



ACCULIFE LAB AND DIAGNOSTICS

D-69/2, 8th Cross (East), Thillai Nagar, Trichy - 620 018.

Mobile: 90038 14466, 94430 23306

CASH RECEIPT

No **100**

Date: 04/05/23

Received from ~~Mr~~/Mrs Fathima

674/15

Address _____

PAID

Rupees One thousand six hundred fifty rupees only

Towards _____

MHC

By Cash / Cheque / Draft No. _____

₹

1650/-

Cheques are Subject to Realisation

Party's Signature

For ACCULIFE LAB AND
DIAGNOSTICS

Manager

SRINIDHI MEDICALS & AGENCIES

THILAI NAGAR

GSTIN : 33BP7533200K1Z0

Name : EATHISHA
Place :
Doctor :
Bill No : RF001149
Date : 05/05/2023

Date : 05/05/2023

Date : 05/05/2023

Date : 05/05/2023

S.No.	Product Name	Pack	Batch	Exp	Qty	Rate	Disc%	GST %	Amount
1.	PHARAPL INJ	1'S	894	12/24	1	550.00		5 %	550.00
2.	MIS 5000MG.	1'S	467	12/25	2	31.26		5 %	62.52
3.	HUMAN ACTRAPID 100IU/40IU	1'S	455555	3/24	1	157.57		5 %	157.57
4.	DISPOVAN SYRINGE 1CC	10'	45	4/27	1	9.40		5 %	9.40
5.	GLYCOMET 500MG TAB	10'S	21316	12/24	10	1.87		12 %	18.70

Total Qty	18	84.36	ROff	-0.19
Total Item	5	19.56		
		39.12		
		GST Value :		
		GST :		
		GST Value :		

[illegible]

3	9	3	9
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$\frac{6}{9} = \frac{2}{3}$

99
52
8
6

1040

5/2

$\frac{1}{\sqrt{2}}$

88

000

20

4.	ORIOXON 500MG TAB	10%	21,516	16,000
5.	GLYCOMET 500MG TAB	10%	21,516	16,000

3. HUMAN ACTH(1-10) (1000/1000)	10 ⁶	45	42
4. DISPOVAN SYRINGE 1CC			100

2.	NH 500ML.	17	45555	32
		17		

1. PHRAPIL, INC.	118	894	12.5
	118	607	12.2

No.	Product Name	Pack	Batch	Exp.
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Phone : 900.3990001, 900.3814466 GSTIN : 33BTP53200K1Z0

111 J. A. NAGAR

Doc: 000

Place

[illegible]

GST INVOICE

Rs. Seven Hundred Ninety Eight Only.

For SKINDH MEDICALS & AGENCIES

3-25-64

2010

TRICHY NEURO & MULTI SPECIALITY CENTRE

D-69/2, 8th Cross (East), Thillai Nagar, Trichy - 620 018.

Mobile: 90038 14466, 94430 23306



CASH RECEIPT

No 078

Date: 4.05.23

Received from Mr./Mrs Pathing

Address _____

ECG Amount, Three hundred only

Rupees _____

Towards _____

By Cash / Cheque / Draft No. _____

₹

300 /

Cheques are Subject to Realisation

Party's Signature

For TRICHY NEURO &
MULTI SPECIALITY CENTRE

Manager

N.K

PAID

GST INVOICE

SRINIDHI MEDICALS & AGENCIES

Sh CROSS WEST

LAIR NAGAR

Phone : 9003990001,9003814466

GSTIN : 33BPTPS3200K1ZO

Name : FATHIMA

Place :

Doctor :

Bill No : RE001139

Date : 04/05/2023

Product Name	Pack	Batch	Exp	Qty	Rate	Dis%	GST %	Amount
1. CLOPIVIB A 75MG	10	8205	11/24	10	5.70		12 %	57.00
2. ATOVIB-40	10'S	178	9/24	10	21.50		12 %	215.00
3. HOMIN TAB	10'S		6/24	10	8.90		12 %	89.00

PAID

Tot Qty : 30	SGST : 17.41	Billed By : 0.10	Sub Total : 361.00
Tot Item : 3	CGST : 17.41	R.Off : 0.10	Discount 10 % : 36.10
Remarks :	GST Value : 34.82		

Rs. Three Hundred Twenty Five Only

Grand Total : 325.00

For SRINIDHI MEDICALS & AGENCIES

Authorises Signatory

ACCULIFE LAB AND DIAGNOSTICS

D-69/2, 8th Cross (East), Thillai Nagar, Trichy - 620 018.

Mobile: 90038 14466, 94430 23306



CASH RECEIPT

No 099

Date: 4.5.23

Received from Mr./Mrs Farhima

Address _____

Sugar fees, one fifty only.

Rupees _____

Towards _____

By Cash / Cheque / Draft No. _____

₹

150/-

Cheques are Subject to Realisation

Party's Signature

Manager

PAID

For ACCULIFE LAB AND
DIAGNOSTICS

N. K.

GST INVOICE

SRINIDHI MEDICALS & AGENCIES

D-47, 7th CROSS WEST
THILLAI NAGAR
Phone : 9003990001,9003814466

GSTIN : 33BPTPS3200K1ZO

Name : MRS.FATHIMA
Place :
Doctor :
Bill No : RE001137
Date : 04/05/2023

S.No.	Product Name	Pack	Batch	Exp	Qty	Rate	Dis%	GST %	Amount
1.	VENFLON 22G	1'S	097479	4/25	1	283.00		5 %	283.00
2.	EASYFIX [ELASTIC ADHESIVE]	1'S	12563	11/24	1	45.00		5 %	45.00
3.	PAN 40 INJ	1'S	254	6/24	2	53.53		5 %	107.06
4.	EMESET AMP 2ML	1'S	467	11/24	2	14.00		5 %	28.00
5.	STROCIT AMP 2ml	1'S	245	11/24	2	156.00		5 %	312.00
6.	NS 100ML	1'S	367	12/24	4	19.00		5 %	76.00
7.	CEGAVA-1.5GM	1'S	467	2/25	2	440.80		5 %	881.60
8.	PIRAPIL INJ	1'S	894	12/24	1	550.00		5 %	550.00
9.	IV SET [WINSET]	1'S	2045	1/24	2	190.00		5 %	380.00
10.	DISPOVAN SYRINGE 10ML	1'S	2389	11/25	2	10.00		5 %	20.00
11.	DISPOVAN SYRINGE 2ML	1'S	467	1/26	2	5.50		5 %	11.00
12.	DISPOVAN SYRINGE 5ML	1'S	053	1/25	5	8.00		5 %	40.00
Billed By : 2135500050/67									
R.Off : 0.34									
Tot Qty : 26	SGST : 65.10	Sub Total							2733.66
Tot Item : 12	CGST : 65.10								
Remarks : GST Value : 130.20									
Grand Total : 2734.00									
Rs. Two Thousand Seven Hundred Thirty Four Only									
For SRINIDHI MEDICALS & AGENCIES									
Authorises Signature									

Banding - 159.

PAID

Cell : 9894707132

A.K. பிச்சையோதரப் கள்ளிக்

28, பெருமாள் கோவில் தெரு, இளையான்குடி - 630 702.

2, ஷாபி பள்ளிவாசல் தெரு, சாலையூர்.

No. 155

Date

9/7/23

Physio Rs. 12000
15 days
Caf Total 12000

KRSNAA DIAGNOSTICS LIMITED
Sivagangai Government Medical College and hospital,
c/o MRI Scan Department, Manamadurai Road,
Sivagangai, Tamil Nadu-630562

Name : Mrs FATHIMA

Ref. By : DR. KRISHNARAJ

Address : SALAIKIRAMAM SIVAGANGAI

Age / Gender : 65 / Y / F

Patient Code : SI/TTN230600024747

Bill Type : CASH

Patient Type : OPD

Rec.No : 109/17921045

Rec.Date : 23.06.2023 17:10

Mode : 1

DESCRIPTION

MRI BRAIN VENOGRAM PLAIN

MRI ONLY ANGIO PLAIN

STUDY UNIT

AMOUNT

2,300.00

2,300.00

Gross : 4,600.00

NET : 4,600.00

Paid : 4,600.00

Balance Amount : 0.00

Amount in words :

FOUR THOUSAND SIX HUNDRED ONLY

J.ROLAND (KRSNAA HEAD OFFICE) ZONALMANAGER

User Name & Sign

ACKNOWLEDGEMENT

Sign of Patient

I/We acknowledged the above services at the said payment

Mobile No

9787778206

THANK YOU FOR VISIT /www.krsnaadiagnostics.com

Subject to Pune Jurisdiction



TRICHY NEURO & MULTI SPECIALITY CENTRE

D-69/2, 8th Cross (East), Thillai Nagar, Trichy - 620 018.

Mobile: 90038 14466, 94430 23306

No **080**

CASH RECEIPT

Date: 05/05/23

Received from ~~Mrs~~ Fadhina / 67 yrs / Female

Address _____

Rupees Two thousand Rupees only

Towards Advance

By Cash / Cheque / Draft No. _____

₹ 2000/-

Cheques are Subject to Realisation

Party's Signature

For TRICHY NEURO &
MULTI SPECIALITY CENTRE

Manager



GST INVOICE

SRI NIDHI MEDICALS & AGENCIES

7th CROSS WEST

MALLAI NAGAR

Phone : 9003990001,9003814466

GSTIN : 33BPTPS3200K1ZO

Name : FATHIMA

Place :

Doctor :

Bill No : RE001170

Date : 05/05/2023

S.No.	Product Name	Pack	Batch	Exp	Qty	Rate	Dis%	GST %	Amount
1.	STROCI AMP 2ml	1'S	245	11/24	2	156.00		12 %	312.00
2.	PAN 40 INJ	1	254	6/24	2	53.53		12 %	107.06
3.	EMESET AMP 2ML	1'S	467	11/24	2	14.00		12 %	28.00
4.	CEGAVA-1.5GM	1'S	467	2/25	2	440.80		12 %	881.60
5.	NS 100ML	1'S	367	12/24	2	19.00		12 %	38.00
6.	NS 500ML	1'S	467	12/25	1	31.26		12 %	31.26

PAID

Total Qty : 11 SGST : 74.89 Sub Total : 1397.02

Total Item : 6 CGST : 74.89 R.Off : 0.08

Remarks : GST Value : 149.78

Rs. One Thousand Three Hundred Ninety Eight Only

Grand Total : 1398.00

For SRINIDHI MEDICALS & AGENCIES

Authorises Signature





TRICHY NEURO & MULTI SPECIALITY CENTRE

D-69/2, 8th Cross (East), Thillai Nagar, Trichy - 620 018.

Mobile: 90038 14466, 94430 23306

CASH RECEIPT

No

083

Date: 5.05.23

Received from Mr/Mrs Farthina

Address _____

Two Fifty Only

Rupees

Sugar fees

Towards _____

By Cash / Cheque / Draft No. _____

₹

250

Cheques are Subject to Realisation

Party's Signature

For TRICHY NEURO &
MULTI SPECIALITY CENTRE

Manager

PAID

11 10 10 10 0 0 6

92

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Pradhan Mantri Bharathiya Janausadhi Kendra
24J, BISHOP ROAD, Puthur, NEAR FOUR RD JN. TRICHY-17
33AEWPM3202J1ZF DL NO: TRW/015/20 & 21
Phone: 80565 21651, 89250 29900

11:11

Dr : ARUNRAJ, NEURO
Pt.: FATHIMA BEEVI.A/9003176950

No.: 006106 Cash Bill DATE: 12/05/2023

QTY	DESCRIPTION	MFR	BATCH	EXPI	DISC	AMOUNT
30	GLIMEPERIDE 1MG TAB BPPI	BPPI	GOF4004	08/24		13.20
30	ASPIRIN+CLOPIDOGREL 75 MG	BPPI	54TCA008	04/24		63.00
30	CABA 300MG + METHYLCABA 50	BPPI	MT230364	01/25		120.00
30	RABEPRAZOLE+DOMPERIDONE 30	BPPI	RPE-2269	06/24		54.00
30	VILDACAST M 500MG TAB	ALIEN	PH25AH01	01/25		150.00
30	ATORVASTATIN 40MG TAB	BPPI	ASI-2205	09/24		66.00
30	ZOMEC-OD TAB	INNAT	TLS-4122	07/24		180.00
30	METFORMIN 500MG TAB	BPPI	DTC-157	12/24		19.80
60	VEDRICO-P TAB	JVH	UGT-2380	12/24	10.0	1404.00

Item(s): 9 Chek.by: | Total: 2070.00

Pre.by: 777 R.Off: 0.00
GRAND TOTAL: 2070.00

E.&O.E WHATSAPP 8056521651 BEFORE ONE HOUR AND AVOID WAITING



2500

2070
257
2327
257
2362

Tamara

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Shot on OnePlus
Powered by Dual Camera

Pradhan Mantri Bharathiya Janausadhi Kendra
24J, BISHOP ROAD, Puthur, NEAR FOUR RD JN. TRICHY-17
33AEWPM3202J1ZF DL NO: TRW/015/20 & 21
Phone: 80565 21651, 89250 29900

10:38

Dr : ARUNRAJ, NEURO
Pt.: FATHIMA BEEVI.A/9003176950

No.: 010096

Cash Bill

DATE: 08/06/2023

QTY	DESCRIPTION	MFR	BATCH	EXPI	DISC%	AMOUNT
30	FEDRICO-P TAB (10 mb Dule)	JVH	UGT-2380	08/24	10.0	702.00
30	GLIMEPERIDE 1MG TAB BPPI	BPPI	GOF4004	08/24		13.20
30	ASPIRIN+CLOPIDOGREL 75 MG	BPPI	54TCA008	04/24		63.00
30	GABA 300MG + METHYLCOBA 50	BPPI	MT230364	01/25		120.00
30	RABEPRAZOLE+DOMPERIDONE 30	BPPI	RPE-2269	06/24		54.00
30	ATORVASTATIN 40MG TAB	BPPI	ASI-2205	09/24		66.00
30	ZOMEC-OD TAB	INNAT	TLS-4122	07/24		180.00
30	METFORMIN 500MG TAB	BPPI	DTC-157	12/24		19.80
30	VILDACAST 50 TAB	ALIEN	PH25AF02	06/24		120.00

Item(s): 9 Chek.by: | Total: 1338.00

R.Off: 0.00

Pre.by: 777

GRAND TOTAL: 1338.00

E.&O.E WHATSAPP 8056521651 BEFORE ONE HOUR AND AVOID WAITING

1265

1469-

TIRUCHY NEURO MULTI SPECIALITY CENTRE

D-69/2, 8TH CROSS (EAST), THILLAINAGAR, TRICHY-620018

DISCHARGE SUMMARY

IPNO : 230501

NAME : MRS.FATHIMA

DOA:04 : 05 : 23

AGE/ SEX : 72 YRS./FEMALE

DOD : 07 : 05 : 23

CONSULTANT: Dr. E.ARUNRAJ DCH., MD.,DM.,(NEURO)

DIAGNOSIS : SHT/ DM / ACUTE CVA / RIGHT HEMIPARESIS / CHRONIC

LACUNAR INFARCTS IN BILATERAL GANGLIO CAPSULAR REGION. /

**ACUTE NON HAEMORRHAGIC INFARCT IN LEFT ANTERIOR GANGLIO -
CAPSULAR REGION / CORONA RADIATA .**

**COMPLAINTS : PATIENT CAME WITH COMPLAINTS OF WEAKNESS RIGHT UPPER LIMB
AND LOWER LIMB SINCE FOUR DAYS .**

H/ SLURRING OF SPEECH .

O/E : CONSCIOUS .

AFEBRILE.

PERL

EOM FULL .

VITALS: BP -- 130 /70 MMHG

PR --88 / MTS

SPO2 -96 %

Pradhan Mantri Bharathiya Janasadh Kendra
BISHOP ROAD, PUTHUR, NEAR FOUR RD JN. TRICHY-17
DL NO: TRW/015/20 & 21
33AEWPM3202J1ZF 21651,89250 29900
Phone: 80565

10:42

Dr : DR. ARUNRAJ

Pt.: FATHIMA BEEVI.A/9003176950

Cash Bill

DATE: 08/06/2023

No.: 010097

QTY DESCRIPTION

MFR BATCH EXPY DISC% AMOUNT

30 ROSUVASTATIN 10+CLOPID 75 BPPI WRV2303G 12/24 126.00

Item(s): 1 Chek.by: | Total: 126.00

R.Off: 0.00

Pre.by: 777

GRAND TOTAL: 126.00

E.&O.E WHATSAPP 8056521651 BEFORE ONE HOUR AND AVOID WAITING



GST INVOICE

SRI NIDHI MEDICALS & AGENCIES

7th CROSS WEST

MALLAI NAGAR

Phone : 9003990001,9003814466

GSTIN : 33BPTPS3200K1ZO

Name : FATHIMA

Place :

Doctor :

Bill No : RE001170

Date : 05/05/2023

S.No.	Product Name	Pack	Batch	Exp	Qty	Rate	Dis%	GST %	Amount
1.	STROCI AMP 2ml	1'S	245	11/24	2	156.00		12 %	312.00
2.	PAN 40 INJ	1	254	6/24	2	53.53		12 %	107.06
3.	EMESET AMP 2ML	1'S	467	11/24	2	14.00		12 %	28.00
4.	CEGAVA-1.5GM	1'S	467	2/25	2	440.80		12 %	881.60
5.	NS 100ML	1'S	367	12/24	2	19.00		12 %	38.00
6.	NS 500ML	1'S	467	12/25	1	31.26		12 %	31.26

PAID

Total Qty : 11 SGST : 74.89 Sub Total : 1397.02

Total Item : 6 CGST : 74.89 R.OFF : 0.08

Remarks : GST Value : 149.78

Rs. One Thousand Three Hundred Ninety Eight Only

Grand Total : 1398.00

For SRINIDHI MEDICALS & AGENCIES

Authorises Signature



SRINIDHI MEDICALS & AGENCIES

THILAI NAGAR

GSTIN : 33071532006120

Name : FATHIMA
Place :
Doctor :
Bill No : RF001149
Date : 05/05/2023

Date : 05/05/2023

Date : 05/05/2023

Date : 05/05/2023

[illegible]

Total Qty	18	84,381	ROff	-0.19
Total Item	5	CGST :		
		GST Value :		
		39.12		

Sub Total	798.19
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Grand Total	:	198.00
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Rs. Seven Hundred Ninety Eight Only.

For SKINDH MEDICALS & AGENCIES

3-25-64

Authorises Signature



TRICHY NEURO & MULTI SPECIALITY CENTRE

D-69/2, 8th Cross (East), Thillai Nagar, Trichy - 620 018.

Mobile: 90038 14466, 94430 23306

No **080**

CASH RECEIPT

Date: 05/05/23

Received from ~~Mrs~~ Fadhina / 67 yrs / Female

Address _____

Rupees Two thousand Rupees only

Towards Advance

By Cash / Cheque / Draft No. _____

₹ 2000/-

Cheques are Subject to Realisation

Party's Signature

For TRICHY NEURO &
MULTI SPECIALITY CENTRE

Manager

