

General Bill - Cash

Bill No : **OP46304** HR No : **24970**
Bill Date : **18-08-2026 12:01:18 PM** Age/Sex : **40Y 1M / Male**
Patient Name : **Mr. MOHAMMED KAJA GANI**

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	2,000.00
Bill Amount	2,000.00

Received Amount : **Rs. 2000.00**
Received Amount in Words : **Two thousand only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.