

# Bhagwan Mahavir Hospital

SEC-14 EXTN, NEAR MADHUBAN CHOWK  
ROHINI, DELHI - 110085  
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bhagwanmahavirhospital16@gmail.com

## Day Care Payment Receipt

Invoice No: 21582/ UHID:31614  
Name : Mr. SHEKHAR SHARMA  
Age/Mobile No: 32Y / 8447993593  
Department: COVID VACCINATION  
Consultant Dr.: REGISTRATION

Date & Time: 21-Aug-2021 12:45:08 PM  
Identity: Aadhar: 838946233260  
TPA / Panel : CASH  
Payment Type: Online  
Comp. Operator : SAHILIA

S.No.	Code	Particular	Rate (Rs)	Unit	Amount (Rs)
1	V4	COVISHIELD 2ND DOSE	780	1	780.00
Total Bill Amount (Rs)					780.00
Amount Paid (Rs) Rupees Seven Hundred And Eighty Only					780.00
Total Amount Paid (Rs)					780.00
Balance Amount (Rs)					0.00

Authorized Signature