

General Bill - Cash

Bill No : **OP44846** HR No : **24702**
Bill Date : **10-07-2026 03:55:42 PM** Age/Sex : **13Y / Male**
Patient Name : **Mr. Purav**

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**

Jeevitha P
Authorized Signatories

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