



L.N. MEDICAL COLLEGE & J.K. HOSPITAL

J K Town, 'C'-Sector, Sarvdharm, Kolar Road, Bhopal (462042) M.P., India

Phone: 0755-4087001, 02, Fax: 07554087003, Email:
 jkhospitalbhopal@gmail.com, Website url: www.lnctu.ac.in

Registration No.: NH/101/APR-08

CASH MEMO

Outpatient Bill Receipt

Invoice #:	INV195507	Date:	08-Mar-2021 09:44 AM
Name:	Mr Ramayan Mouar	UHID:	LMH2021093208
Age:	66 Year(s) / Male	Contact #:	7091177724
Address:	F-8 Flora Shalimar Garden Kolar Road, Bhopal, Madhya Pradesh, India	Lab ID:	100016

Sl.	Code	Service Name	Service Type	Rate	Qty.	Amount (₹)
1.		VACCINATION CHARGES	General Services	250.00	1	250
Sub total:						₹ 250.00
Paid:						₹ 250.00
Payment Mode:						Cash

Received with thanks from Mr Ramayan Mouar, A sum of **Two Hundred And Fifty Rupees Only.**



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Registration No.: NH/101/APR-08

CASH MEMO

Outpatient Bill Receipt

Invoice #: INV208639
Name: Mr Ramayan Mouar
Age: 66 Years 2 Months / Male
Address: F-8 Flora Shalimar Garden
 Kolar Road, Bhopal, Madhya
 Pradesh, India

Date: 22-Apr-2021 02:52 PM
UHID: LMH2021093208
Contact #: 7091177724
Lab ID: 100016

Sl.	Code	Service Name	Service Type	Rate	Qty.	Amount (₹)
1.		VACCINATION CHARGES	General Services	250.00	1	250
Received with thanks from Mr Ramayan Mouar, A sum of Two Hundred And Fifty Rupees Only.			Sub total:			₹ 250.00
			Paid:			₹ 250.00
			Payment Mode:			Cash

*Note: DD payments are subject to realisation.

Cashier

12/2/2021

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Registration No.: NH/101/APR-08

CASH MEMO

Outpatient Bill Receipt

Invoice #:	INV208641	Date:	22-Apr-2021 02:54 PM
Name:	Mrs Lalita Devi	UHID:	LMH2021093302
Age:	60 Years 2 Months / Female	Contact #:	7091177724
Address:	F1/8 Shalimar Garden Kolar Road Near IDBI Bank, Bhopal, Madhya Pradesh, India	Lab ID:	100016

Sl.	Code	Service Name	Service Type	Rate	Qty.	Amount (₹)
1.		VACCINATION CHARGES	General Services	250.00	1	250
Received with thanks from Mrs Lalita Devi, A sum of Two Hundred And Fifty Rupees Only.				Sub total:		₹ 250.00
				Paid:		₹ 250.00
				Payment Mode:		Cash

3/8/2021

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Registration No.: NH/101/APR-08

CASH MEMO

Outpatient Bill Receipt

Invoice #: INV195514
Name: Mrs Lalita Devi
Age: 60 Year(s) / Female
Address: F1/8 Shallmar Garden
 Kolar Road Near IDBI
 Bank, Bhopal, Madhya
 Pradesh, India



Date: 08-Mar-2021 09:48 AM
UHID: LMH2021093302
Contact #: 7091177724
Lab ID: 100016

Sl.	Code	Service Name	Service Type	Rate	Qty.	Amount (₹)
1.		VACCINATION CHARGES	General Services	250.00	1	250
Sub total:						₹ 250.00
Paid:						₹ 250.00
Payment Mode:						Cash

Received with thanks from Mrs Lalita Devi, A sum of Two Hundred And Fifty Rupees Only.

Cashier

Note: DD payments are subject to realisation.