General Bill - Cash

Bill No	:	**OP45959**	HR No	:	**19667**
Bill Date	:	**07-08-2026 08:40:43 AM**	Age/Sex	:	**71Y 7M / Male**
Patient Name	:	**Mr. SWAMI ANANTARUPANANDA**			

Description	Amount
Dr. Murali Narasimhan	
1. Consultation Fees	**50.00**
Bill Amount	**50.00**

Received Amount	:	**Rs. 50.00**
Received Amount in Words	:	**Fifty 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.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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