


Licence No. :					
OPD NO.		0	Bill No.		0/2022-23
Date		2023-03-15	Age		23 Year
Patient Name		TEST	Gender		Male
SNo.	Billing Head.		Rate	Quantity	Amount
1	NURSING CHARGE		1500	1	1500

Total Amount		1500 Rs.
In Word : one thousand five hundred Rupees		Signature

Payment Receipt	
Number : 0	
Received From : TEST	Amount : 1500.00
Total In Word : one thousand five hundred Rupees	By :
Signature	