



**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	: Mrs. PRANJALI JITENDRA FIRAKE	Patient ID :	: SUHRC0127200
Patient Age (Yrs)	: 41Y-9M-23D / F	Receipt No	: SUHRC/ORSH21-22/37548
Patient Phone	: 9623459357	Bill/Receipt	: 13/06/2021 - 10:25
Patient Category	: HOSPITAL SCHEDULE-SH	Payer Name	: SELF
Consulting Doctor	: Dr. VACCINATOR	Referred By	:
Token No	: 331	Receipt Type	: MISCELLANEOUS

Sr.No.	Particular(s)	Quantity	Unit Price	Amount
1	Covid Vaccine Charges	1	₹ 850.00	₹ 850.00

Amount Rs. : Rupees Eight Hundred Fifty Only

Mode Of Payment : CASH

Total Amount	:	₹ 850.00
Total Discount	:	₹ 0.00
Amount Received	:	₹ 850.00
Balance	:	₹ 0.00

Received with thanks from Mrs. PRANJALI
JITENDRA FIRAKE an amount of Rupees Eight
Hundred Fifty Only

Print Date/Time : 13/06/2021 10:26:04AM

Printed By : vikrant.jadhav

[Signature]
Signature

RECEIPT



ARP Ventures Pvt. Ltd's
DHANASHREE HOSPITAL
I. C. U. TRAUMA & GENERAL
G-P/66, Opp. K. Bajaj School, M. I. D. C., Chinchwad,
Pune-411 019. ☎: 27370583/ 27370540

No.: 3366

Date: 7/8/21

Received with thanks from Pranjali firake

the sum of Rupees Seven Hundred Eighty only.

by Cash / Bank Transfer Cash

Payment against : Covid 19 Covishield Vaccine

Rs. 780/-



[Signature]

Signature

This receipt is valid subject to Realisation of cash / bank transfer