

## General Bill - Cash

Bill No : **OP43680** HR No : **24185**  
Bill Date : **31-05-2026 12:37:09 AM** Age/Sex : **26Y / Male**  
Patient Name : **Mr. SENTHAMARAI**

Description	Amount
1. Registration Charges	<b>100.00</b>
<b>Bill Amount</b>	<b>100.00</b>

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.