General Bill - Cash

Bill No	:	**OP47692**	HR No	:	**25181**
Bill Date	:	**24-09-2026 11:48:09 AM**	Age/Sex	:	**32Y 1M / Male**
Patient Name	:	**Mr. MANIKANDAN**			

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.

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