General Bill - Cash

Bill No	:	**OP44316**	HR No	:	**24366**
Bill Date	:	**25-06-2026 02:52:50 PM**	Age/Sex	:	**30Y 1M / Female**
Patient Name	:	**Mrs. DHANALAKSHMI M**			

Description	Amount
Bill Amount	**0.00**

Received Amount	:	**Rs. 1000.00**
Received Amount in Words	:	**One thousand only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
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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