

## General Bill - Cash

Bill No : **OP43685** HR No : **24191**  
Bill Date : **31-05-2026 06:30:06 PM** Age/Sex : **21Y 10M / Female**  
Patient Name : **Ms. LIMAJUNGLA**

Description	Amount
1. Registration Charges	<b>100.00</b>
<b>Dr. Janani P</b>	
1. IM Injection	<b>100.00</b>
<b>Bill Amount</b>	<b>200.00</b>

Received Amount : **Rs. 200.00**  
Received Amount in Words : **Two hundred 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.