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| **Sl.No.**  **ಕ್ರ.**  **ಸಂ.** | **Name of Medical Shop**  **ಔಷಧಿ ಅಂಗಡಿ ಹೆಸರು** | **Name of Medicines**  **ಔಷಧಿಯ ಹೆಸರು** | **Recepit No.**  **ಪಾವತಿಸಿ ರಶೀದಿ ನಂ. ಮತ್ತು ತಾ||** | **Price**  **Rs. P.**  **ಮೊಬಲಗೊ**  **ರೂ. ಪೈ.** |
|  |  |  |  |  |

Place ಸ್ಥಳ ..................................... Signature and Designation of

Authorised Medical Attendent

Date ದಿನಾಂಕ............................... Signature of Medical Officer