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|---|---------------------|-------------------------|----------------------|---------------|
| Licence No. :NH/0631/JUN-2020 | | | | |
| Bill No: 986 | | Date: 2022-01-31 | | |
| Patient Name: MRS. JAIWANTI SALAME | | Age: 35y Year | Gender:Female | |
| SNo. | Billing Head | Rate | Quantity | Amount |
| 1 | Consultation Fee | 200 | 1 | 200 |

| | | |
|-------------------------------------|---|------------------|
| Total Amount |  | 200 Rs. |
| In Word : two hundred Rupees | | Signature |

| | |
|---|------------------------|
| Payment Receipt | |
| Number : 986 | |
| Received From : MRS. JAIWANTI SALAME | Amount : 200.00 |
| Total In Word : two hundred Rupees | By : |
| Signature | |