ALR LAB, KOTTAYAM-08
Phone-0481-2590499

Invoice Date:11-08-2024
Invoice Type:Cash
State :Kerala
State Code :32
DL.No :KL-KTM-101559
DL.No :KL-KTM-101560
GSTIN :32ADCKA0Z5M1ZK

Customer : ALBIN
Doctor : JK

INVOICE

Token#:99

Sl#	Name of Drugs	HSN	Batch	Ex.Dt	Mfg.	Qty	Rate	MRP	CGST%	SGST%	Amount
1	DIAPER ADULT (L) 10'S	96190040	ADA-34	08/26	UNIU	1 Nos	247.2500	490.00	6.00	6.00	247.25

Bill Amount :	247.25
CGST :	14.83
SGST :	14.83
Net Amount :	277.00

MRP Total: 490.00 **You Save Rs : 213.00**

Two Hundred - Seventy Seven Rupees and No Paise only

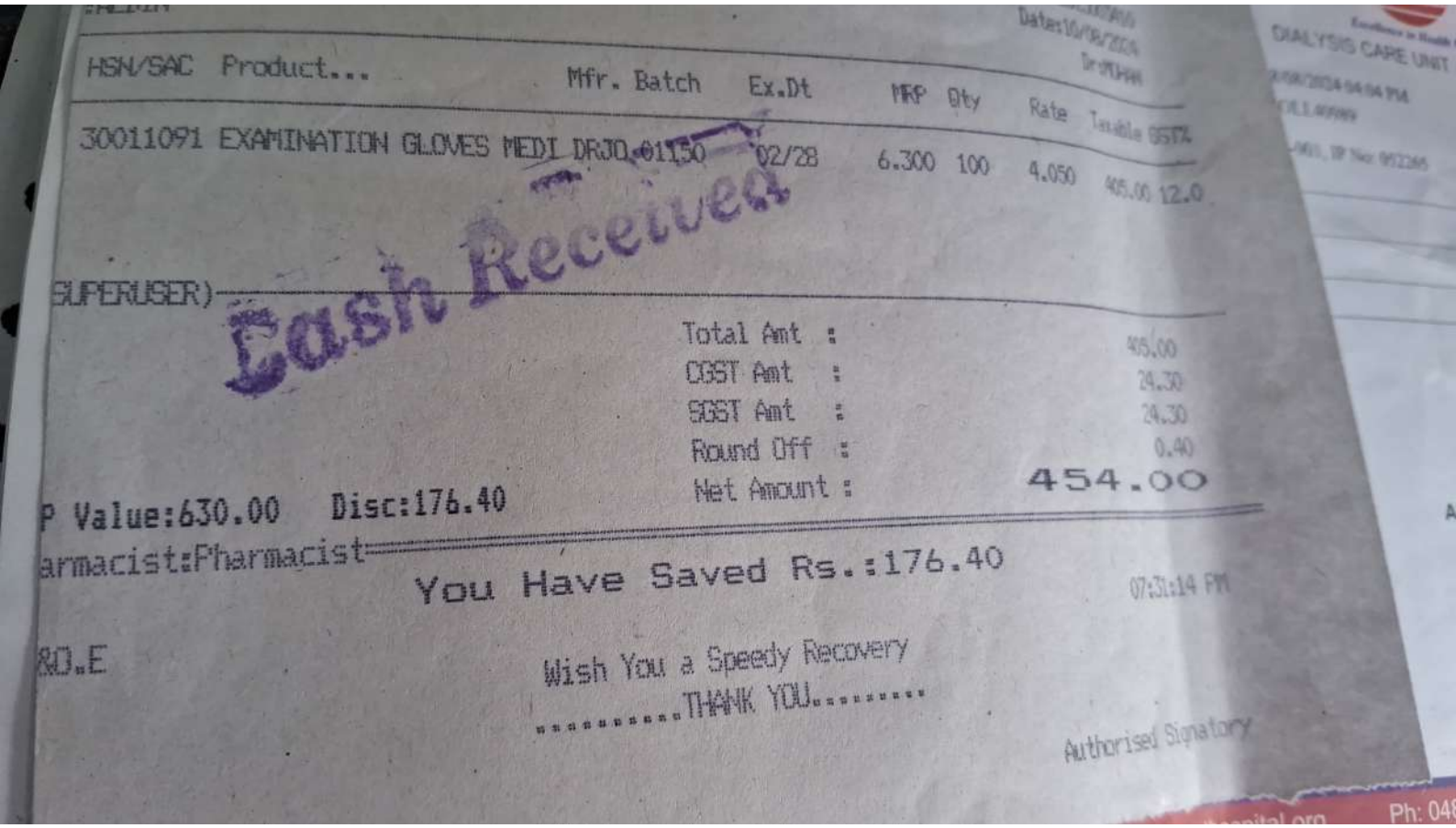
CGST 6 % : 14.83 SGST 6 % : 14.83

Sales returns only within 10 days from the date of billing
Sales return -10AM to 4PM Only
No Sales return on Sunday
* Products to be kept in regrigerator will not be taken back after sales.

Checked By:

Dispensed By:

Billed by: E0813



HSN/SAC	Product...	Mfr. Batch	Ex.Dt	MRP	Qty	Rate	Taxable	GST%
30011091	EXAMINATION GLOVES MEDI DRJO	01150	02/28	6.300	100	4.050	405.00	12.0

Cash Received

SUPERUSER)

Total Amt :	405.00
CGST Amt :	24.30
SGST Amt :	24.30
Round Off :	0.40
Net Amount :	454.00

P Value:630.00 Disc:176.40

armacist:Pharmacist

You Have Saved Rs.:176.40

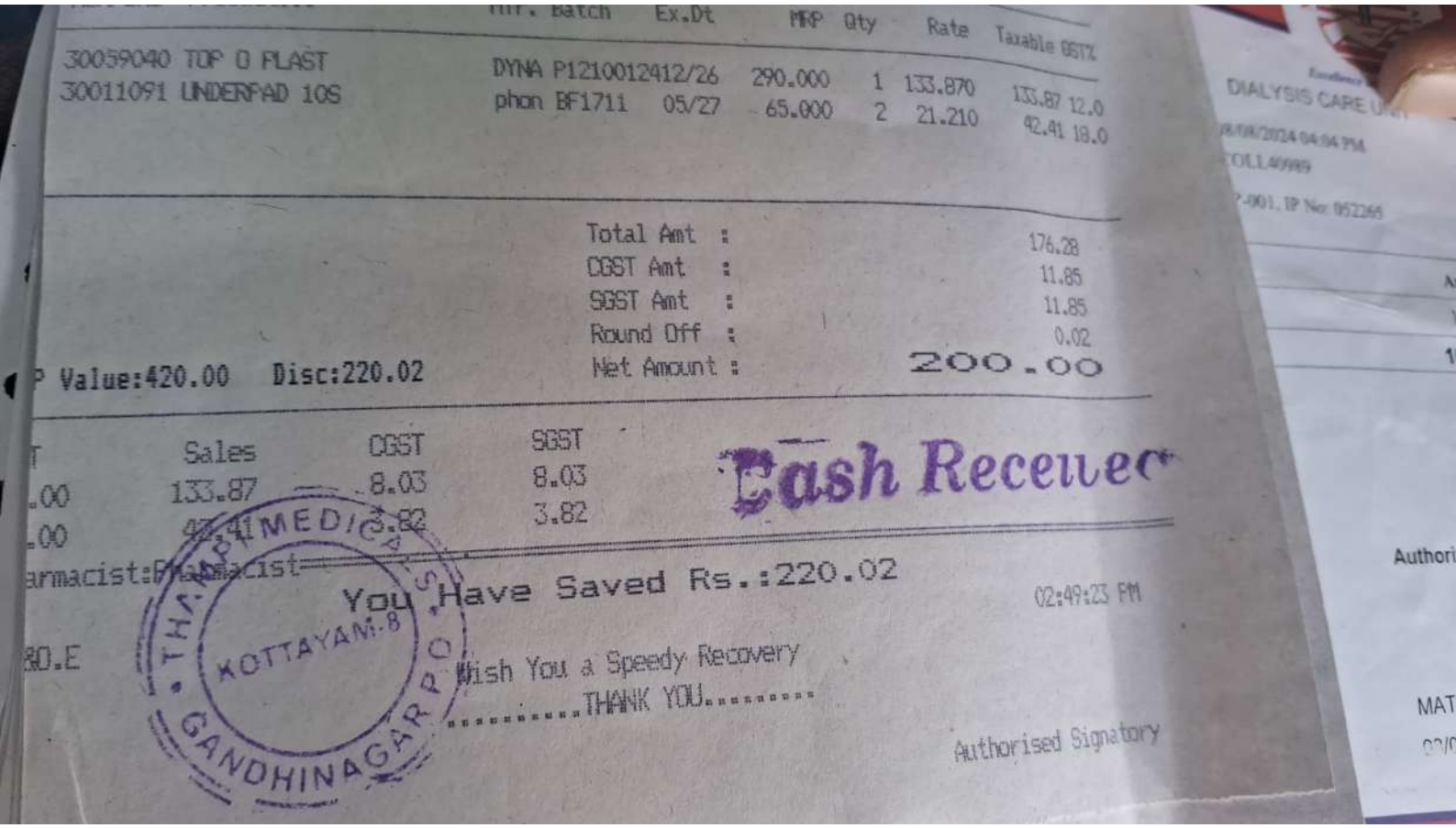
07:31:14 PM

&D.E

Wish You a Speedy Recovery

.....THANK YOU.....

Authorised Signatory



	Mfr. Batch	Ex.Dt	MRP	Qty	Rate	Taxable	GST%
30059040 TOP O PLAST	DYNA P1210012412/26		290.000	1	133.870	133.87	12.0
30011091 UNDERPAD 10S	phon BF1711	05/27	65.000	2	21.210	42.41	18.0

Total Amt :	176.28
CGST Amt :	11.85
SGST Amt :	11.85
Round Off :	0.02
Net Amount :	200.00

P Value:420.00 Disc:220.02

T	Sales	CGST	SGST
.00	133.87	8.03	8.03
.00	42.41	3.82	3.82

Cash Received

armacist:Pharmacist

You Have Saved Rs.:220.02

02:49:23 PM

80.E

THANAL MEDICALS KOTTAYAM-8 GANDHINAGAR P.O.

Wish You a Speedy Recovery

.....THANK YOU.....

Authorised Signatory

DDRC agilus diagnostics

YOUR LAB PARTNER SINCE 1983

DDRC Agilus-Gandhi Nagar Kottayam

GANDHI NAGAR, KTM - , INDIA
Ph: 93334 93334
GST No. 32AACCD4433H1Z3

Customer Copy

Receipt No : ICR03629109152 **Accession No :**4036XH001399 **Date :** 09/08/2024 **Receipt Date :** 09/08/2024 10:22:39 PM

Received with thanks from : ALBIN Mob:9495315535 Gender : MALE Age : 36 Years

Prescribed by : MCH Email : , Mobile No. : 9495315535

Test Code	Test Description	Amount
00230DDR	AMMONIA	630.00
	Other Charges :	0.00
	Total :	**630.00**
	Advance :	630.00
	Balance : **0.00**	

Rupees Six Hundred Thirty Only.

By CASH

For DDRC Agilus-Gandhi Nagar Kottayam

Report Delivery Charges: _____ Final Report Expected on : 10-Aug-2024 07:30:00 AM

Your User ID is ALBIM0908884036 Pin : 274598s
Log on to www.ddrcagilus.com to view your reports online.
NOTE :- This invoice is valid for 1 month, after which the services will no longer be available, amount collected will also be non-refundable.
Download DDRC agilus Diagnostics app on your mobile by using QR Code.

Authorized Signatory

Entered By BINDHU

CALL our Customer Care on 93334 93334

GANDHI NAGAR, KOTTAYAM
Mob. 9496005004

Global Diagnostics Network

GENERAL HOSPITAL ERNAKULAM

GH Ernakulam, ERNAKULAM - 682011 Ph:4842386000

eHkLABF001

eHealth Kerala
State Digital Health Mission

Qualitative/Quantitative Laboratory Reports

UHID	: 1000027072300658	UHID Barcode	:
Name	: Albin Mathew K A	Bill No.	: 104871502400278045
Age/Gender	: 36 Y 8 M /Male	Bill Date	: 23/08/2024
Mobile Number	:	Scheme	: General

LABORATORY

000982641/Blood/Plain

Received : 23/08/2024 10:45 **Last Result Validated :** 23/08/2024 13:58

Sl No	Investigation Name	Observed Value	Units	Reference Range	Remarks
	Sample Collected Date & Time:23/08/2024 10:45				
1	**Sodium Potassium**				
1.1	Blood Sodium	132	mEq/L	135 - 146	
1.2	Blood Potassium	3.1	mEq/L	3 - 5.5	

Sample Validated by
VISHNUPRIYA(Laboratory Technician)

Last Result Validated by
SREETHU RAVI(Laboratory Technician)

Report generated on: 23/08/2024 13:58

eHealth KERALA

GENERAL HOSPITAL ERNAKULAM

eHKBR001

GH Ernakulam, ERNAKULAM- 682011Ph:4842386000

BILLING

Cash Bill

Bill No. : 104871502400278045

UHID : 1000027072300658

Bill Date : 23/08/2024 10.41 AM

Type : OP

Scheme :

Name :ALBIN MATHEW K A

Age/Gender :36 years 8 month 22 days / Male

Sr. No	Description	Date & Time of service	Qty	Unit rate	Amount	Discount (Amount / %)	Net amount
1	Sodium Potassium		1	120.00	120.00	0.00	120.00
				Total	120.00	0.00	120.00

Gross Amount	120.00
Discount Amount	0.00
Round Off	0.00
Payable Amount	**120.00**
Mode of Payment	Cash

Received with thanks, sum of Rs. **120.00** *from* **ALBIN MATHEW K A**

Printed Date : *23/08/2024 10.41 AM*

"This is a system generated bill and does not require a signature"

—End Of Report—

1 : 30pm

OP - 1819
ALBIN MATHEW K A 38 Y / M
LABORATORY -342
000982641
23/08/2024 10:45
[Na+,K+]

eHKBR001

eHealth KERALA

GENERAL HOSPITAL ERNAKULAM

GH Ernakulam, ERNAKULAM- 682011Ph:4842366000

BILLING

Cash Bill

Bill No : 104871502400268358

UHID : T109012906220056

Bill Date : 15/08/2024 11.11 AM

Name :ALBIN

Type : OP

Age/Gender :37 years 1 mon 16 days / Male

Scheme : Pink Card (Priority)

Sr. No	Description	Date & Time of service	Qty	Unit rate	Amount	Discount (Amount / %)	Net amount
1	CRP Quantitative		1	100.00	100.00	0.00	100.00
2	Bicarbonate		1	170.00	170.00	0.00	170.00
3	Sodium Potassium		1	120.00	120.00	0.00	120.00
4	LFT Liver Function Test		1	250.00	250.00	250.00 / 100.00%	0.00
5	RFT (Urea Crea UA)		1	140.00	140.00	140.00 / 100.00%	0.00
6	CBC		1	60.00	60.00	60.00 / 100.00%	0.00
				Total	840.00	450.00	390.00

1:30pm

Gross Amount	840.00
Discount Amount	450.00
Round Off	0.00
Payable Amount	**390.00**
Mode of Payment	Cash

Received with thanks, sum of Rs. **390.00**

Printed Date : *15/08/2024 11.11 AM*

This is a system generated bill and do

OP - 625
ALBIN 37 Y / M
LABORATORY -339
000877913
15/08/2024 11:15
[CRP,Qly,Bi,Na+,K+,BT,BD,OT,PT,ALP,TP,Alb,G,c,U,C,UA]
Blood/Plain

OP - 625
ALBIN 37 Y / M
CLIP -253
037316445
15/08/2024 11:15
[Hb,TC,N%,L%,E%,B%,M%,Plt,T RBC,PCV,MCV,MCH,MCHC,RDW-CV,DC]
Blood/EDTA

KARUNYA COMMUNITY PHARMACY

(Dept. of Health & Family Welfare, Govt. of Kerala)
GOVT.MEDICAL COLLEGE HOSPITAL COMPOUND
NEAR ACR LAB,KOTTAYAM-08
Phone-0481-2590499

Invoice N :44637
Invoice Date:11-09-2024
Invoice Type:Cash
State :Kerala
State Code :32
DL.No :KL-KTM-101559
DL.No :KL-KTM-101560
GSTIN :32AADCK4029M1ZX

INVOICE

Customer : ALBIN
Doctor : JK

Token#:97

Sl#	Name of Drugs	HSN	Batch	Ex.Dt	Mfg.	Qty	Rate	MRP	CGST%	SGST%	Amount
1	SYRINGE 50 ML W/O NEED	3004	422502WKR2	04/29	HISMD	3 Nos	23.3900	55.50	6.00	6.00	70.14
2	MEDIBATH 10'S (ADULT W	30059090	K24030170	02/26	NEWCA	1 Nos	56.3500	250.00	9.00	9.00	56.35

Bill Amount : 126.49
CGST : 9.27
SGST : 9.27
Net Amount : 145.00

MRP Total: 416.50 **You Save Rs : 271.50**

One Hundred Forty Five Rupees and No Paise only

CGST 6 % : 4.2 SGST 6 % : 4.2 CGST 9 % : 5.07 SGST 9 % : 5.07

Sales returns only within 10 days from the date of billing
Sales return -10AM to 4PM Only
No Sales return on Sunday
* Products to be kept in regrigerator will not be taken back after sales.

Dispensed By:

GSTIN 32BZVPP7008Q1ZH

DL No : KL-KTM-116149
DL No : KL-KTM-116150

MADONA SURGICALS

MADONA BUILDING OPP MEDICAL COLLEGE HOSPITAL
GANDHINAGAR P O KOTTAYAM
MOB : PH 91 7510624365 Mob 94473 56121
email :

Original

TAX INVOICE

Invoice No	: **SIR 32768-F24**	Invoice Date	: **12-08-2024**
Place of Supply	: Kerala	Vehicle No	:
Prch . Order No	:	Delivery At	:
EWay Bill No	:	Delivery Date	:

Billed to
Cash Account

Tel : Mob :

GSTIN / UAN :

Cash Party / Shipped to :
Cash Account

Patient Name : ALBIN MATHEW
IP & Hosp. No :
Hospital Name :
Doctor's Name : M.C.H.KOTTAYAM

SNo	Item Description	Batch	Exp Dt	HSN	Qty Unit	Rate	Gr.Amt	Disc Amt	Net Amt	KFC 1%	GST %	GST Amt	Total Amt
1	MK 102 BREATHEEZI NIV MASK Medium	MK0090624	31-05-2027	90192010	1.00 Nos	982.14	1,100.00		982.14		GST 12%	117.86	1,100.00
	Grand Totals				1.00		1,100.00		982.14			117.86	1,100.00

Grand Total 1,100.00

RupeesOne Thousand One Hundred Only

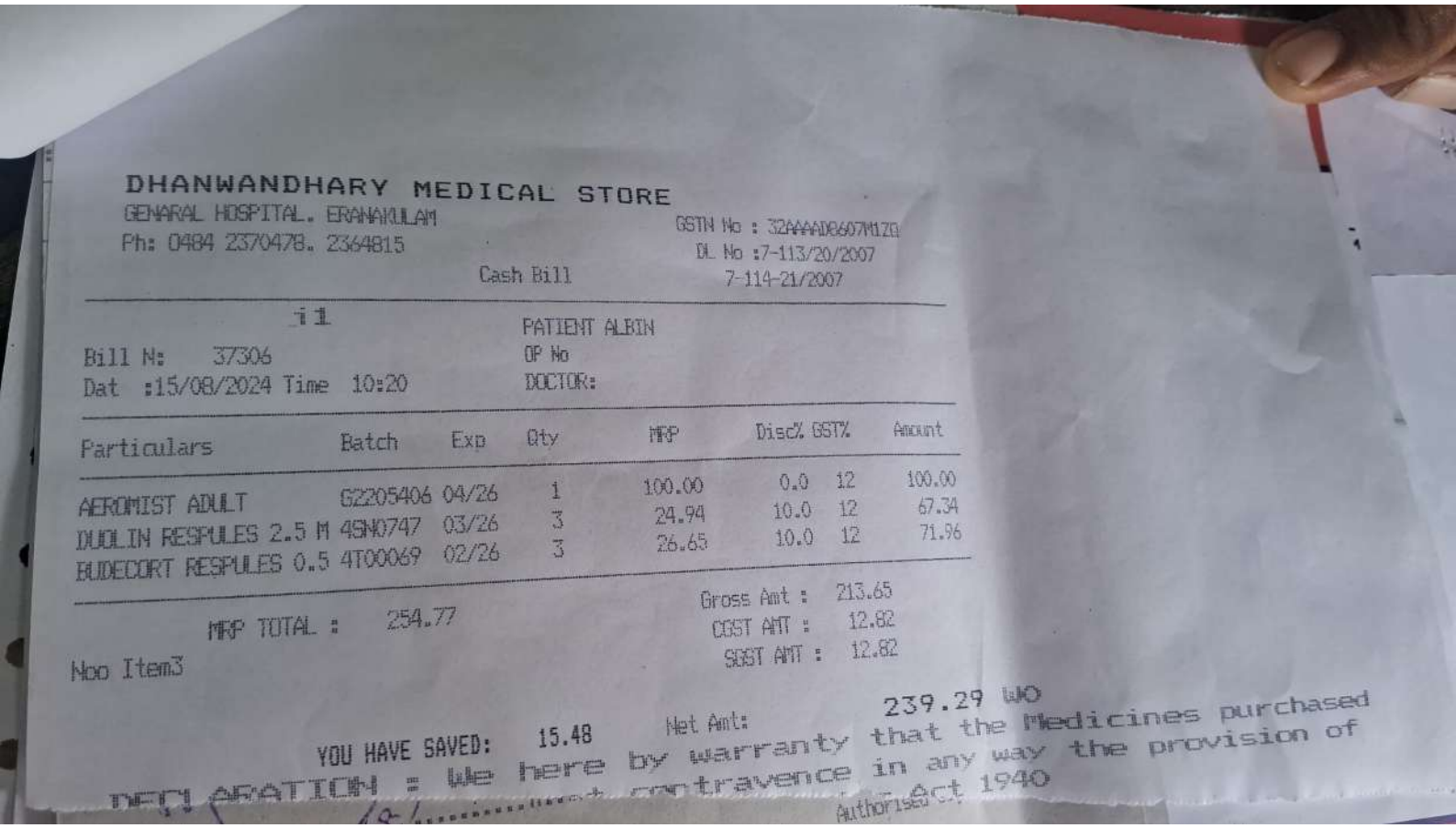
Tax %	Taxable Amt	CGST %	CGST Amt	SGST %	SGST Amt	Total Tax
GST 12%	982.14	6.00	58.93	6.00	58.93	117.86
	982.14		58.93		58.93	117.86

For MADONA SURGICALS

Authorised Signatory

MADONA SURGICALS GANDHINAGAR P.O.

DECLARATION : Certified that all the particulars showing above invoice are true and correct .



DHANWANDHARY MEDICAL STORE

GENARAL HOSPITAL. ERANAKULAM
Ph: 0484 2370478. 2364815

GSTN No : 32AAAAD0607M1ZQ
DL No :7-113/20/2007
7-114-21/2007

Cash Bill

i 1

Bill N: 37306
Dat :15/08/2024 Time 10:20

PATIENT ALBIN
OP No
DOCTOR:

Particulars	Batch	Exp	Qty	MRP	Disc%	GST%	Amount
AEROMIST ADULT	G2205406	04/26	1	100.00	0.0	12	100.00
DUOLIN RESPULES 2.5 M	4SN0747	03/26	3	24.94	10.0	12	67.34
BUDECORT RESPULES 0.5	4T00069	02/26	3	26.65	10.0	12	71.96

MRP TOTAL : 254.77

Gross Amt : 213.65
CGST AMT : 12.82
SGST AMT : 12.82

Noo Item3

YOU HAVE SAVED: 15.48

Net Amt: 239.29 WO

DECLARATION : We here by warranty that the Medicines purchased ... contravence in any way the provision of ... Act 1940

Authorised

MEDICAL TRUST HOSPITAL

(Owned by Pulikkal Medical Foundation)
M.G. Road, Kochi -16, GSTIN: 32AABCP3848D1ZR, PAN: AABCP3848D, CIN: U85110KL1976NPL002820
OP Drug Lic No. 20/KL-EKM-107527/2015, 21/KL-EKM-107528/2015 DT. 04/04/2015
IP Drug Lic No. 20/142016 21/142017 DT.18.05.2019

Excellence in Health Care

ADVANCE RECEIPT

PHARMACY-I-PH1

Reg No	: **MR01831248**	**Receipt Date**	: 08/08/2024 02:52 PM
Patient Name	: Mr ALBIN MATHEW KA	**Request No.**	: COLL40979
Gender / Age	: MALE/35 Years	**Visit No.**	: IP-001, IP No: 052265

Sl No	Receipt No.	Mode	Amount
1	RCPA-1605342	Cash,	3000.00
		Total Amount	**3000.00**

Remarks :

Received With Thanks From ALBIN MATHEW KA
Amount Of Rupees Three Thousand Only

Authorized Signature

Received
CASH WITH THANKS

Generated by :aysn

Printed By Generated by :aysn
Printed On

EDICAL TRUST HOSPITAL

(A Unit of Pulikkal Medical Foundation)
M.G. Road, Kochi -16, GSTIN: 32AABCP3848D1ZR, PAN: AABCP3848D, CIN: U85110KL1976NPL002820
OP Drug Lic No. 20/KL-EKM-107527/2015, 21/KL-EKM-107528/2015 DT: 04/04/2015
IP Drug Lic No. 20/142016 21/142017 DT.18.05.2019

MEDICAL TRUST HOSPITAL
Excellence in Health Care

BILL

Registration No	:	MR01831248	Bill No.	:	REG-25-32797
Patient Name	:	Mr ALBIN MATHEW KA	Bill Date	:	08/08/2024 10:35 AM
Gender / Age	:	MALE/35 Years	Consultant/Dept	:	Dr SUNIL K MATHAI / GASTROENTROLOGY
			Slot No	:	DAY/ORD1/3

Sl No	Header	Description	Amount	Total Amount
	PROFESSIONAL SERVICES	CONSULTATION FEE	300.00	300.00
			300.00	300.00

Three Hundred Rupees Only

Cash : 300.00

Bill Total :	300.00
Amount Paid :	300.00
Balance Amount :	0.00

Printed By gosh

Printed on 08/08/2024 10:35 AM

2358001 (11 Lines)

MEDICAL TRUST HOSPITAL

(Owned by Pulikkal Medical Foundation)
M.G. Road, Kochi -16, GSTIN: 32AABCP3848D1ZR, PAN: AABCP3848D, CIN: U85110KL1976NPL002820
OP Drug Lic No. 20/KL-EKM-107527/2015, 21/KL-EKM-107528/2015 DT: 04/04/2015
IP Drug Lic No. 20/142016 21/142017 DT.18.05.2019

Excellence in Health Care

ADVANCE RECEIPT

DIALYSIS CARE UNIT

Reg No	: MR01831248	Receipt Date	: 08/08/2024 04:04 PM
Patient Name	: Mr ALBIN MATHEW KA	Request No.	: COLL40989
Gender / Age	: MALE/35 Years	Visit No.	: IP-001, IP No: 052265

Sl No	Receipt No.	Mode	Amount
1	RCPA-1605604	Card, CARD No. :6435	10000.00
		Total Amount	10000.00

Remarks :

Received With Thanks From ALBIN MATHEW KA
Amount Of Rupees Ten Thousand Only

PAYMENT WITH THANKS
Received

Authorized Signature

Printed By MATHEW SOLY K I
Printed On 08/08/2024 04:04 PM

Generated by :mski

Ph: 0484 2358001 (11 Lines)