

AURORA CLINICAL LABORATORY
436B OPP.MAIN BUS STAND
PINJORE +01733230323 9468272727
RECEIPT /BILL

REG NO:AH007832

RECEIPT NO:13245

NAME: RAYESH KAUL

DATE : 14/08/2021

AGE/SEX: /MALE

ADDRESS: PINJORE

NO	DESCRIPTION	DATE	AMOUNT
1.	COVISHILD VACCINATION CHARGES	14-8-2021	780.00

PAID RS.780.00

RECEIVED BY: REC
AURORA MULTISPECIALITY HOSPITAL
PINJORE (OPP. MAIN BUS STAND)

AURORA MULTISPECIALITY HOSPITAL
436B OPP.MAIN BUS STAND
PINJORE +01733230323 9468272727
RECEIPT /BILL

REG NO: AHD0228

RECEIPT NO: 14572

NAME: RAKESH KAUL

DATE: 07/11/2021

AGE/SEX: /MALE

ADDRESS: PINJORE

NO	DESCRIPTION	DATE	AMOUNT
1.	COVISHIELD VACCINATION CHARGES	07-11-2021	780.00

PAID RS. 780.00

RECEIVED BY: REC
AURORA MULTISPECIALITY HOSPITAL
PINJORE (OPP. MAIN BUS STAND)