

SAI ASHA PHARMA GROUP-7

K-192

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

GST No: 06ADZFS6309J1ZC

Phone : 7291873331, 7530844177

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

PATIENT NAME : **HIMANSHI**

Invoice No. : **2914**

PATIENT ADDRESS :

Date : **03/08/21**

PRESCRIBED BY : Dr.

S.N	QTY	PACK	PRODUCT NAME	MFG	HSN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
1.	6	1*10	MONOCEF O 200 TAB	ARISTO	3004	12.00	3238	09/21	145.00	87.00
2.	6	10CAP	PANSAP-DSR CAP	+SPA H	3004	12.00	675	09/22	125.00	75.00
3.	6	15	VERTIN-16 TAB	ABB.SOLV	3004	12.00	1006	01/24	268.89	107.56
4.	3		ALLMITH Z CAP	...	3005	18.00	657	09/22	225.00	67.50
5.	2	1*15	ULTRACET TAB	JOHNSON	3004	12.00	1801	03/23	219.00	29.20

GATE IN
NO. 1340
DATE 07/08/21
KRISUMI CORPORATION

Inclusive GST Details

Taxable	GST%	GST Value
0.00 X @ 28%	=	0.00
57.20 X @ 18%	=	10.30
266.74 X @ 12%	=	32.00
0.00 X @ 5%	=	0.00
0.00 X @ 0%	=	0.00

Total Items : 5

Net Amt.(R/0) : **366.00**

Rupees: Three Hundred Sixty Six Only

E.&O.E.

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
For Sai Asha Pharma Group-7
AUTH SIGN.

Incl. SGST : 21.15, CGST : 21.15

(Computer Generated Invoice)

Partner

SAI ASHA PHARMA GROUP-7

K-192

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

GST No: 06ADZFS6309J1ZC

Phone : 7291873331, 7530844177

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

PATIENT NAME : **HIMANSHI**

Invoice No. : **2908**

PATIENT ADDRESS :

Date : **03/08/21**

PRESCRIBED BY : Dr.

Page: 2 of 2

S.N	QTY	PACK	PRODUCT NAME	MFG	HSN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
13.	3	1	BD SYRINGE 10 ML	3M	3004	12.00	9478	11/24	27.50	82.50
14.	4	1 PCS	BD SYRINGE 5ML	B.D	3004	12.00	535	08/25	18.43	73.72
15.	1	500 ML	NS [500ML] ACULIFE	ACULIFE	3004	12.00	238	08/23	77.90	77.90
16.	1	1ML	STEMETIL INJ.	ABBOTT N	3004	12.00	306	10/22	16.94	16.94
17.	1		TRAMAWELL INJ	...	3004	12.00	TNX-03	12/21	22.02	22.02

GATE IN
NO. 1389
DATE 07/08/21
KRISUMI CORPORATION

Inclusive GST Details

Taxable	GST%	GST Value
0.00 X @ 28%	=	0.00
0.00 X @ 18%	=	0.00
913.28 X @ 12%	=	109.56
0.00 X @ 5%	=	0.00
0.00 X @ 0%	=	0.00

Total Items : 17

Net Amt.(R/0) : **1,023.00**

E.&O.E.

Rupees: One Thousand Twenty Three Only

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.

Incl. SGST : 54.78, CGST : 54.78

(Computer Generated Invoice)

SAI ASHA PHARMA GROUP-7

K-192

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

GST No: 06ADZFS6309J1ZC

Phone : 7291873331, 7530844177

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

PATIENT NAME : **HIMANSHI**
 PATIENT ADDRESS :
 PRESCRIBED BY : Dr.

Invoice No. : **2908**

Date : **03/08/21**

Page: 1 of 2

S.N	QTY	PACK	PRODUCT NAME	MFG	HSN	GST%	BATCH No.	EXPIRY	RATE	AMOUNT
1.	1		CANNULA NO 22 POLY	POLY MED	3004	12.00	120H	07/25	156.00	156.00
2.	1	1	FIXER	...	3004	12.00	1	08/25	70.00	70.00
3.	1	1	I V SET [POLYMED]	POLY MED	3004	12.00	1920	11/25	141.00	141.00
4.	1	1	OTTACEF 1 GM INJ	PLENIUM	3004	12.00	UDD-2347C	06/22	56.67	56.67
5.	1	1	PEXOP 40 IV	APEXO CA	3004	12.00	30B	10/22	49.70	49.70
6.	1		VONTIC INJ 2 ML	...	3004	12.00	45E	11/22	13.00	13.00
7.	1	1	DICLOTAL AQ INJ.	BLU{CROS	3004	12.00	031	08/22	19.50	19.50
8.	2	100ML	N S {100ML} ACUALIFE	ACULIFE	3004	12.00	868	11/26	37.73	75.46
9.	2	500ML	R L [500ML] [DENIS]	DENIS	3004	12.00	7035	03/23	57.19	114.38
10.	1	10ML	MVI INJ.	USV	3004	12.00	238	03/22	31.00	31.00
11.	1	2ML	PERINORM INJ	IPCA	3004	12.00	049D	04/22	5.13	5.13
12.	1	15	VERTIN-16 TAB	ABB.SOLV	3004	12.00	1006	01/24	268.89	17.93

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GATE IN
 NO. 1389
 DATE 03/08/21
 KRISUMI CORPORATION
[Handwritten Signature]

For Sai Asha Pharma Group-7

AUTH SIGN.
[Handwritten Signature]
 Partner

GST No. 06AAVFG2538E1ZA

Tel. No. : 9971966411, 9319708511

E-Mail : genesishospitalggn@gmail.com



GENESIS HOSPITAL

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

K-192

Pathology Receipt

Receipt No. : 339
 Lab No. : 1017
 Patient Name : Mrs. HIMANSHI
 Consultant Name : DR. CHETAN YADAV
 Net Amount : 2600.00
 Date : 03/Aug/2021 10:18:00
 UHID No. : 10360
 Age/Sex : 34 Years/Female

Test Name	Amount
CBC (COMPLETE BLOOD COUNT)	360.00
LFT (Liver Function Test)	800.00
KFT (Kidney Function Test)	780.00
CRP	600.00
R.B.S. (by Glucometer)	60.00

Payment Mode : Cash
 Gross Total : 2600.00
 Net Amount : 2600.00

Total Payment Recd Rs. 2600.00

Prepared By : npul

Authorized Signatory



GST No. 06AAVFG2538E1ZA

Tel. No. : 9971966411,9319708511

E-Mail : genesishospitalggn@gmail.com

GENESIS HOSPITAL

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

For Appointment / Enquiry :9971966411,9319708511

Website : www.genesishospitalggn.com

K-192

OUT-Patient Bill

Receipt No. : 2599

Date : 03/Aug/2021

UHID No. : 10360

Doc No. : 732

Patient Name : Mrs. HIMANSHI

OPD No. : 2263

Consultant Name : DR. CHETAN YADAV

Age : 34 Years / Female

Sum of Rupees : Rs. Seven Hundred Fifty Only

Charge Name	Doctor Name	Amount
emergency bed	DR. CHETAN YADAV	750.00
Gross Total :		750.00
Net Amount :		750.00

Payment Mode : Cash

Prepared By : ripul

Authorized Signatory

A Dataman Software (0512) 2376505,2317191

Printed on 03/Aug/2021 11:36

GATE IN NO. 1387
 DATE 03/08/21
 KRISUMI CORPORATION
 884



GST No. 06AAVFG2538E1ZA

Tel. No. : 9971966411,9319708511

E-Mail : genesishospitalggn@gmail.com

GENESIS HOSPITAL

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

For Appointment / Enquiry :9971966411,9319708511

Website : www.genesishospitalggn.com

K-192

OUT-Patient Bill

Receipt No. : 2603

Date : 03/Aug/2021

UHID No. : 10360

Doc No. : 734

Patient Name : Mrs. HIMANSHI

OPD No. : 2263

Consultant Name : DR. CHETAN YADAV

Age : 34 Years / Female

Sum of Rupees : Rs. Five Hundred Only

Charge Name	Doctor Name	Amount
ECG	DR. CHETAN YADAV	500.00
Gross Total :		500.00
Net Amount :		500.00

Payment Mode : Cash

Prepared By : ripul

Authorized Signatory

A Dataman Software (0512) 2376505,2317191

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GATE IN NO. 1386
 DATE 03/08/21
 KRISUMI CORPORATION
 884



GENESIS HOSPITAL

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

For Appointment / Enquiry : 9971966411,9319708511

Website : www.genesishospitalggn.com

R-192

OPD Receipt

Receipt No.	2595	Date & Time	:03/Aug/2021 10:14
UHID No.	: 10360	OPD No.	: 2263
Patient Name	: Mrs. HIMANSHI	Age/Sex	: 34 Years/Female
Consultant Name	: DR. CHETAN YADAV	Mobile No.	: 7042940099
		Serial No.	: 1
Valid Upto	: 03/Aug/2021		

GATE IN
NO. 1385
DATE 03/08/21
KRISUMI CORPORATION

Charge Name	Amount
consultation fees	500.00
Gross Total	500.00
Net Amount	500.00

Payment Mode : Cash

Prepared By : ripul

[Signature]
Authorized Signatory