



2-330



Receipt/Bill

GSTIN : 07AAATG0160H1Z4

Name : MR. DINESH KUMAR SINGHAL
Age/Sex/Mobile: 61 YRS / MALE / 9899412293
Consultant : -

UHID No. * : LLSHHI583615
Date : 19-Sep-2021 11:06:00
Receipt No. : FRT/21-22/00115278
Panel : SAROJ HOSPITAL

Address	Quantity	Rate(Rs.)	Amount (Rs.)
: 43 RAM KRISHAN APPT SEC-9 ROHINI DELHI	1.00	780.00	780.00
Particulars			
IMMUNIZATION			
COVISHIELD DOSE-1 -			
This includes the cost of injection, administration, observation & monitoring charges.			
Total			780.00
Received			780.00

By CASH:: (780.00) -

Discount Reason :
Received with thanks from MR. DINESH KUMAR SINGHAL an amount of (Rupees) Seven Hundred and Eighty Only

Signature

Prepared By : TANYA YADAV

Printed By : MISS. TANYA YADAV

19-Sep-2021 11:06:01
Madhuban Chowk, Rohini, Delhi-110085 (India) **EMERGENCY 011 4944 4444**
T +91 11 4790 3333, 2790 3333 F +91 11 2755 6275, 2756 6683 E info@sarojhospital.com W www.sarojhospital.com

Run by - Shri Ganesh Das Chawla Charitable Trust
"Save a life. Come forth for Organ Donation. अंगदान एक महादान है।"



GST No. 06AAVFG2538E1ZA

Tel No. : 8178303100, 8178831702
E-Mail : genesishospitalggn@gmail.com

GENESIS HOSPITAL

Opp. D.P.S. School Sector-84, Gurgaon-122004

For Appointment / Enquiry : 8178303100, 8178831702

Website : www.genesishospitalggn.com

OPD Receipt

Receipt No.	4248	Date & Time	: 19/Sep/2021 16:12
UHID No.	: 11188	OPD No.	: 3686
Patient Name	: Miss. SUSHMITA	Age/Sex	: 24 Years/Female
Consultant Name	: DR. PARVEEN YADAV	Mobile No.	: 8630366853
		Serial No.	: 7

Valid Upto : 19/Sep/2021

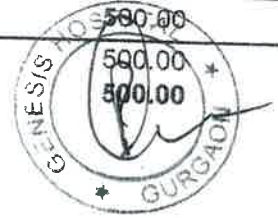
Charge Name

Amount

consultation fees

Payment Mode : Cash

Gross Total	:	500.00
Net Amount	:	500.00



Authorized Signatory

Prepared By : pavit

Dataman Software (0512) 2376505,2317191

Printed on 19/Sep/2021 16:13

08357A

*Received = 3060
Sushmita.*



GENESIS HOSPITAL

Opp. D.P.S. School Sector-84, Gurgaon-122004

Pathology Receipt

Receipt NO. : 507
Lab No. : 1368
Date : 19/Sep/2021 16:14:00
Patient Name : Miss. SUSHMITA
UHID No. : 11188
Consultant Name : DR. PARVEEN YADAV
Age/Sex : 24 Years/Female
Net Amount : 1160.00

Test Name	Amount
CBC (COMPLETE BLOOD COUNT)	360.00
LFT (Liver Function Test)	800.00

Payment Mode : Cash

Gross Total : 1160.00

Net Amount : 1160.00

Total Payment Recd Rs. 1160.00

Prepared By : pavit

Authorized Signatory


12-330



GST No. 06AAVFG2538E1ZA

Tel. No. : 8178303100, 8178831702

E-Mail : genesishospitalggn@gmail.com

GENESIS HOSPITAL

Opp. D.P.S. School, Sector-84, Gurgaon-122004

For Appointment / Enquiry :8178303100, 8178831702

Website : www.genesishospitalggn.com

OUT-Patient Bill

Receipt No. : 4249 Date : 19/Sep/2021
 JHID No. : 11188 Doc No. : 1208
 Patient Name : Miss. SUSHMITA OPD No. : 3686
 Consultant Name : DR. PARVEEN YADAV Age : 24 Years / Female
 Sum of Rupees : Rs. Seven Hundred Fifty Only

Charge Name	Doctor Name	Amount
Bed Charges		750.00

Payment Mode : Cash
 Gross Total : 750.00
 Net Amount : 750.00



Prepared By : pavit Authorized Signatory
 Dataman Software (0512) 2376505,2317191 Printed on 19/Sep/2021 16:34

4249

SAI ASHA PHARMA GROUP-7

INSIDE GENESIS HOSPITAL, OPP. DPS SCHOOL SECTOR-84, GURUGRAM, HARYANA

GST No: 06ADZFS630911ZC

Phone : 7291873331, 7530844177

D.L.No.: 4241-B/4241-OB

PATIENT NAME : **SUSHMITA**Invoice No. : **4367**

PATIENT ADDRESS :

Date : **19/09/21**

PRESCRIBED BY : Dr.

S.N	QTY	PACK	PRODUCT NAME	MFG	HSN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
1.	10	10CAP	PANSAP-DSR CAP	+SPA H	3004	12.00	675	09/22	125.00	125.00
2.	5	1	BIFILAC SACHETS	TABLET[]	3004	12.00	S2	02/23	14.98	74.90
3.	1	1*1	MAYCAINE GEL SYP	MB	3004	12.00	6036	05/23	130.00	130.00
4.	1		CANNULA NO 22 POLY	POLY MED	3004	12.00	120H	07/25	156.00	156.00
5.	1	1	FIXER ULTRA	ANSUIYA	3004	12.00	22	01/22	70.00	70.00
6.	1		OTTAPANT IV INJ	PLENUM	3004	12.00	7111	04/23	46.80	46.80
7.	1	1*2ML	ONDET 2ML INJ	INTAS	3004	12.00	9757	03/23	13.05	13.05
8.	1	1	BUSCOGAST AMP	13M	3004	12.00	25	01/22	10.33	10.33
9.	1	1	BD SYRINGE 10 ML	B.D	3004	12.00	9478	11/24	27.50	27.50
10.	2	1 PCS	BD SYRINGE 5ML	B.D	3004	12.00	535	08/25	18.43	36.86

Inclusive GST Details

Taxable	GST%	GST Value	Total Items : 10	Net Amt.(R/0) :	690.00
0.00 X @ 28% =		0.00	Rupees: Six Hundred Ninety Only	E.&O.E.	
0.00 X @ 18% =		0.00			
616.47 X @ 12% =		73.96			
0.00 X @ 5% =		0.00			
0.00 X @ 0% =		0.00			
Incl. SGST : 36.98, CGST : 36.98			All disputes are subject to Gurugram Jurisdiction. Prices of Medicines are inclusive of all taxes. Goods once sold will not be taken back.		
			For SAI ASHA PHARMA GROUP-7		
			AUTH SIGN.		

(Computer Generated Invoice)

R-5938