



Shri Vithalrao Joshi Charities Trust's
SAMARTH NURSING COLLEGE
(NAAC ACCREDITED GRADE 'B')
Kasarwadi, Post Sawarde, Tal. - Chiplun, Dist. - Ratnagiri 415 606
Phone : 02355-264149 / 137, 8379972264 Fax : 02355-264181
Email : snedervan@gmail.com
Website : www.svjctsamarthenursing.com

(Recognised by Indian Nursing Council, Maharashtra Nursing Council & Maharashtra University of Health Sciences, Nashik and MSBNPE Board, Mumbai)

BONAFIED CERTIFICATE

This is to certify that **Ms. Esha Ravikant Shirsat** joined this institution as Clinical Instructor on 03 December 2023. She is residing at Alaknanda building 3rd floor Room No.301, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka-Chiplun, Dist- Ratrangiri , Pin code 415606.



Principal
Samarth Nursing College
Kasarwadi, Sawarde,
Tal. Chiplun, Dist. Ratnagiri 415606




Shri Vitthalrao Joshi Charities Trust's
SAMARTH NURSING COLLEGE
(NAAC ACCREDITED GRADE 'B')
Kasarwadi, Post Sawarde, Tal. - Chiplun, Dist. - Ratnagiri 415 606
Phone : 02355-264149 / 137, 8379972264 Fax : 02355-264181
Email : sncdervan@gmail.com
Website : www.svjcsamarthnursing.com

(Recognised by Indian Nursing Council, Maharashtra Nursing Council & Maharashtra University of Health Sciences, Nashik and MSBNPE Board, Mumbai)

BONAFIED CERTIFICATE

This is to certify that **Ms. Manave Dhanshri Ramesh** joined this institution as Clinical Instructor on 26 February 2024. She is residing at Alaknanda building 3rd floor Room No.301, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka- Chiplun, Dist- Ratrangiri , Pin code 415606.




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Samarth Nursing College
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BONAFIED CERTIFICATE

This is to certify that **Ms. Dipti Satyawan Kadam** joined this institution as Clinical Instructor on 03 December 2023. She is residing at Alaknanda building 1st floor Room No.108, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka- Chiplun, Dist- Ratrangiri , Pin code 415606.




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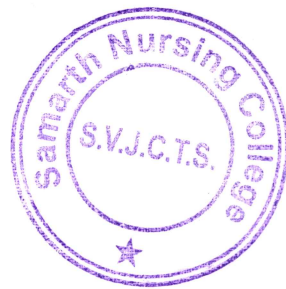



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BONAFIED CERTIFICATE

This is to certify that **Mr. Shinde Prasad Ramesh** joined this institution as Clinical Instructor on 01 May 2024. He is residing at Bhima building 2nd floor Room No.16 , BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka-Chiplun, Dist- Ratrangiri , Pin code 415606.




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Website : www.svjctsamarthenursing.com

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BONAFIED CERTIFICATE

This is to certify that **Ms. Akanksha Ravindra Mulye** joined this institution as Clinical Instructor on 03 January 2024. She is residing at Alaknanda building 3rd floor Room No.307, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka- Chiplun, Dist- Ratrangiri , Pin code 415606.




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BONAFIED CERTIFICATE

This is to certify that **Mr. Vinayak N. Dhande** joined this institution as Assistant Professor on 01 September 2024. He is residing at Bhima building 3rd floor Room No.18 , BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka-Chiplun, Dist- Ratrangiri , Pin code 415606.




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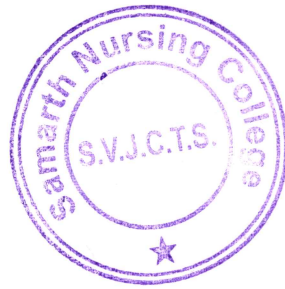


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BONAFIED CERTIFICATE

This is to certify that **Ms. Namita Mangesh Dhawan** joined this institution as Clinical Instructor on 12 May 2024. She is residing at Alaknanda building 2nd floor Room No.201, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka- Chiplun, Dist- Ratrangiri , Pin code 415606.




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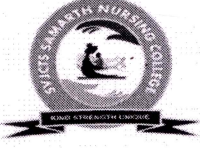
(Recognised by Indian Nursing Council, Maharashtra Nursing Council & Maharashtra University of Health Sciences, Nashik and MSBNPE Board, Mumbai)

BONAFIED CERTIFICATE

This is to certify that **Ms. Dhanashri Vilas Gaykar** joined this institution as Clinical Instructor on 15 January 2024. She is residing at Alaknanda building 3rd floor Room No.307, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka- Chiplun, Dist- Ratrangiri , Pin code 415606.




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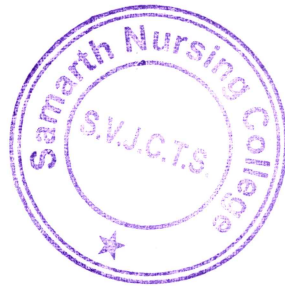


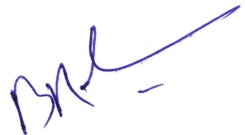
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BONAFIED CERTIFICATE

This is to certify that **Ms. Niwale Ruchira Ramesh** joined this institution as Assistant Professor on 01 February 2024. She is residing at Narmada building 2nd floor Room No.09, BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka- Chiplun, Dist- Ratrangiri , Pin code 415606.




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BONAFIED CERTIFICATE

This is to certify that **Mr. Dudhade Suraj Vasant** joined this institution as Clinical Instructor on 01 July 2024. He is residing at Bhima building 3rd floor Room No.18 , BKL Walawalker Hospital Campus, Sawarda, Kasarwadi, Taluka-Chiplun, Dist- Ratrangiri , Pin code 415606.




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BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



A/P - KASARWADI SAWARDE, TAL CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri- , Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

IPD FINAL BILL

Bill No.	: IPD2312000215	Bill Date	:05/12/2023	Ward	: FEMALE ORTHO WARD-1
Insurance Company Name	: SELF PAYING				
Patient Name	: MRS. SHWETA SWAPNIL KSHIRSAGAR	UHID	: BHRC.0000044124		
Address	: 1 RAMCHANDRA APPARTMENT SHIV SAMARTH GAD DERVAN TAL- CHIPLUN DIST- RATNAGIRI, Dervan , Ratnagiri, Ratnagiri, Chiplun, 415606				
Doctor Name	: Dr. ORTHO UNIT	Ref.Doctor	: -		
Department	: ORTHOPAEDICS/ORTHO UNIT 1	IPD No.	: IP/23/066559		
Admn. Date	: 01/12/2023	Admn. Time	: 09:28 PM		
Discharge Date	: 05/12/2023	Bill Time	: 06:18 PM		

Group / Service	Details	Amount
IPD		2650.00
Bed Charges (General Ward)	5 X 250.00 = 1250.00	
Nursing Charges (General Ward)	5 X 70.00 = 350.00	
Admission Charges	1 X 150.00 = 150.00	
CONSULTANT CHARGES	5 X 180.00 = 900.00	
LAB Services		10930.00
Prothrombin Time (PT) (Citrate plasma)	1 X 180.00 = 180.00	
Blood Group / Rh	1 X 60.00 = 60.00	
URINE ROUTINE	1 X 60.00 = 60.00	
TFT-THYROID FUNCTION TEST	1 X 450.00 = 450.00	
FT3, FT4, TSH	1 X 0.00 = 0.00	
HCV Rapid Test	1 X 300.00 = 300.00	
BLOOD UREA	1 X 80.00 = 80.00	
SERUM CREATININE	1 X 80.00 = 80.00	
Alkaline Phosphatase	1 X 100.00 = 100.00	
Sr.Calcium	1 X 150.00 = 150.00	
Phosphorus	1 X 180.00 = 180.00	
Sr. Uric Acid	1 X 100.00 = 100.00	
ELECTROLYTES	1 X 300.00 = 300.00	
Sr.Albumin	1 X 100.00 = 100.00	
HIV Rapid Test	1 X 300.00 = 300.00	
HbsAg Rapid test	1 X 300.00 = 300.00	
RA Qualitative Test	1 X 180.00 = 180.00	
COMPLETE BLOOD COUNT (CBC)	2 X 150.00 = 300.00	
RANDOM BLOOD SUGAR	1 X 50.00 = 50.00	
ESR	2 X 60.00 = 120.00	

Free T4	1 X 275.00 = 275.00	
Free T3	1 X 275.00 = 275.00	
SR.POTASSIUM	1 X 210.00 = 210.00	
ANTI CCP ANTIBODY	1 X 1550.00 = 1550.00	
TSH	1 X 220.00 = 220.00	
ANA BY IFA	1 X 1090.00 = 1090.00	
CRP (C-REACTIVE PROTEIN) QUANTITATIVE	2 X 250.00 = 500.00	
PCV RESERVE AND CROSS MATCH	1 X 120.00 = 120.00	
DNA (Double Strand) Antibody NcX DNA Serum	1 X 1650.00 = 1650.00	
U1-SnRNP (68 KDa)Serum	1 X 1650.00 = 1650.00	
RADIOLOGY		200.00
X-RAY Chest AP View	1 X 200.00 = 200.00	
Pharmacy Consumable		1005.69
DISP.NEEDLE-26G 1/2	1 X 2.40 = 2.40	
ABHAY TOX INJ	1 X 12.64 = 12.64	
DISP.SYRINGE 10ML	1 X 17.00 = 17.00	
TUBERCULINE SYRINGE	1 X 22.00 = 22.00	
NUCOXIA MR TAB	2 X 30.44 = 60.88	
DISPO SKIN BLADE	2 X 54.00 = 108.00	
FLY-FIX IV	1 X 95.00 = 95.00	
THYRONORM 50 MCG TAB	1 X 138.43 = 138.43	
THREE WAY	1 X 170.00 = 170.00	
IV SET AIRVENT	2 X 190.00 = 380.00	
Rounding Amt		-0.66
Total Amount		14786.00
Total Concession		6522.00
Net Patient Amount		8264.00
Total Advance		5940.00
Utilised Advance		5940.00
Total Amount Received		2324.00
Company Amount Payable		0.00
Amount In Words	Rs. EIGHT THOUSAND TWO HUNDRED SIXTY FOUR ONLY	

True Copy

Samarth Nursing College
Kasarwadi, Sawarde, Tal. Chiplun,
Dist. Ratnagiri 415606



BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



A/P - KASARWADI SAWARDE ,TAL CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri- , Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

ADVANCE RECEIPT

Patient Name : MRS. SHWETA SWAPNIL KSHIRSAGAR **Receipt No.** : DEPT2312000097
Address : 1 RAMCHANDRA APPARTMENT SHIV SAMARTH GAD DERVAN TAL- CHIPLUN DIST- RATNAGIRI , Dervan , Ratnagiri , Ratnagiri , Chiplun415606 **Receipt Date & Time** : 05/12/2023 06:15 PM
UHD : BHRC.0000044124
Age/Gender : 39 Years/Female

Pay Mode	Date	Card\Cheque\Trans. No.	Bank Name	Branch Name	Batch No.	Amount
ECS	05/12/2023	370581294139	ICICI BANK	DAHIWALI	01	3300.00
Total Amount (Rs.) :						3300.00

Amount in words : Rs. THREE THOUSAND THREE HUNDRED ONLY

Remark : DNA,U1-SN RNP

SR
Cashier Name
 SONALI RAJESHIRKE
 Prepared by

Print Date/Time :05/12/2023 06:17:47 PM



BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



A/P - KASARWADI SAWARDE ,TAL CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri- , Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

IPD RECEIPT

Patient Name : MRS. SHWETA SWAPNIL KSHIRSAGAR **Receipt No.** : REC2312001046
Address : 1 RAMCHANDRA APPARTMENT SHIV SAMARTH GAD DERVAN TAL- CHIPLUN DIST- RATNAGIRI , Dervan , Ratnagiri , Ratnagiri , Chiplun415606 **Receipt Date & Time** : 05/12/2023 06:18 PM
UHD : BHRC.0000044124 **Consulting Dr.** : Dr. ORTHO UNIT
Age/Gender : 39 Years/Female **Department** : ORTHOPAEDICS
IPD/OPD No: :IP/23/066559 **Company Name :** :SELF PAYING

Pay Mode	Date	Card\Cheque\Trans. No.	Bank Name	Branch Name	Batch No.	Amount
ECS	05/12/2023	333941895361	ICICI BANK	DAHIWALI	01	2324.00
Total Amount (Rs.) :						2324.00

Amount in words : Rs. TWO THOUSAND THREE HUNDRED TWENTY FOUR ONLY

Towards :Final settlement for Bill No. IPD2312000215

Remark :

SR
Cashier Name
 SONALI RAJESHIRKE
 Prepared by

Print Date/Time :05/12/2023 06:21:12 PM

Advance Details -

Receipt	Date	Pay Mode	Cheq/DD/CC No.	Date	Bank Name	Branch Name	Amount
67	04/12/2023	Cash					2640.00
97	05/12/2023	ECS		05/12/2023	ICICI BANK	DAHIWALI	3300.00


Payment Received Details -

Receipt	Date	Pay Mode	Cheq/DD/CC No.	Date	Bank Name	Branch Name	Amount
1046	05/12/2023	ECS		05/12/2023	ICICI BANK	DAHIWALI	2324.00

Net Balance 0.00

Prepared By :SONALI RAJESHIRKE

Checked By :



Authorised Signature

Signature or Thumb impression of
Patient or Patient Relative name

Relative Name:

Relation:

True Copy


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BILL CUM RECEIPT

UPTD : BHRC.0001589070 **Bill No.** : OPD2310001209
Patient Name : MRS. VAISHALI JAYWANT DALVI **Bill Date / Time** : 04/10/2023 01:10 PM
Address : A/P DERVAN CAMPUS TAL CHIPLUN DIST RATNAGIRI **OPD No.** : OP/1023/004213
Company Name : CASH/SELF PAYING **Age / Gender** : 45 Years / Female
Consulting Doctor : Dr. ORTHO UNIT
Department / Unit : ORTHOPAEDICS / UNIT TWO

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	LABORATORY	Sr. Uric Acid		1	100.00	0.00	100.00
2	LABORATORY	Sr.Calcium		1	150.00	0.00	150.00
3	LABORATORY	VITAMIN D TOTAL		1	1500.00	0.00	1500.00
Total Amount (Rs.) :							1750.00
Total Concession (Rs.) :							1310.00
Net Amount (Rs.) :							440.00
Total Paid (Rs.) :							440.00

Amount In Words : Rs. FOUR HUNDRED FORTY ONLY

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	327746024858	BANK OF INDIA	SAWARDE	04/10/2023	2565	440.00
Total Amount Paid :						440.00
Amount In Words : FOUR HUNDRED FORTY Rs. Only						

Discount Authorised by:MANAGEMENT

Remark : staff

Signature

User : TRUPTI RAJESHIRKE

Print Date : 04/10/2023 01:12 PM

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Dist. Ratnagiri 415606



BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



A/P - KASARWADI SAWARDE, TAL. CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri-, Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID : BHRC.0000192818
Patient Name : SNEHANKITA YOGESH BAIKAR
Address : RAMPUR BAIKAR WADI TAL CHIPLUN DIST
RTANAGIRI
Company Name : CASH/SELF PAYING
Consulting Doctor : Dr. ORTHO UNIT
Department / Unit : ORTHOPAEDICS / UNIT TWO

Bill No. : OPD2310001173
Bill Date / Time : 04/10/2023 12:28 PM
OPD No. : OP/1023/004177
Age / Gender : 37 Years / Female

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	RADIOLOGY	X-Ray (L) Foot AP / Oblique		1	350.00	0.00	350.00
Total Amount (Rs.) :							350.00
Total Concession (Rs.) :							260.00
Net Amount (Rs.) :							90.00
Total Paid (Rs.) :							90.00

Amount In Words : **Rs. NINETY ONLY**

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	327790879010	BANK OF INDIA	SAWARDE	04/10/2023	1	90.00
Total Amount Paid :						90.00
Amount In Words : NINETY Rs. Only						

Discount Authorised by:MANAGEMENT

Remark : STAFF CON-

User : LAVNYA RAJESHIRKE

Print Date : 04/10/2023 12:29 PM

Signature

True Copy

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Dist. Ratnagiri 415606



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Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID : BHRC.0001045649
Patient Name : JACOB JESSEY
Address : A/p Dervan Campas, Maharashtra
Company Name : CASH/SELF PAYING
Consulting Doctor : Dr. DEEPAK PATIL
Department / Unit : DENTAL / UNIT one

Bill No. : OPD2310008653
Bill Date / Time : 26/10/2023 09:47 AM
OPD No. : OP/1023/031177
Age / Gender : 41 Years / Female

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	OPD	Full Ceramic Per Tooth		1	2500.00	0.00	2500.00
Total Amount (Rs.) :							2500.00
Total Concession (Rs.) :							1875.00
Net Amount (Rs.) :							625.00
Total Paid (Rs.) :							625.00

Amount In Words : Rs. SIX HUNDRED TWENTY FIVE ONLY

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	329918340149	BANK OF INDIA	SAWARDE	26/10/2023	01	625.00
Total Amount Paid :						625.00

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Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID	: BHRC.0001045649	Bill No.	: OPD2309006533
Patient Name	: JACOB JESSEY	Bill Date / Time	: 23/09/2023 10:29 AM
Address	: A/p Dervan Campas, Maharashtra	OPD No.	: OP/0923/027157
Company Name	: CASH/SELF PAYING	Age / Gender	: 41 Years / Female
Consulting Doctor	: Dr. DEEPAK PATIL		
Department / Unit	: DENTAL / UNIT one		

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	OPD	R.C.T Charges		1	800.00	0.00	800.00
Total Amount (Rs.):							800.00
Total Concession (Rs.):							600.00
Net Amount (Rs.):							200.00
Total Paid (Rs.):							200.00

Amount In Words : Rs. TWO HUNDRED ONLY

Payment Mode	Amount
Cash	200.00
Total Amount Paid :	
	200.00

Amount In Words : TWO HUNDRED Rs. Only

Discount Authorised by:MANAGEMENT

Remark : staff

User : TRUPTI RAJESHIRKE

Signature

Print Date : 23/09/2023 10:30 AM

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Kasarwadi, Sawarde, Tal. Chiplun,
Dist. Ratnagiri 415606

**BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE**

A/P - KASARWADI SAWARDE, TAL CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri-, Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID : BHRC.0001589070 Bill No. : OPD2310001171
Patient Name : MRS. VAISHALI JAYWANT DALVI Bill Date / Time : 04/10/2023 12:25 PM
Address : A/P DERVAN CAMPUS TAL CHIPLUN DIST RATNAGIRI OPD No. : OP/1023/004175
Company Name : CASH/SELF PAYING Age / Gender : 45 Years / Female
Consulting Doctor : Dr.UNIT 2 MEDICINE
Department / Unit : MEDICINE / MEDICINE UNIT 1

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount	
1	RADIOLOGY	X-Ray (L) Hand AP / Oblique		1	350.00	0.00	350.00	
							Total Amount (Rs.) :	350.00
							Total Concession (Rs.) :	260.00
							Net Amount (Rs.) :	90.00
							Total Paid (Rs.) :	90.00

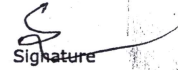
Amount In Words : Rs. NINETY ONLY

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	327791095843	BANK OF INDIA	SAWARDE	04/10/2023	1	90.00
Total Amount Paid :						90.00
Amount In Words : NINETY Rs. Only						

Discount Authorised by:MANAGEMENT


Remark : STAFF CON-

User : LAVNYA RAJESHIRKE


Signature

Print Date : 04/10/2023 12:27 PM

True Copy


Samarth Nursing College
Kasarwadi, Sawarde, Tal. Chiplun,
Dist. Ratnagiri 415606

BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTREA/P - KASARWADI SAWARDE, TAL CHIPLUN,
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BILL CUM RECEIPT

UNITID : BHRC.0001562882 Bill No. : OPD2309005199
Patient Name : MRS. JYOTI RAMDAS DHAGALE Bill Date / Time : 16/09/2023 11:19 AM
Address : A/P AREWADI TAL KARAD DIST SATARA OPD No. : OP/0923/020040
Company Name : CASH/SELF PAYING Age / Gender : 30 Years / Female
Consulting Doctor : Dr.UNIT 1 SURGERY Reference Doctor : Dr. HARSHAD RAMAKANT PARAB
Department / Unit : SURGERY / SURGERY UNIT 1

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	LABORATORY	COMPLETE BLOOD COUNT (CBC)		1	150.00	0.00	150.00
2	LABORATORY	CULTURE AND SENSITIVITY		1	1150.00	0.00	1150.00
3	LABORATORY	SERUM CREATININE		1	80.00	0.00	80.00
1	LABORATORY	URINE ROUTINE		1	60.00	0.00	60.00
Total Amount (Rs.) :							1440.00
Total Concession (Rs.) :							1080.00
Net Amount (Rs.) :							360.00
Total Paid (Rs.) :							360.00

Amount In Words : Rs. THREE HUNDRED SIXTY ONLY

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	325974728534	BANK OF INDIA	LOTE	16/09/2023	5655	360.00
Total Amount Paid :						360.00

Amount In Words : THREE HUNDRED SIXTY Rs. Only

Discount Authorised by:MANAGEMENT

Remark : staff

User : TRUPTI RAJESHIRKE

Signature

Print Date : 16/09/2023 11:21 AM

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Dist: Ratnagiri 415606



BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



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BILL CUM RECEIPT

UHID :	BHRC.0001057991	Bill No. :	OPD2406008400
Patient Name :	MR. BABASAHEB RAMDAS BHUTKAR	Bill Date / Time :	23/06/2024 11:09 AM
Address :	A/P DERVAN SAWARDE TAL CHIPLUN DIST RATNAGIRI	OPD No. :	OP/0624/030017
Company Name :	CASH/SELF PAYING	Age / Gender :	44 Years / Male
Consulting Doctor :	Dr. MEDICINE UNIT		
Department / Unit :	MEDICINE / MEDICINE UNIT 1		

Sl.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
	LABORATORY	BLOOD SUGAR FASTING & POST PRANDIAL		1	100.00	0.00	100.00
	LABORATORY	COMPLETE BLOOD COUNT (CBC)		1	150.00	0.00	150.00
	LABORATORY	LIPID PROFILE TEST		1	450.00	0.00	450.00
Total Amount (Rs.) :							700.00
Total Concession (Rs.) :							525.00
Net Amount (Rs.) :							175.00
Total Paid (Rs.) :							175.00

Amount In Words : Rs. ONE HUNDRED SEVENTY FIVE ONLY

Payment Mode	Card/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	417560936357	BANK OF INDIA	SAWARDE	23/06/2024	01	175.00
Total Amount Paid :						175.00
Amount In Words :	ONE HUNDRED SEVENTY FIVE Rs. Only					

Discount Authorised by: Medical Help for Employee

mark : STAFF

er : JYOTI CHAVAN


Signature

Print Date : 23/06/2024 11:13 AM

True Copy

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Dist. Ratnagiri 415606

**BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE**

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Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID : BHRC.0001057991 **Bill No.** : OPD2407000221
Patient Name : MR. BABASAHEB RAMDAS BHUTKAR **Bill Date / Time** : 02/07/2024 11:09 AM
Address : A/P DERVAN SAWARDE TAL CHIPLUN DIST RATNAGIRI **OPD No.** : OP/0624/030017
Company Name : CASH/SELF PAYING **Age / Gender** : 44 Years / Male
Consulting Doctor : Dr. MEDICINE UNIT
Department / Unit : MEDICINE / MEDICINE UNIT 1

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	LABORATORY	HBA1 C		1	520.00	0.00	520.00
2	LABORATORY	URINE ACR ALBUMIN CREATININE RATIO		1	280.00	0.00	280.00
Total Amount (Rs.) :							800.00
Total Concession (Rs.) :							600.00
Net Amount (Rs.) :							200.00
Total Paid (Rs.) :							200.00

Amount In Words : Rs. TWO HUNDRED ONLY

Payment Mode	Amount
Cash	200.00
Total Amount Paid : 200.00	
Amount In Words :	TWO HUNDRED Rs. Only

Discount Authorised by:Medical Help for Employee


Signature

Remark : staff

User : JYOTI CHAVAN

Print Date : 02/07/2024 11:10 AM

True Copy


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Dist. Ratnagiri 415606

**BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE**

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BILL CUM RECEIPT

UHID : BHRC.0001057991 **Bill No.** : OPD2403003196
Patient Name : MR. BABASAHEB RAMDAS BHUTKAR **Bill Date / Time** : 10/03/2024 09:35 AM
Address : A/P DERVAN SAWARDE TAL CHIPLUN DIST RATNAGIRI **OPD No.** : OP/0124/027253
Company Name : CASH/SELF PAYING **Age / Gender** : 44 Years / Male
Consulting Doctor : Dr. ORTHO UNIT
Department / Unit : ORTHOPAEDICS / UNIT TWO

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	RADIOLOGY	Carotid Doppler Examination		1	700.00	0.00	700.00
Total Amount (Rs.) :							700.00
Total Concession (Rs.) :							350.00
Net Amount (Rs.) :							350.00
Total Paid (Rs.) :							350.00

Amount In Words : Rs. THREE HUNDRED FIFTY ONLY

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	407021942056	BANK OF INDIA	SAWARDE	10/03/2024	1	350.00
Total Amount Paid :						350.00

Amount In Words : THREE HUNDRED FIFTY Rs. Only

Discount Authorised by:Medical Help for Employee

Remark : STAFF CON-

Signature

User : LAVNYA RAJESHIRKE

Print Date : 10/03/2024 09:37 AM

True Copy

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