



SYMBIOSIS UNIVERSITY HOSPITAL AND RESEARCH CENTER
SYMBIOSIS MEDICAL COLLEGE FOR WOMEN (*)

Symbiosis International (Deemed University) Campus, Gram Lavale, Tal: Mulshi, Dist: Pune 412115, Maharashtra, India

BILL/RECEIPT

Patient Name	: Mr. JITENDRA B FIRAKE	Patient ID :	: SUHRC0146671
Patient Age (Yrs)	: 46Y-6M-14D / M	Receipt No	: SUHRC/ORSH21-22/55314
Patient Phone	: 9890205040	Bill/Receipt	: 28/06/2021 - 09:28
Patient Category	: HOSPITAL SCHEDULE-SH	Payer Name	: SELF
Consulting Doctor	: Dr. VACCINATOR	Paid By	: SELF
Token No	: 24	Referred By	:
		Receipt Type	: MISCELLANEOUS

Sr.No.	Particular(s)	Quantity	Unit Price	Amount
1	Covid Vaccine Charges	1	₹ 780.00	₹ 780.00

Amount Rs.	: Rupees Seven Hundred Eighty Only	Total Amount	: ₹ 780.00
Mode Of Payment	: ECS	Total Discount	: ₹ 0.00
Bank Name	: AXIS BANK	Amount Received	: ₹ 780.00
Cheque Date	: 28/06/2021	Rem :	Balance : ₹ 0.00
Cheque No.	: 117909026962		

Received from SELF on behalf of Mr. JITENDRA B FIRAKE
and amount of Rupees Seven Hundred Eighty Only.

Print Date/Time : 28/06/2021 9:29:01AM
Printed By : rsn05302


Signature