

**Sold By: Demo Hospital**  
55-A5, h839



## Invoice

**Billing Address:**  
Demo Patient

**Invoice No:** DEM\_H\_26-27\_1

**Invoice Date:** 2026-04-14

Email: imafreenansari1988@gmail.com  
Ph NO: 9654737358

SI	ITEM DESCRIPTION	QTY	MRP	DISC	PRICE	TOTAL
1	Bed A-101 — General Ward A (1 day)	1	1300.000	0	1300.000	1300
2	Consultation Fee — Dr. Doctor 1	1	12000.000	0	12000.000	12000
3	DSR	4	0.000	0	0.000	0

**INVOICE AMOUNT IN WORDS**

Thirteen Thousand Three Hundred Rupees Only

Sub Total: ₹13,300.000

Rounded Off: 0

**Grand Total: ₹13,300.000**

Payment Method: Cash



This is a computer-generated invoice. No signature required.

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