


<b>Licence No. :</b>			
<b>Bill No:</b>	<b>1</b>	<b>Date:</b>	<b>2021-12-08</b>
<b>Patient Name:</b>	<b>MANISH</b>	<b>Age:</b>	<b>52 Year</b>
		<b>Gender:</b>	<b>Male</b>
<b>Admission Date :</b>	<b>2021-12-08</b>	<b>Discharge Date :</b>	<b>2021-12-08 00:00:00</b>

SNo.	Billing Head	Rate	Quantity	Amount
1	Nursing Charge	1500	1	1500
2	General ward Bad No 1	800	1	800
3	DELIVARY	0	1	0
4	Private ward	1500	1	1500

<b>Total Amount</b>		<b>3800 Rs.</b>
<b>In Word : three thousand eight hundred Rupees</b>		<b>Signature</b>

<b>Payment Receipt</b>	
<b>Number : 1</b>	
<b>Received From : MANISH</b>	<b>Amount : 3800.00</b>
<b>Total In Word : three thousand eight hundred Rupees</b>	<b>By :</b>
<b>Signature</b>	