



**SUCHIRAYU**  
Hospital  
In association with HCG

Gokul Road, HUBLI -580030.  
Tel : 0836-2239000

**CASH BILL**

Bill Number **352081** Bill Date **22/06/2021 01:04 PM**  
 Patient ID **OT 345885** Consultant/Dept **Dr.SELF / GENERAL**  
 Patient Name **Mrs. SEEMA S ATHANI,**  
 Age / Sex **39 Years / F**  
 Corporate Name **SUCHIRAYU HOSPITAL**

S No	Header	Service Name	Amount
1	SERVICE CHARGES	VACCINATION - COVISHIELD	780.00
<b>Bill Total</b>			<b>780.00</b>
Amount Paid			780.00

Pay Mode **Cash ( 780.00 )**

**Seven Hundred Eighty Rupees Only**

Bill Prepared by NAYANA on 22/06/2021 01:04:24 PM

For SUCHIRAYU

Authorized Signatory

**Jupiter Hospital**

Thane | Pune

**VACCINATION BILL RECEIPT**

Bill 155393

Vaccination Date: 16/09/2021

Vaccination Site: Panoratho Hospital

Name: Seema Athani

Received Vaccination Charges Amount: ₹ 780/-  
Card

Cashier's Signature: [Signature]

Thank You

