

SIA ORTHOPAEDICS & SPECIALITY CLINIC

Phone: +919880368966

SAIRAKSHITH .R.
Patient Id: P106
+919886500787

Male, 22 Years
BLR

By: Dr. Subodh M. Shetty

Invoices

Date: 25 Jan, 2021
Invoice Number: INV79

#	Treatments & Products	Unit Cost INR	Qty	Total Cost INR
1.	Consultation (Orthopaedics) Date 25 Jan, 2021	600.00	1	600.00
2.	X ray 2 views Date 25 Jan, 2021	600.00	1	600.00

Total Cost: 1,200.00 INR

Grand Total: 1,200.00 INR

Amount Received: 1,200.00 INR

Balance Amount : 0.00 INR

Payment Details

Date	Receipt Number	Mode Of Payment	Amount Paid INR
25 Jan, 2021	RCPT79	Cash	1,200.00

RAGAVS

Diagnostic & Research Centre Pvt Ltd
#10/804-1, Patalamma Temple Road (Anebande Road)
3rd Block, Jayanagar, Bangalore - 560011
Tel : 80 26531555,56,57 26549279, 26656434, 26534594/95

BILL / RECEIPT

Name MR. SAIRAKSHITH RAVI
Bill No. R 6241 Age 22 Year(s) Sex Male
Date 25/01/2021 18:47
Ref. By DR.SUBODH.M.SHETTY
Corporate NON CORPORATE

Working Hours: 7:00A.M To 9:00P.M

Sunday: 7:00A.M To 1:00P.M

Radiology 24 Hours All Days

Sl. No.	Test / Service Particulars	Charges
1	MRI KNEE JOINT (SINGLE)	7000.00
Total Rs.		7000.00
Grand Total Rs.		7000.00
Paid Amt.		7000.00
Bal. Amt.		0.00

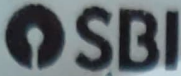


Authorised Signatory

Billed By THULASI

At 25/01/2021

Reports will be issued only on producing this bill
Report & Slides will not be preserved



M/s Ragavs Diagnostic Research Ce
ntre Pvt Ltd
BANGALORE
KARNATAKA

DATE/TIME: 25/01/21

MID: 022000000019894

BATCH NUM 000931

18:51:07

TID: 01649802

INV NUM: 026364

Sale

APPL NAME: Visa Debit

AID: A0000000031010

TVR: 0080048000

TSI: F800

TC: B4EA9EF2404E8DF0

CARD NUM: xxxxxxxxxxxxx4245 Chip

EXP DATE: xxxx

CARD TYPE: VISA

APPR CODE: 001811 RREF NUM: 102518927521

AMOUNT: ₹ 7000.00

PIN verified, Signature not required

SAIRAKSHITH R /

I AGREE TO PAY AS PER CARD ISSUER
AGREEMENT

THANK YOU, COME AGAIN

xxxxx CUSTOMER COPY xxxxx

Version 01 00 00/Oct 10 2019

V20013GDE-176

RAGAVS

c & Research Centre Pvt Ltd

amma Temple Road (Anebande Road)

ayanagar, Bangalore - 560011

6,57 26549279, 26656434, 26534594/95

BILL / RECEIPT

TH RAVI

Age 22 Year(s) Sex Male

47

SHETTY

E

Service Particulars

Charges

T (SINGLE)

7000.00

Total Rs. 7000.00

Grand Total Rs. 7000.00

Paid Amt. 7000.00

Bal. Amt. 0.00



Authorised Signatory

Billed By THULASI

At 25/01/2021

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HEALTH LIFE PHARMA

GST INVOICE

88, 24TH MAIN, 6TH A CROSS BOB COLONY, JP NAGAR 7TH PHASE BANGALORE - 560078.

Mb: 9886721156 / 9342535510

29AAMFH3280M1ZS

DL.No : KA-B32-20-182393,KA-B32-21-182394

E-mail :

nt : SAI RAKSHITH
or : SUBODH SHETTY

ADD:

Time: 13:16:12

Bill No : S-4100

Date : 26-01-21

No	Item Name	Hsn Code	Qty	Mfg.	Batch	Exp	MRP	GST %	Amount
	GERIJOINT CAPS	21069099	20	ALCHE	BU0771007	08/22	451.00	18	902.00
	GUDU DSR CAP	30049034	2	ML	MTC-0288	02/22	77.00	12	15.40
3	ENZICTRA TAB	30045031	2	ALE011	EY0363007	09/22	251.50	12	50.30

NOTE :

1.All Major Credit / Debit Cards / Digital Payments accepted.

2.E & O.E Goods Once Sold Cannot Be Taken Back Or Exchanged.

3.Subject to Bangalore Jurisdiction .

TAX	TAXABLE	CGST	TAX AMT	SGST	TAX AMT
0%	0.00	0%	0	0%	0
5%	0.00	2.5%	0	2.5%	0
12%	58.66	6%	3.52	6%	3.52
18%	764.40	9%	68.8	9%	68.8
28%	0.00	14%	0	14%	0

Total Qty: 24

Sub Total : 967.70

Total Items: 3

Tax Amt : 144.64

Signature
Registered Pharmacist

Total: 968.00

GSTIN : 29ETHPK4241P1Z1

TAX INVOICE

Mob: 6362298272

NR MARKETING

23/24, 9th Main, 4th Phase, Gururaja Layout,
Banashankari 3rd Stage, Bangalore - 560 085.

To

Mr. Jaiarajith R

No.

132

Date:

12/03/21

Sl. No.	PARTICULARS	HSN Code	MRP	RATE	QTY.	AMOUNT	
						Rs.	Ps.
1)	Novamed foldable walker		1400/-	1260/-	1	1260	00.
RUPEES			TOTAL			1260	00.
E & O. E.			SGST.....2.5.....%			31.50	
FOR NR MARKETING			CGST.....2.5.....%			31.50	
Proprietor			GRAND TOTAL			1323	00