

INDOOR BILL

Bill No	5956	IPD No	Date	12/11/2025	Time	11:42
Name			UHID No		AgeSex	
Careof					CardNo	
Address					MobilNo	
Doctor					Family	
Ref.By					Bed No	DL

Admn Date 07/11/2025 Time: 19:21 Disch On : 12/11/2025 Time : 12:28 (Discharged)

Service Rendered	Qty	Rate	Amount
			Group Total : 6733.00
LABORATORY			
CALCIUM	1 X	150	150.00
VITAMIN B12	1 X	1120	1120.00
DENGUE PROFILE (NS1, IGG, IGM)			900.00
RBS (BLOOD SUGAR RANDOM)	1 X	50	50.00
MP CARD			200.00
SCRUB TYPHUS ANTI BODY			600.00
CBC	1 X	250	250.00
RA FACTOR QUANTITATIVE			300.00
VITAMIN D 25	1 X	633	633.00
ANTI CCP			980.00
TYPHI DOT(Typhi Dot IgG, IgM)	1 X	780	780.00
T3, T4, TSH	1 X	770	770.00
Group Total : 250.00			
X-RAY			
X-RAY CHEST PA VIEW	1 X	250	250.00
Group Total : 800.00			
SONOGRAPHY			800.00
USG WHOLE ABDOMEN			Group Total : 4000.00
CONSULTATION			
VISIT DR. SURENDRA KUMAR KANWAT(Deluxe Room)	6 X	400	2400.00
VISIT DR. L.N.RUNDLA(Deluxe Room)	4 X	400	1600.00
Group Total : 20800.00			
BED/ROOM			
DELUXE ROOM CHARGE	6 X	3000	18000.00
NURSING CHARGE	6 X	400	2400.00
REF VISIT DR MANJU YADAV(Deluxe Room)			400.00
Group Total : 800.00			
OTHERS			100.00
ADMISSION CHARGE			

Rs FORTY THOUSAND THIRTY ONLY

Continued on Next Page...

Thanks for Visit

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Name			UHID No		AgeSex	
Careof					CardNo	
Address					MobilNo	
Doctor					Family	
Ref.By					Bed No	

Admn Date 07/11/2025 Time: 19:21 Disch On : 12/11/2025 Time : 12:28 (Discharged)

Service Rendered

NEBULIZATION (PER NEBULIZATION) 14 X 50 700.00

2D-ECHO Group Total : 1500.00

2D-ECHO 1 X 1500 1500.00

MEDICINE Group Total : 5147.00

MEDICINE CHARGE 1 X 5147 5147.00

Total Amount 40030.00

Bill Amount 40030.00

Net Bill Amount 40030.00

NET PAYABLE (=) 40030.00

Rs FORTY THOUSAND THIRTY ONLY

Thanks for Visit

TAX INVOICE

Mobile:
Email:

INVOICE No : A-0107131

Patient :
Address :

Date :
ReferBy :
Sales Person :-

07/11/2025

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
1	MEDICATH NO 20	300490	1 PCS	25D1007	03/30	60.00	60.00	2.50	2.50
1	CANNULA FIXATOR	300490	1 PCS	CF361	09/28	20.00	20.00	2.50	2.50
2	MONOCEF-1GM INJ	300490	1INJ	BPG251952	12/27	66.64	133.28	2.50	2.50
2	PANTANYX 40 INJ	300490	1 VIAL	IG25H001M	02/27	53.89	107.78	2.50	2.50
2	Q-VOM INJ	300490	1PCS	L40127	10/26	12.23	24.46	2.50	2.50
2	KYCORT 100 MG INJ	300490	1PCS	D25I-05A	08/27	44.74	89.48	2.50	2.50
4	KYPARA INJ 2 ML	300490	1INJ	IG25H033A	07/27	8.34	33.36	2.50	2.50
1	NEBULIZER MASK (A)	300490	1 PCS	1006025A	12/29	150.00	150.00	2.50	2.50
3	BUDAZ-LS RESPULES	300490	1PCS	AFR25046	06/27	30.00	90.00	2.50	2.50

Continued On...2

Total c/f 674.64

8

Mobile:
Email:

A-0107131

A-010/131

INVOICE No :
Patient :
Address

Rupees Eight Hundred Fifty Only.

CGST(@ 2.50% on Rs. 809.22)

=> Taxable (@ 2.50% on Rs. 809.22)

Goods once sold will no be taken back
Take medicine as per Doctor's advice.

Please bring our Bill while return medicine

Subject to

E&OE

TOTAL
DISC
CGST
SGST
OTH. A
NET AM

TAX INVOICE

DSG

INVOICE No : A-0107231

Mobile:
Email:

Date : 08/11/2025

Sales Person :-

TAX INVOICE

DSG

Mobile:
Email:

Rupees Sixty Four Only.

* => Taxable (@ 2.50% on Rs. 61.39)

Goods once sold will no be taken back

Take medicine as per Doctor advice
Please bring our Bill while return medicine

Subjec

E.&O.E.

TAX INVOICE

DSG

Mobile:
Email :

INVOICE No : A-0107623

Patient :
Address

Date : 09/11/2025

ReferBy :
Sales Person :-

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
2	CEFTIROL 1 GM INJ	300490	1 INJ	CS034006	03/26	69.86	139.72	2.50	2.50
2	PANTANYX 40 INJ	300490	1 VIAL	IG25H001M	02/27	53.89	107.78	2.50	2.50
2	Q-VOM INJ	300490	IPCS	L40127	10/26	12.23	24.46	2.50	2.50
2	KYPARA INJ 2 ML	300490	1INJ	IG25H033A	07/27	8.34	33.36	2.50	2.50
4	RTQS 200MG TAB	300490	15 TAB	IC675005	06/27	6.79	13.59	2.50	2.50
2	ZYTHUM 500 MG TAB	300490	3TAB	GTF0515C	02/27	20.00	20.00	2.50	2.50
1	KYCORT 100 MG INJ	300490	IPCS	D25I-05A	08/27	44.74	89.48	2.50	2.50
2	EMIVENT MD TAB	300490	10 TAB	17525003	07/27	7.37	14.75	2.50	2.50
2	BUDANOUR-L JUNIOR	300490	IPCS	25182002NB	02/27	40.06	120.18	2.50	2.50
3	SYRING 10 ML	300490	1 *10ML	092510S1	03/30	10.00	20.00	2.50	2.50
2	SYRING 5 ML	300490	1 *5ML	4110924S12	08/27	10.00	20.00	2.50	2.50
TOTAL									
DISC									
CGST									
SGST									
OTH. ADJ									
NET AMT									
574.58									
0.32									
14.37									
14.37									
0.00									
603.00									

Rupees Six Hundred Three Only.

CGST(@ 2.50% on Rs. 574.58)

* => Taxable (@ 2.50% on Rs. 574.58)

Goods once sold will no be taken back

Take medicine as per Doctor advice

Please bring our Bill while return medicine

Subject ,

E.& O.E

TAX INVOICE

DSG

Mobile:
Email:

INVOICE No : A-0107927
Patient :
Address :

Date : 09/11/2025
ReferBy :
Sales Person :-

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
2	TEROFEROL-D3-CAP	300490	4CAP	S4C019F	02/26	25.31	50.63	2.50	2.50
1	KALTIAZ-M TAB	300490	10 TAB	GTF04471	01/27	10.31	10.31	2.50	2.50

rupees Sixty One Only.
CGST(@ 2.50% on Rs. 58.02)
* => Taxable (@ 2.50% on Rs. 58.02)
Goods once sold will no be taken back
Take medicine as per Doctor advice
Please bring our Bill while return medicine

TOTAL
DISC
CGST
SGST
OTH. ADJ
NET AMT

58.02
-0.06
1.46
1.46
0.00
61.00

Subject

E.& O.E

TAX INVOICE

DSG

Mobile:
Email:

INVOICE No : A-0107991

Patient :
Address :

Date : 10/11/2025

ReferBy :
Sales Person :-

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
2	CEFTIROL 1 GM INJ	300490	1 INJ	CS034006	03/26	69.86	139.72	2.50	2.50
2	PANTANYX 40 INJ	300490	1 VIAL	IG25H001M	02/27	53.89	107.78	2.50	2.50
2	Q-VOM INJ	300490	1PCS	L40127	10/26	12.23	24.46	2.50	2.50
2	KYCORT 100 MG INJ	300490	1PCS	D251-05A	08/27	44.74	89.48	2.50	2.50
2	ZYTHUM 500 MG TAB	300490	3TAB	GTF0515C	02/27	20.00	20.00	2.50	2.50
1	RTQS 200MG TAB	300490	15 TAB	IC675005	06/27	6.79	13.59	2.50	2.50
2	EMIVENT MD TAB	300490	10 TAB	17252003	07/27	7.37	14.75	2.50	2.50
1	TEROFEROL-D3-CAP	300490	4CAP	S4C019F	02/26	25.31	25.31	2.50	2.50
1	KALTAZ-M TAB	300490	10 TAB	GTF04471	01/27	10.31	10.31	2.50	2.50
2	SYRING 10 ML	300490	1 * 10ML	0992510S1	03/30	10.00	20.00	2.50	2.50
2	SYRING 5 ML	300490	1 * 5ML	4110924S12	08/27	10.00	20.00	2.50	2.50

Continued On...2

Total c/f 462.26

Mobile:
Email :

INVOICE No :

Patient :
Address

Date : 10/11/2025

ReferBy :
Sales Person :-

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
Continued From... 1									
6	BUDAZ-LS RESPULES	300490	IPCS	AFR25046	Total b/f 06/27	485.40 30.00	180.00	2.50	2.50

Rs. Six Hundred Sixty Five Only.

CGST(@ 2.50% on Rs. 633.68)

* => Taxable (@ 2.50% on Rs. 633.68)

Goods once sold will no be taken back

Take medicine as per Doctor advice

Please bring our Bill while return medicine

TOTAL	
DISC	0.40
CGST	15.86
SGST	15.86
OTH. ADJ	0.00
NET AMT	665.00

E.& O.E

TAX INVOICE

DSG

Mobile:
Email:

INVOICE No :		A-0108357		Patient Address :		Date : 10/11/2025		ReferBy :		Sales Person :-
QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST	
1	PENTALEV OX-IV 100ML	300490	100 ML	24EL002	04/26	200.00	200.00	2.50	2.50	
	CITRASOL 100 ML	300490	100 ML	MLS25133	05/26	109.87	109.87	2.50	2.50	
1	NS100 ML	300490	100 ML	2062423L	08/28	21.01	21.01	2.50	2.50	
2	PANTANYX 40 INJ	300490	1 VIAL	IG25H001M	02/27	53.89	107.78	2.50	2.50	

TAX INVOICE

DSG

Mobile:
Email :

A-0108465

INVOICE No :
Patient :
AddressDate : 11/11/2025
ReferBy :
Sales Person :-

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
2	CEFTIROL 1 GM/INJ	300490	1 INJ	CS034006	03/26	69.86	139.72	2.50	2.50
2	PANTANYX 40 INJ	300490	1 VIAL	IG25H001M	02/27	53.89	107.78	2.50	2.50
2	KYCORT 100 MG INJ	300490	1PCS	D25I-05A	08/27	44.74	89.48	2.50	2.50
1	PENTALEVOX-IV100ML	300490	100 ML	24EL002	04/26	200.00	200.00	2.50	2.50
1	ZYTHUM 500 MG TAB	300490	3TAB	GTF0515C	02/27	20.00	20.00	2.50	2.50
6	BUDANOUR-L JUNIOR	300490	IPCS	25185002NB	02/27	40.06	240.36	2.50	2.50
2	RTQS 200MG TAB	300490	15 TAB	IC675005	06/27	6.79	13.59	2.50	2.50
2	EMIVENT MD TAB	300490	10 TAB	17525003	07/27	7.37	14.75	2.50	2.50
1	TEROFEROL-D3-CAP	300490	4CAP	S4C019F	02/26	25.31	25.31	2.50	2.50
1	KALT AZ-M TAB	300490	10 TAB	GTF04471	01/27	10.31	10.31	2.50	2.50
2	SYRING 10 ML	300490	1 *10ML	0992510S1	03/30	10.00	20.00	2.50	2.50

Continued On...2

Total c/f 839.32

TAX INVOICE

DSG

Mobile:
Email:

TAX INVOICE

DSG

Mobile:
Email :

INVOICE No :
Patient :
Address

A-0108845

Date : 11/11/2025
ReferBy :
Sales Person :-

QTY	PRODUCT NAME	HSN	PACK	BATCH	EXPIRY	RATE	AMOUNT	CGST	SGST
1	CANDIMAX B 20 GM	300490	20 GM	E241	07/27	103.13	103.13	2.50	2.50

Rupees One Hundred Three Only.
 CGST(@ 2.50% on Rs. 98.21)
 * => Taxable (@ 2.50% on Rs. 98.21)
 Goods once sold will no be taken back
 Take medicine as per Doctor advice
 Please bring our Bill while return medicine

TOTAL	98.21
DISC	0.13
CGST	2.46
SGST	2.46
OTH. ADJ	0.00
NET AMT	103.00

E.& O.E

TAX INVOICE

DSG

Twopees Eight Hundred Ninety Two Only.

CGST(@ 2.50% on Rs. 849.57)

* => Taxable (@ 2.50% on Rs. 849.57)

Goods once sold will no be taken back

Take medicine as per Doctor advice
Please bring our Bill while return medicine

E.&O.E.