



GSTIN : 33AAACA5443N3ZN

OP Cash Bill of Supply

Reference No :

Name : Mr. MOHAMMED DALIUR RAHMAN
Age : 44Yr 4Mth 11Days
Sex : Male

UHID: AC01.0004039730



Father Name : ABDUL KADER

Address : CHANDAISH DULAL SIRERBARI
NANGAIKOT COMILLA Comilla
Other-State-Bangladesh Bangladesh,
CellNo:880-1711432338

OP Number: CSNOPP723584



Doctor's Name : Dr. EMERGENCY MEDICAL OFFICER

Bill No : CSN-OCS-581665

Speciality : EMERGENCY

Date : 26-Sep-19 Time : 10:34:37



Bill Amount: ₹. 130.00

FOR APOLLO HOSPITALS

Amount in words: ₹ One Hundred Thirty Only

S.No	Service Type/Service Name	Department	Quantity	Amount
1	Investigations(9993)			
1	SUBCUTANEOUS INJECTION CHARGES	Day Care	1	130.00
Sub Total				130.00

Service Amount :	130.00
Total Bill Amount	130.00
Final Payment	130.00
(Cash:130.00, NonCash:0.00)	

No Tax is Payable on Reverse Charge Basis
Receipt Details: Received with thanks sum of ₹. 130.00 (CASH)
₹ One Hundred Thirty Only From Mr. MOHAMMED DALIUR RAHMAN

* Denotes Cancelled Services
(QR) Denotes Quick Registration

Authorized Signatory

Mr. Shanmugam S



Kindly bring your records during your next visit to our hospital

Appointments for Consultations: 044-2433 4455 / +91 7299066111 / www.askapollo.com

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