



Grant Medical Foundation  
**Ruby Hall Clinic**

40, Sassoon Road, Pune - 411 001, (INDIA)  
Tel. : 020 - 2616 2291 (8 lines), 6645 5100 (8 lines)  
**CASH MEMO (PATIENT COPY)**

PAN NO : AAATP1145P  
GST NO : 27AAATP1145P1Z9

Regd.-Under Bombay Society's Act of 1860 No. 27 &  
Bombay Public Charitable Trust No. F-328  
(SUBJECT TO PUNE JURISDICTION) Page : 1

OPD Reg. No. : 3909012361 UHID : P00000239676  
Patient Name : MR. ATHANI SANTOSH ALAGARSWAMI  
Age / Sex : 37.3.11 / M Phone : 9158891523  
Doctor Name : HOSPITAL CASE.

NH  
Email:  
Lab Ref No.: 39914970

Date : 02/06/2021  
Time : 16:32:00  
Bill-No : 39914804



Department	Particulars	Amount(Rs.)	Remarks/Clinical History
ADMIN CHARGES	COVISHIELD VACCINATION-HOSP.	900.00	
	Discount/Concession : 0.00	Total : 900.00	FATIMA02
Payment Details	Cash : 900.00		

I give consent for the above test and convey the results to my doctor. #Sample : Collected By - Collection Time - Receiving Time - Sign. :  
1. Please present this receipt at every visit. 2. Please insist on receipt for each payment. 3. In case of admission please quote this OPD Reg. No.

Done



Sr. No. 78/3, New Bypass Road,  
Dehugaon, Taluka - havell,  
Dist-Pune 412109.  
Reg.NO.903

**RECEIPT**

Date : 26/8/21  
Receipt No. Opd : 123  
Receipt No. IPD :

Received With Thanks From Santosh Alagarswami Athani

The Sum of Rupees. Seven Hundred eighty Rs only

by cash / cheque in full / Part Payment against bill number / test / Advance \_\_\_\_\_

Reference Case paper No. COVISHIELD Date : / / 20

Reference Cheque No. \_\_\_\_\_ Bank Name \_\_\_\_\_ Date : / / 20

7801-

Subject to Cheque Realisation  
Subject to Pune Jurisdiction

