## Vishwaraj Hospital

Sr. No 499, MIL No. 3/0125, Rajbaug, Pune Solapur Highway Loni Kalbhor Pune- 412201. Tel. No. 020-67085900 GST No : 27AAAAM1206F2Z5



| the second s   |                           | BILLOFSI   |          |                  |              |             |  |         |
|--|---------------------------|------------|----------|------------------|--------------|-------------|--|---------|
| Мето No. : 42715   | 502                       | BILLOFSI   | UPPLY    |                  |              |             |  |         |
| The same of a low second distance of the   | oucher Charges            |            |          | Patient No.      |              | : 1         | 048524   |         |
|  | havan Pradip Prakash      |            |          | T attent 140.    |              |             |  |         |
|  |                           |            |          | Date             |              | : 18        | 8/09/2021  |         |
|  | Casuality Medical Officer |            |          | Age              |              | : 36        | γ  |         |
| A STATE OF STATE   |                           |            |          | Speciality       |              | ; Er        | mergency Medicine  |         |
| Ref Doc  |                           |            |          | Tocken No        |              | : 21        | neigeney meaner  |         |
| Company : Self   |                           |            |          |                  |              |             |  |         |
|  |                           |            |          | Ref No.          |              | : 0         |  |         |
| Charge Desc. SA  | AC Cd Service Descr       | iption     | Turi     |                  | 1            |             | Amount   | Lab No. |
| Gasuly & Procedu 0   |                           |            | Units    | SGST<br>Rate Amt | CGS          |             | Amoune   | Lab No. |
|  | Covid Vaccine             | VRH        |          |                  | Rate<br>0.00 | Amt<br>0.00 | 780.00   | 0       |
| Pune Bi  |                           |            | 11.00    |                  |              | tal         | Rs. :  | 780.00  |
|  |                           | 1          |          |                  | 10           | Lai         | K5.:   | 780.00  |
| Amount In words  | : Seven Hundred E         | ighty Only |          |                  |              |             |  |         |
| Received with thanks fr  | rom Mr. Chavan Pradip F   | rakash     |          |                  |              |             |  |         |
| Payment Details  |                           |            |          |                  |              |             |  |         |
| Passen like the  | 1.0                       |            |          |                  |              |             |  |         |
|  | redit) : 780.00           | Card No    | : XXXX-X | XXXX-XXXX-7      | 005 Ban      | <b>k</b> :  | ICICI bank   |         |
| Total Amt Rs.  | : 780.00                  |            |          |                  |              |             |  |         |
| Portugal   |                           |            |          |                  |              |             |  |         |
|  |                           |            |          |                  |              |             |  |         |
| Service  |                           |            |          |                  |              |             | No.  |         |
|  |                           |            |          |                  |              |             |  |         |
| t cmpany   |                           |            |          |                  |              |             |  |         |
| 14.4   |                           | Tab ool    |          | -                |              | 1           | ( dansla   |         |
|  |                           | Tab Dol    | DE       | 550 m            | -0           | ( 2         | augs   |         |
| Charles and  |                           |            |          |                  |              |             |  |         |
|  |                           | 1          |          |                  |              |             |  |         |
|  |                           |            |          | ]                |              |             |  |         |
| Amount   |                           |            |          | /                |              |             |  |         |
| A CAPITAL CONTRACTOR   |                           |            |          |                  |              |             |  |         |
| Recei  |                           |            |          |                  |              | ver         |  |         |
| -Turnit 4  |                           |            |          |                  | A Start      | . IP        |  |         |
| 20月1日 1  |                           |            |          |                  | 112          |             | 051  |         |
| 11.4   |                           |            |          |                  | Sla li       | 2           | 121  |         |
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| a state of the second sec |                           | See and    |          |                  | 1/3/         | S           | 110  |         |
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| 2 2 4 4  |                           | State Vac  | 3/1      |                  | A.           |             |  |         |
|  |                           | Vaccini    | PIR      |                  | -6           |             | K. 1   |         |
|  |                           | Vaccinated | 1B       |                  |              |             |  |         |
|  |                           | Horo       | ilB      |                  |              |             |  |         |
|  |                           | (a) 0      | 4        |                  |              |             |  |         |
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## Vishwaraj Hospital

Sr. No.499, MIL No. 3/0125, Rajbaug, Pune Solapur Highway Loni Kalbhor Pune- 412201. Tel. No. 020-67085900 GST No : 27AAAAM1206F2Z5



|   |                          |                    | BILL                                     | OFSUPPL      | Y     |             |           |            |                 |         |
|---|--------------------------|--------------------|--|--------------|-------|-------------|-----------|------------|-----------------|---------|
| States and the state of the states of the   | 4271502<br>Ppd Voucher ( | Charges            |  |              |       | Patient No. |           | ;          | 1008714         |         |
|   | irs. CHAVAN              | MADHURI PRA        | DIP                                      |              |       | Date        |           | :          | 18/09/2021      |         |
| Doctor : 1  | 000 Casuali              | ty Medical Officer |  |              |       | Age         |           |            | 30 Y            |         |
| Chass : O   | PD                       |                    |  |              |       | Speciality  |           |            | Emergency Medic | ine     |
| Ref Doc.  |                          |                    |  |              |       | Tocken No.  |           | ;          |                 |         |
| Company Self  | f                        |                    |  |              |       | Ref No.     |           | :          | 0               |         |
|   | 000 01                   |                    |  |              |       |             |           |            |                 |         |
| Charge Desc.  |                          | Service Desc       |  | Unit         | Rate  | SGST<br>Amt | C<br>Rate | GST<br>Amt | Amount          | Lab No. |
| Casulty & Procedu   | 0                        | Covid Vaccir       | e VRH                                    | 1.00         | 0.00  | 0.00        | 0.00      | 0.0        |                 |         |
| nni kalis   |                          |                    |  |              |       |             |           | ſotal      | Rs. :           | 780.00  |
| Amount In words   |                          | even Hundred       |  |              |       |             |           |            |                 |         |
| Received with than  | ks from Mr               | s. CHAVAN MA       | DHURI PRADIP                             |              |       |             |           |            |                 |         |
| Payment Details   |                          |                    |  |              |       |             |           |            |                 |         |
| Received by Card  | (Credit)                 | : 780.00           | Card No                                  | : XXX        | x-xxx | X-XXXX-70   | 05 E      | Bank       | : ICICI bank    |         |
| Total Amt Rs.   | :                        | 780.00             |  |              |       |             |           |            |                 |         |
| on productions of the second sec  | 11 <b>A</b>              |                    | le l | 201 AC       |       |             |           |            | 1               | No.     |
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| A biologi a<br>Ret E et<br>Posment  |                          |                    | Tab Do                                   | 010 6        | 50    | mg          |           |            |                 |         |
| Parcive<br>Allown   |                          |                    |  |              |       |             |           |            |                 |         |
|   |                          |                    | Hese A                                   | S Varcemated |       |             |           |            |                 |         |
| 11450 18/09/202   | 21 10                    | :31:00AM           |  |              |       |             |           |            |                 |         |