General Bill - Cash

Bill No	:	**OP48899**	HR No	:	**26413**
Bill Date	:	**08-11-2026 02:04:53 AM**	Age/Sex	:	**29Y 1M / Male**
Patient Name	:	**Mr. KARTHIK**			

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**

Chandrakala M
Authorized Signatories

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

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