

KK CARE HOSPITAL

HUMANITY . ETHICS . KNOWLEDGE .

A/P - CHAROLIBK, WADMUKHWADI, PADMAVATI NAGRI,
PADMAVATI COMPLEX, TAL- HAVELI, DIST - PUNE 412105

Email - Kkcarehospital@gmail.com Mobile : 9657139657

PROCEDURE BILL CUM RECEIPT

BILL NO. : PRO-10/2021/00033
PATIENT NAME : MRS SAPNA AJAY TALE
ADDRESS : GREENS SAI TIRUPATI WADMUKHWADI
PUNE
AGE/SEX : 33 Yrs Female

BILL DATE : 02/10/2021 3:13PM
UHID : KKCH18408
MOBILE : 9761560861
CONS. DR. : Dr. CMO

PARTICULAR NAME	QTY	RATE	AMOUNT(Rs.)
VACCINATION CHARGES covishield	1	780	780

TOTAL AMOUNT : 780
PAID AMOUNT : 780

IN WORDS : SEVEN HUNDRED EIGHTY RUPEES ONLY

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