



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. VINAY PATIL	Patient ID :	: SUHRC0120278
Patient Age (Yrs)	: 30Y-9M-12D / M	Receipt No	: SUHRC/ORSH21-22/31127
Patient Phone	: 8888815287	Bill/Receipt	: 09/06/2021 - 11:13
Patient Category	: HOSPITAL SCHEDULE-SH	Payer Name	: SELF
Consulting Doctor	: Dr. VACCINATOR	Referred By	:
Token No	: 416	Receipt Type	: MISCELLANEOUS

Registration Remarks :

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

Amount Rs. : Rupees Eight Hundred Fifty Only

Total Amount : ₹ 850.00

Mode Of Payment : CARD

Total Discount : ₹ 0.00

Bank Name : ICICI BANK

Rem :

Amount Received : ₹ 850.00

Card Type : CREDIT CARD

Balance : ₹ 0.00

Card No. : 7008

Received with thanks from Mr. VINAY PATIL an
amount of Rupees Eight Hundred Fifty Only

Print Date/Time : 09/06/2021 11:13:35AM

Printed By : sbn02751


Signature