

INSIDE AARVY HEALTHCARE PVT. LTD SECTOR-90 GURUGRAM  
 / AARVY HEALTHCARE PVT. LTD  
 Mobile No 9711894495

SPECIALTY HOSPITAL  
 GSTIN No. 06AAQCZ7221N1ZT  
**CASH SALE (TAX INVOICE)** DL No. 4960-B/4960-OB

Bill No 22-237579 Bill Date 05/07/2022 3:09PM  
 Patient Name MS. SUSHMITA SINGH UHID 22980  
 Doctor Dr. Ravindra Kumar Age/Gender 24 Year Female  
 Company Name SELF PAY Ward/Bed No-

SN	Particulars	Manufacture Name	Batch	Expiry	Qty	Rtn Qty	MR P	Amount	Disc Amt	SGST %	CGST %	Net Amount
1	PANONIC INJ		DC2166	11/2023	1	0	48.45	48.45	0.00	6	6	48.45
2	EMESSET 2 ML INJECTION		6121003	11/2023	1	0	12.90	12.90	0.00	6	6	12.90
3	BD SPRINGE 10ML	BDH	2057102	02/2027	1	0	30.00	30.00	0.00	6	6	30.00
4	BD SPRINGE 2ML		1159281	05/2026	1	0	13.00	13.00	0.00	6	6	13.00
5	ALCOHOL SWAB		211207	11/2026	1	0	3.00	3.00	0.00	6	6	3.00
<b>TOTAL</b>					<b>5</b>	<b>0</b>		<b>107.35</b>	<b>0.00</b>	<b>5.76</b>	<b>5.76</b>	<b>107.35</b>

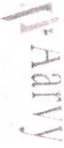
Node Name	Amount
Cash	107.00

Gross Amount: 107.35  
 Discount Amt: 0.00  
 GST Amount: 11.52  
 Round off Amt: -0.35  
 Net Amount: 107.00

Get Well Soon!  
 For any exchange or return of medicines, original invoice is mandatory.

Signature  
 Issued By : RAHUL

GATE IN  
 NO. 495  
 DATE 10/7/22  
 KRISUMI CORPORATION  

INSIDE AARVY HEALTHCARE PVT LTD SECTOR-90 GURUGRAM  
Mobile No 9711884495

DL No 4960-B-4960-08  
CASH SALE (TAX INVOICE)

Bill No: 22-237581  
Patient Name: MS. SUSHMITA SINGH  
Doctor: Dr. Ravindra Kumar  
Company Name: SELF-PAY  
Bill Date: 05/07/2022 3:19PM  
UHID: 22980  
Age/Gender: 24 Year Female  
Ward/Bed No-:

SN	Particulars	Manufacture Name	Batch	Expiry	Qty	Run Qty	MR (%)	Amou nt	Disc Amt	SG ST %	SGST Amt %	CG ST %	CGS Amt %	Net Amount
1	MUCANINE GEL	ABBO	2220172 E	01/2025	1	0	201.25	201.25	0.00	6	10.78	6	10.78	201.25
2	DOCTOR PAIN-D-CAP		PRQCC03	03/2023	10	0	13.67	136.70	0.00	0	0.00	0	0.00	136.70
TOTAL					11	0		337.95	0.00		10.78		10.78	337.95

Gross Amount: 337.95  
Discount Amt: 0.00  
GST Amount: 21.56

Amount Received in words :- (Rs.) Three Hundred Thirty Eight Only.

Round off Amt: 0.05  
Net Amount: 338.00

Cash 338.00

Signature  
Issued By : RAHUL

NO. 496  
DATE 05/07/22  
GATE IN  
KRISUMI CORPORATION  
Signature  
stgub

Get Well Soon!  
For any exchange or return of medicines, original invoice is mandatory

**Aarvy Healthcare**  
 Address : Aarvy Healthcare, Sector-90, Gururam, Harvana 122505 Pin Code:122550  
 Phone : +91-6262800800 Fax:  
 E-mail : enquiry@aarvyhealthcare.com Website: www.aarvyhealthcare.com

**Cash Bill**

UHD : 22980 Bill No : OPC23/13406 Payer : SELF PAY  
 Patient Name : Ms. SUSHMITA SINGH Bill Date Time : 05/07/2022 3:07PM Presc. Doctor : Dr. Ravindra Kumar  
 Gender/Age : Female/24 Yr 6 Mth 16 Days Lab No : 47385 Referred By : Self  
 Contact No : 8630366853 Address : SEC-84, GURGAON, HARYANA, INDIA

No.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	ECG	300.00	1.00	300.00	0.00	300.00	300.00	0.00
2	Glucose Plasma Random	90.00	1.00	90.00	0.00	90.00	90.00	0.00
3	Injection Administration Charges (Dr. CMO CONSULTATION)	100.00	1.00	100.00	0.00	100.00	100.00	0.00

Gross Amount ..... 490.00  
 Net Amount ..... 490.00  
 Payer Amount ..... 0.00  
 Patient Amount ..... 490.00  
 Amt Received (Rs.) ..... **490.00**

By Debit Card: 490.00 Axis Bank 6744  
**Amount Received in words (Rs.) Four Hundred Ninety Only.**  
 Narration :

GATE IN  
 NO .....  
 DATE 05/07/22 7997.  
 KRISUMI CORPORATION  
 81504

Printed By:GEETU

Prepared By:GEETU

Authorised Signatory  
 Printed Date:05/07/2022

**Aarvy Healthcare**  
 Address : Aarvy Healthcare, Sector-90, Gururam, Harvana 122505 Pin Code:122550  
 Phone : +91-6262800800 Fax:  
 E-mail : enquiry@aarvyhealthcare.com Website: www.aarvyhealthcare.com

**Cash Bill**

UHID : 22980 Bill No : OPC23/13399 Payer : SELF PAY  
 Patient Name : Ms. SUSHMITA SINGH Bill Date Time : 05/07/2022 2:38PM Press. Doctor : Dr. Ravindra Kumar  
 Gender/Age : Female/24 Yr 6 Mth 16 Days Lab No : Referred By : Self  
 Contact No : 8630366853 Address : SEC-84 , GURGAON, HARYANA, INDIA

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	OPD CONSULTATION INTERNAL MEDICINE (Dr. Ravindra Kumar)	1000.00	1.00	1000.00	400.00	600.00	600.00	0.00
2	Registration Fee	100.00	1.00	100.00	0.00	100.00	100.00	0.00

Gross Amount ..... 1100.00  
 Discount (-) ..... 400.00  
 Net Amount ..... 700.00  
 Payer Amount ..... 0.00  
 Patient Amount ..... 700.00  
 Amt Received (Rs.) 700.00

By Debit Card: 700.00 Axis Bank 6744  
**Amount Received in words (Rs.) Seven Hundred Only.**  
 Narration :

DATE 05/07/22  
 KRISUMI CORP  
 GATE IN  
 794  
 Signature  
 ST/SH

Printed By: GEETU Prepared By: GEETU

GEETU  
 Authorised Signatory  
 Printed Date: 05/07/2022