


Licence No. :				
Bill No:		35	Date: 2022-10-31	
Patient Name:		JAI	Age: 25 Year	Gender:Male
SNo.	Billing Head	Rate	Quantity	Amount
1	ALKALINE PHOSPHATE	100	41	4100
2	COW DUNK	140	11	1540

Total Amount		5640 Rs.
In Word : five thousand six hundred and forty Rupees		Signature

Payment Receipt		
Number : 35		
Received From : JAI		Amount : 5640.00
Total In Word : five thousand six hundred and forty Rupees		By :
		Signature