

General Bill - Cash

Bill No : **OP46198** HR No : **25232**
Bill Date : **15-08-2026 10:02:18 AM** Age/Sex : **21Y 3M / Male**
Patient Name : **Miss. NANDHITHA**

Description	Amount
1. Registration Charges	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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