | | 1670183 30/04/2020 | 1 | 1 | 0.00 |
|--|-----------------|-------------------------|---|---------|--------|
| INJ Ceftr Igm | | CPRL-05 30/03/2020 | 1 | 0 | 56.65 |
| SUR IV SET | | 33205 05/02/2022 | 1 | 0 | 126.00 |
| SUR EXAM. GLOVES | | 82MA47411 28/02/2022 | 4 | 0 | 24.00 |
| SUR Syringe -10 ml(b.d.) | | BNA24 30/01/2021 | 2 | 0 | 44.00 |
| SUR SYRINGE -5ML DISPOVAN WITH NEE | | GDH21 30/12/2021 | 2 | 0 | 28.00 |
| CONSUMABLE NS 500ML 1*500ML | | 40680389 30/05/2021 | 1 | 0 | 74.26 |
| INH NS 100ML(CLARIS) | | 40680402 30/05/2021 | 1 | 0 | 35.52 |
| CONSUMABLE EXAMINATION GLOVES S. 1*100 | | BPFR30118C06 28/02/2022 | 4 | 0 | 24.00 |
| Issue No 17458 | Date 11/10/2018 | | | | |
| SYP Lycosule syrup | | 0222 30/04/2019 | 1 | 0 | 129.00 |
| CONSUMABLE MUCAINE GEL 200ML | | BPFR30118C06 28/02/2021 | 1 | 0 | 137.16 |
| SYP Megatus syrup | | L172045 30/12/2019 | 1 | 0 | 99.00 |
| INJ DNS | | x324sd 30/12/2020 | 3 | 0 | 216.63 |
| INJ Iq-mol inj | | A7156 30/05/2019 | 2 | 0 | 750.00 |
| Issue No 17648 | Date 12/10/2018 | | | | |
| CONSUMABLE EMESET INJ 2ML | | 1670183 30/04/2020 | 2 | 1 | 11.89 |
| TAB DOM-DT -10 | | C-80129 30/12/2019 | 6 | 0 | 14.70 |
| INH NS 100ML(CLARIS) | | 40680402 30/05/2021 | 3 | 0 | 106.56 |
| SUR Syringe -10 ml(b.d.) | | BNA24 30/01/2021 | 3 | 0 | 66.00 |
| INJ PERINORM -2ML (5MG/ML) IM/IV | | ge258027d 28/02/2021 | 2 | 2 | 0.00 |
| IVS NS 500ML (CLARIS) | | GBC45 30/03/2020 | 1 | 0 | 74.26 |
| Issue No 17558 | Date 12/10/2018 | | | | |
| INJ Ceftr Igm | | CPRL-05 30/03/2020 | 2 | 0 | 113.30 |
| INJ Nilgord | | ngd-03 30/05/2020 | 1 | 0 | 198.00 |
| INJ Iq-mol inj | | A7156 30/05/2019 | 1 | 0 | 375.00 |
| ELE ECG ELECTRODES-3M | | 43617908G000 30/12/2022 | 5 | 0 | 124.90 |
| Total Amount | | | | 5339.11 | |
| Rounded Off | | | | 5339.00 | |

Dr. Naveen Chawla(Medicine Dept.) Visit Charge

| Doctor Name | Visit Type | Date | Rate | Qty | Amount(Rs.) |
|-----------------------------------|------------|------------|--------|-----|-------------|
| Dr. Naveen Chawla(Medicine Dept.) | General | 10/10/2018 | 750.00 | 1 | 750.00 |
| Dr. Naveen Chawla(Medicine Dept.) | General | 11/10/2018 | 750.00 | 1 | 750.00 |
| Dr. Naveen Chawla(Medicine Dept.) | General | 12/10/2018 | 600.00 | 1 | 600.00 |
| Dr. Naveen Chawla(Medicine Dept.) | General | 13/10/2018 | 600.00 | 1 | 600.00 |
| Dr. Naveen Chawla(Medicine Dept.) | General | 14/10/2018 | 600.00 | 1 | 600.00 |
| Total Amount | | | | | |

Total Amount



Dr. E.VISWANATH REDDY M.B.B.S., DNB., FID

Emergency Physician & Diabetologist
Registration No.: 88205

Dr. M.SUSHMALATHA M.B.B.S., MD

Consultant Pathologist
Registration No.: 104131

Name: [REDACTED]

Age: [REDACTED]

Date/Time: 4/06/2021 10:10AM Hrs

Sex: Male

Referred by: Dr.E.Viswanath Reddy

Name of the Test : COMPLETE BLOOD COUNT

| Test | Result Units | Reference Values |
|--------------|-------------------------|-------------------------------|
| Haemoglobin | 13.3 g/dL | Male 12-16, Female 11-13 g/dL |
| HCT | 40.6 % | 34-45% |
| RBC | 4.78 | 3.5-5.5 million/cumm |
| MCV | 84.9 fL | 80-100 fL |
| MCH | 28.5 pg | 26-34 pg |
| MCHC | 33.5 g/dL | 30-36 g/dL |
| WBC | 14.2 $10^3/\mu\text{L}$ | 4000-11000/cumm |
| Lymphocytes | 41.7 % | 20-45% |
| Granulocytes | 51.5 % | 40-75% |
| Lym# | 3.58 $10^3/\mu\text{L}$ | |
| Gran# | 4.61 $10^3/\mu\text{L}$ | |
| Mid# | 0.6 $10^3/\mu\text{L}$ | |
| PLATELETS | 312 $10^3/\mu\text{L}$ | 1.5 - 4.5 Lakhs/cumm |
| MPV | 7.9 fL | |

LAB TECHNICIAN



SIGNATURE

Dr. M. Sushmalatha M.B.B.S., M.D(Pathology)
Consultant Pathologist

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SUNSHINE HOSPITALS
 (A Unit of Sarvejana Healthcare Pvt. Ltd.)
 Laxmi Sagar Square, Puri - Cuttack Road
 Bhubaneswar, Odisha - 751006
 Tel: 0674-2571188, 0674-2573399, 9338108108

Hospitalisation Charges From 26-Aug-2018 18:53PM To 03-Sep-2018 16:16 PM

| Ser.Code | Test/Item/Service Name | Batch | Exp.Dt. | Quantity | Amount | Exc.Amount |
|---|---|-------|---------|----------|----------|------------|
| HAEMATOLOGY | | | | | | |
| SER00083 | APTT(ACTIVATED PARTIAL THROMBOPLASTIN TIME) | | | 1 | 470.00 | 470.00 |
| SER02069 | BLOOD GROUPING AND RH | | | 1 | 110.00 | 110.00 |
| SER02070 | CBC(COMPLETE BLOOD COUNT) | | | 5 | 330.00 | 1,650.00 |
| SER00719 | DC (DIFFERENTIAL COUNTS) | | | 1 | 100.00 | 100.00 |
| SER01424 | PT (PROTHROMBIN TEST) WITH INR | | | 3 | 360.00 | 1,080.00 |
| SER01909 | TC (TOTAL LEUCOCYTE COUNT) | | | 1 | 150.00 | 150.00 |
| MICRO BIOLOGY | | | | | | |
| SER00580 | BLOOD CULTURE (BACT / ALERT VITEC IDENTIFICATION) | | | 1 | 1,330.00 | 2,230.00 |
| SER02081 | ET SECRETION FOR CULTURE AND SENSITIVITY | | | 1 | 450.00 | 450.00 |
| SER01105 | GRAMS STAIN | | | 1 | 450.00 | 450.00 |
| MRI SCAN | | | | | | |
| SER01415 | MRI BRAIN | | | 1 | 9,770.00 | 9,770.00 |
| PATHOLOGY | | | | | | |
| SER02816 | HAEMOGLOBIN (HB) SUNSHINE | | | 1 | 110.00 | 110.00 |
| SEROLOGY | | | | | | |
| SER00054 | HBS AG (SPOT) | | | 1 | 250.00 | 7,450.00 |
| SER01886 | HCV (HEPATITIS C) | | | 1 | 970.00 | 970.00 |
| SER00823 | HIV I/II (SPOT) | | | 1 | 480.00 | 480.00 |
| SER03166 | TRACHEOSTOMY CHARGE | | | 1 | 5,750.00 | 5,750.00 |
| X RAY | | | | | | |
| SER01164 | BED SIDE X-RAY CHEST AP | | | 4 | 620.00 | 2,480.00 |
| SERVICE CHARGES | | | | | | |
| HOSPITALITY SERVICES | | | | | | |
| SER00688 | ALPHA BED PER DAY | | | 8 | 690.00 | 96,530.00 |
| SER00187 | BLOOD TRANSFUSION CHARGES-PER UNIT | | | 5 | 420.00 | 2,100.00 |
| SER00944 | FLOWTRON PER DAY | | | 3 | 2,370.00 | 7,110.00 |
| SER00189 | INTUBATION CHARGES | | | 1 | 1,360.00 | 1,360.00 |
| SER01235 | NEBULISATION CHARGES | | | 30 | 140.00 | 4,200.00 |
| SER02043 | OXYGEN PER DAY | | | 8 | 4,080.00 | 32,640.00 |
| SER00951 | VENTILATOR PER DAY | | | 8 | 5,450.00 | 43,600.00 |
| NEPHROLOGY | | | | | | |
| SER02045 | HAEMO DIALYSIS HDU/MICU/SICU/CTICU . | | | 4 | 6,075.00 | 24,300.00 |
| PHYSIO THERAPY | | | | | | |
| SER02742 | PHYSIOTHERAPY - (SICU-MICU-ICCU-HDU-NICU-CTICU) | | | 1 | 400.00 | 400.00 |
| PHARMACY | | | | | | |
| PHARMACY | | | | | | |
| 3 LUMEN DIALYSIS CATHETER (MFR:ARROW) | 71F17B1418 | 02/22 | | 1 | 5,080.00 | 126,249.94 |
| 3 WAY EXTENTION 10 CM(TOP) (MFR:KYOLING) | BA15S | 12/22 | | 1 | 159.00 | 159.00 |
| 3 WAY EXTENTION 10 CM(TOP) (MFR:KYOLING) | BB56S | 01/23 | | 1 | 159.00 | 159.00 |
| A TO Z SYRUP 200 ML (MFR:ALKEM) | AZNS8079G | 08/19 | | 1 | 121.00 | 121.00 |
| AHD SPECIAL 500ML | VL-1820 | 05/21 | | 1 | 430.00 | 430.00 |
| AMITAX-500 MG INJ | 8132578 | 02/20 | | 2 | 90.50 | 181.00 |
| AMPHOMUL 50MG INJ (MFR:BHARAT SERUMS) | A01918003 | 02/20 | | 2 | 1,612.18 | 3,224.36 |
| ARTACIL 25MG INJ (MFR:NEON) | 1303082 | 05/19 | | 4 | 131.75 | 527.00 |
| ATORVA 40MG TAB (MFR:ZYDUS) | 1700449 | 09/19 | | 2 | 19.61 | 39.22 |
| ATORVA 40MG TAB (MFR:ZYDUS) | I801118 | 05/20 | | 2 | 20.28 | 40.56 |
| ATORVA 40MG TAB (MFR:ZYDUS) | 1700447 | 09/19 | | 7 | 19.61 | 137.27 |



INDU HOSPITAL

MULTISPECIALITY HOSPITAL & TRAUMA CENTER

(Unit of Indu health wellness Pvt. Ltd.)



Final Bill

| | |
|--|-------------------------------|
| Bill No. 002999 | Date of Admission: 25/05/2025 |
| MRD NO.1553/IPD | Date of Discharge: 29/05/2025 |
| Patient name: [REDACTED] | Age: 2 years |
| FATHER Name: MR. S. [REDACTED] | Discharge type: Normal |
| Address: VPO-SIHALI-MUNDAWAR -ALWAR (RAJ) | Neemrana |
| Consultant Doctor: Dr ASHISH SHARMA MBBS DCH DNB | |

| Description | Total amount |
|---|---------------|
| BED CHARGE IN SINGLE AC ROOM @ 3500 FOR* 4 DAY | 14000 |
| NURSING CHARGE IN SINGLE AC ROOM @ 600 FOR 4 DAY | 2400 |
| CONSULTATION CHARGE IN SINGLE AC ROOM @ 550* 08 VISIT | 4400 |
| LAB CHARGE | 6828 |
| MEDICINE CHARGE | 12872 |
| | |
| BILL AMOUNT | 40 500 |
| NET AMOUNT IN WORDS | 40 500 |
| (FOURTY THOUSAND FIVE HUNDRED ONLY) | |



Indu Health Wellness Pvt. Ltd.

APPROVED

Authorised Signatory

ISHWAR MEDICAL & GENERAL STORES

Shop No. 1, Ground Floor, S. No. 16, Hissa No. 3/1/3,
Gururaj Apt., Ambegaon Bk., Tal. Haveli, Pune.
M.: 7972631798

Invoice No. 446

DATE : 03/03/21

Patient Name : [REDACTED]

Add. : [REDACTED]

Dr. Name : Pratull Sundeja.

| QTY. | PARTICULARS | COM. | BATCH NO. | EXP. | RUPEES |
|------|-----------------------------|------|---------------|-------|---------------|
| 3 | Piptaz 4.5. | COR | 619423, | 10/22 | 1350=00 |
| 2 | Inj Pan 40. | ALK | 149134 | 04/23 | 240=00 |
| 2 | Milacacin 250. | ART | 3914132 | 04/22 | 220=00 |
| 3 | Emxet 8. | PIP | 149134, | 04/23 | 240=00 |
| 3 | Inj Eldervit | ELD | 1439124 | 04/22 | 210=00 |
| 1/1 | Intracath No. 22 F i v set. | VAS | 149131/34131 | 04/23 | 310=00. |
| 5/5 | Dipovon 10CC & 5CC | VAS | 143912/147130 | 01/22 | 100=00 |
| 4 | Gloves No. 8 | HDF | N-98 | 01/23 | 260=00 |
| | | | | | TOTAL 2930=00 |

Drug L. No. 20 - 133417, 20C - 133421, 21 - 133418

Please show the medicines to your doctor before use. Goods once sold
will not be accepted, Accidental over charges will be refunded

ISHWAR MEDICAL AND GENERAL STORE

PROPRIETOR
For ISHWAR MEDICAL & GENERAL STORES



GOKUL HOSPITAL - KUVADAVA ROAD
(Managed By Gokulam Lifescience Private Limited)

14, Sadguru Nagar, Nr. Ranchhoddas Ashram, Kuvadava Road, Rajkot. (Gujarat)-360 003

Ph.No : 0281-2550600/2550601

E-mail : info@gokulamlifescience.in

OPD BILL

Patient Name [REDACTED]

Case No 18405

Age & Sex [REDACTED]

Bill No 2102723

Patient Type Cash

Bill Date 15/05/2021 03:05

| Sr.No | Description | Qty | Rate | Amount |
|-------|--|-----|---------|---------|
| 1 | REGISTRATION CHARGES | 1 | 100.00 | 100.00 |
| 2 | EMERGENCY CONSULTATION CHARGE SUPERSPECIALIST | 1 | 2000.00 | 2000.00 |

Bill Amount : 2,100.00

Rs. Two Thousand One Hundred Rupees Final Amount 2,100.00

Amount Outstanding : 0

Amount Received : 2100.00

For GOKUL HOSPITAL KUVADAVA ROAD

Please Note:- Kindly issue a cheque in favour of " Gokulam Lifescience Private Limited
LALJI





IPD Receipt

Receipt No. : 433 Receipt date & Time : 15/12/2025 12:36 PM
IPD No. : 487 / 2025-2026 Bill No. : 529
Received with thanks : [REDACTED]
from
The Sum of : 20,610.00
Amount In Words : Twenty Thousand Six Hundred Ten Only
Payment Mode : Credit Card
Instrument No. : 5278 Date: 15/12/2025
Bank : American Express Branch: MUMBAI
Bank Ltd.

In Payment of following Bill / Bills :

| ecNo | RecDt | Tot.Bill.Amt | Deposit | Bill Disc | Tot.Amt.Recd. | Paid | Pend Amt. | Mode |
|------|------------|--------------|-----------|-----------|---------------|-----------|-----------|----------|
| 433 | 15/12/2025 | 30,610.00 | 10,000.00 | 0.00 | 20,610.00 | 20,610.00 | 0.00 | Credit C |

Advance Deposit Details

| SNo. | Mode | Rec. No | Rec. Date | Inst. No | Inst. Date | Amount | Deposit Type |
|------|-------------|---------|------------|----------|------------|-----------|--------------|
| 1152 | Credit Card | 575 | 13/12/2025 | 4567 | 13/12/2025 | 10,000.00 | Against Bill |

Receipt Generated By : Vidhi Khot

Date & Time : 15/12/2025 12:36:49

This Receipt was printed using Caresoft HIS www.caresoft.co.in by Vidhi Khot

Signature :

