CITY HOSPITAL

MITHAPUR BYPASS, PATNA

mrckinfosoluton@gmail.com

Hosp. Reg.:0.00

OT NOTES

Uhid No	:	1	**Reg No**	:	1
Patient Name	:	CLICKERP PATHO	**Reg Date**	:	23-Sep-25
C/o	:	SELF	**Age/Gender**	:	23.00 / YEAR
Address	:		**Mobile No**	:	0
			Consultant	:	fsdfsdfsdsdfsdfsdfsdfsdfsdfsdfsdfsfd

Particulars

fsdfsdfsdsdfsdfsdfsdfsdfsdfsdfsdfsfd
2
FDFDFDFD,FSDNF,SDFNS,MFSNFSD
4
5
6
7
8
9
10
11

CITY HOSPITAL

MITHAPUR BYPASS, PATNA

Email : , Web Site: , Mobile no:

Patient Legder

REG NO	: **204**				
Patient Name	: SDSADDSADA		**Print Date**	:	17-Nov-25
Relative Name	: dqqqw				
Address	:		**Age / Gender**	:	0.00 / Male
Dr	:		**Admission Date**	:	14-Nov-25
Room/Bed	: 0		**Reg Date**	:	14-Nov-25

IPD Amount	: 0	Payment	: 0			Dues :	: 0.00
Sample Amount	: 0		: 0				: 0.00
Medicine Amount	: 0		: 0				: 0.00
OPD Amount	: 0		: 0				: 0.00
		Advance Payment	: 0				: 0.00
		Discharge Payment	: 0	Dis Amt :	0		: 0.00
				Refund Amt :	0		

Total Amount	: 0.00	**Total Pay :**	0.00	**Total Dis:**	0	**Total Dues:**	0
						Exp Amount	0

CITY HOSPITAL

MITHAPUR BYPASS. PATNA

Email : mrckinfosoluton@gmail.com , Web Site :www.clickerp.in , Mobile No:7479735068, 8809358969

IPD BILL (QUATATION)

Print Date & Time : 17-Nov-25 06:45:03PM

Uhid No : 2025/3/3
Bill No : 3
Patient Name : SALIM
Department : **Indoor**
Address : ROH

Reg No : 3
Room Name : 0
Age/Gender : 20.00 / Male
Mobile No :
Consultant : SELF
W/o :SELF

Reg Date : 14-Jul-25
Admit Date : 23-Oct-25

Service Date	Service Name	Doctor Name	Charge	Qty	Amount
05-Jul-24	Cerebrospinal Fluid Test		2000	2	4000
04-Jul-24	Cerebrospinal Fluid Test		111	1	111
05-Jul-24	Cervical Smear		23	2	46
05-Jul-24	Cervical Smear	DR M.C.MUKUL	45	2	90
05-Jul-24	45	DR. SANTSEVI PRASAD	0	2	0

Total Amount	**4247.00**
Total Pay	0
Total Dues	0

inwords: RUPEES FOUR THOUSAND TWO HUNDRED FORTY-SEVEN ONLY

1. The Report is not valid for medico legal purpose

ADVANCE NEURO & SPINE (ANS) CENTRE

233 MIG HANUMAN NAGAR NEAR 90FIT ROAD

PATNA-800020

8301990169-7004359989-9117678415

Registration Slip

Uhid No	: **2024/1/1**	**Reg No**	: **2024/1/1**	**Reg Date**	
Patient Name	: RAGHUNATH YADAV	**Age/Gender**	: 65 YEARS / Male		03-Sep-24
Department	: OPD	**Mobile No**	:		10:55:10
Address	: SIWAN	**Consultant**	: **DR DHIRAJ KUMAR**		
Token No	: **2**				
Valid UpTo	: 10-Sep-24	**W/o**	:		

Particulars	**Fee Amt**	**Net Payment Amt**
Registration /OPD Fee	500	500
Doctor Fee	0	500
inwords: RUPEES ONLY	***Total :***	**500**
Created By :admin	***Dis Amt :***	0
	Grand Total :	**500.00**
	Paid Amt :	**0**
	Dues Amt :	500.00

CITY HOSPITAL

Your health Our Mission

MITHAPUR BYPASS, PATNA

mrckinfosoluton@gmail.com
7479735068, 8809358969

Hosp. Reg.:0

REGISTRATION SLIP

Uhid No	: 0	**Reg No**	: 0	**Reg Date**	18-Jul-25
Patient Name	: ANJALI KUMARI	**Age/Gender**	: 23.00 / Female		05:10:28 PM
C/o	: SELF	**Mobile No**	:		
Address	:	**Consultant**	: **DR SHRIKANT KUMAR**		
	Patient@gmail.com		B A M S		

Particulars	Fee Amt	Less Amt	Net Payment Amt
Registration /OPD Fee	**0**	**0.00**	**0**

inwords: RUPEES ONLY

Created By :admin

Authorised Signatory

KESHAV HOSPITAL PVT.LTD.

Saguna More, new Bailey Road, Patna 801503

.

Re No:

Email id : , WebSite :
Mobile NO :.

Risk Bond

Print Date & Time 08-Sep-24 13:32:04

Uhid No : 2024/0/0
Patient Name: RAGHUNATH YADAV
Department : **Indoor**
Address : SIWAN, ,Patna
W/o :

Reg No : 1 **Reg Date** : 08-Sep-24
Room No : -
Age/Gender : **65 / Male**
Mobile No : 0
Consultant : DR DHIRAJ KUMAR

ऑपरेशन, बेहोशी,आयुचिकित्सा एवं अन्य शल्य प्रक्रिया के लिए सहमति

चिकित्स्क: DR DHIRAJ KUMAR ..... निश्चेतव: DR DHIRAJ KUMAR .....

प्रक्रिया: .....

1.) मरीज की स्थति ऑपरेशन की आवश्यकता,ऑपरेशन एवं बेहोशी के संभावित खतरे, संभावित परिणाम तथा ईलाज की वैकल्पिक विधियों को मुझे भली-भांति समझा दिया गया है

2.) मरीज के गंभीर स्थिति, इलाज के संभावित फायदे एवं संभावित विपरीत परिणाम मुझे अच्छी तरह समझा दिए है

3.) मै अपने /आपको मरीज को ऑपरेशन /बेहोशी एवं आयुचिरकित्सा हेतु अपनी इच्छा से सौंप रहा हूँ |

4.) मुझे समझा दिया गया है की आवश्यकता के दौरान कुछ अप्रत्याशित परिस्थितियो में बताई गई शल्य प्रक्रिया अन्तः श्रेविय प्रक्रिया (Interventional Procedure)से हटकर अन्य शल्य

5.) मै चिकित्स्क की सलाह पर उनके सहायको द्वारा जरूरी समझी जाने वाली दवा,प्लाज्मा या खून चढ़ाने इत्यादि की सहमति देती हूँ

मैं प्रमाणित करता हूँ की मैंने उपरोक्त भली-भाति पढ़ एवं समझ लिया है रिक्त स्थानों को मेरे हस्ताक्षर पूर्ण भरा गया है मैने अपने पुरे होश में हस्ताक्षर किया है

मरीज का हस्ताक्षर/अंगूठे का निशान

अभिभावक का हस्ताक्षर/अंगूठे का निशान

पता : SIWAN, ,Patna

नाबालिक/अनपढ़ की स्थिति में वैध अभिभावक का

नाम :

पता :

हस्ताक्षर: .....

गवाह का हस्ताक्षर/ अंगूठे का निशान

1. नाम :

पता :

हस्ताक्षर: .....

2. नाम :

पता :

हस्ताक्षर/अंगूठे का निशान

CITY HOSPITAL

MITHAPUR BYPASS, PATNA

Ambulance No BR24Q **Booking No** **2025004**

AMBULANCE BOOKING RECEIPT

NAME fsdfsf

FROM GOLA **TO** DEHRI

DATE 02-Oct-25 **DRIVER NAME** GHFHFHGFH

Rs. 1012.00

IN WORDS :

SIGNATURE

KESHAV HOSPITAL PVT.LTD.

Saguna More, new Bailey Road, Patna 801503

.

ADMISSION SLIP

Print Date & Time 08-Sep-24 13:29:19

REG No	: 2024/1/1	**IPD NO:**	2 / 08-Sep-24		
Patient Name	: RAGHUNATH YADAV	**Age/Sex**	65 Male	**Mobile No**	
W/o	: NO	**Consultant**	DR DHIRAJ KUMAR		
Department	: -	**Location**	0		
Patient Type	: -	**Room No.**	ICU-1		
Patient Address	: SIWAN	**Charge.**	2000		13:29:09
Printed By	: admin				
Created By	: admin		**Aurthorized Signature**		

Entry No : 1 **Hospital Reg No : 0**

Reg No : 115

CITY EMERGENCY

NEAR BY PASS,KRISHI COLLAGE,PATNA

BIRTH CERTIFICATE

It is Certificate That..Child Name .....

Child Description:

Gender	MALE	**Weight :**	3	**Height :**	
Date Of Birth :	29-Oct-25	**Date Of Time :**	11:40:48 AM	**Colour :**	WHITE
Place Of Birth :	PATNA				
city :	PATNA	**Blood Group :**	B		
state :	Bihar 10	**Mother Name :**	XYZ		
country :	INDIA	**Father Name :**	XYZ		

Doctor Signature ..... *Ms Signature.....*

Reg no :

KESHAV HOSPITAL PVT.LTD.

Saguna More, new Bailey Road, Patna 801503

.

Email : , Web Site: , Mobile no:.

Receipt / Voucher report (08-Sep-01 TO 08-Sep-24)

Date	E.No	Type	Account Name	Receipt Amt	Voucher Amt	Remarks	Peraon Name
08-Sep-24	1	Receipt	RAGHUNATH YADAV	20000	0		0
08-Sep-24	2	Receipt	RAGHUNATH YADAV	20000	0		0
			Total :	**40000.00**	**0.00**		

CITY HOSPITAL

MITHAPUR BYPASS, PATNA

Email :mrckinfosoluton@gmail.com , Web Site:www.clickerp.in , Mobile no: 7479735068, 8809358969

Discharge Bill

Provisional Reg No	:	177	**License No.**	:	
UHID No.	:	2025/177/177	**IPD No/Bill No**	:	8
Patient Type	:		**Bill Date/Time**	:	17-Nov-25
Patient Name	:	RAUSHAN KUMAR	**Admission Date/Time**	:	23-Oct-25 / 10:55:47 PM
Age / Gender	:	0.00 / YEARS	**Discharge Date/Time**	:	31-Oct-25 / 09:30:11 PM
Bed Type/Bed No	:	ICU-3	**Discharge Status**	:	Normal
Address	:	PATNA	**Primary Consultant**	:	
			Department	:	XYZ
		gfhgfghfghfhhfgh	**Secondry Consultant**	:	

Sno.	Service Date	Doctor Name	Qty	Rate	Amount (Rs.)
23-Oct-25					
	23-Oct-25	**Immunological Test**	8	0.00	**0.00**
	23-Oct-25	**RMO**	8	100.00	**800.00**
	23-Oct-25	**Dressing**	8	200.00	**1600.00**
	23-Oct-25	**rom**	8	222.00	**1776.00**
	23-Oct-25	**ROOM BOOKING-ICU-3**	8	900.00	**7200.00**
	23-Oct-25	**Cerebrospinal Fluid Test**	8	2333.00	**18664.00**
	23-Oct-25	**Seman Analysis Report**	8	3444.00	**27552.00**
31-Oct-25					
	31-Oct-25	**OPERATION CHARGE**	1	90000.00	**90000.00**

Hospital Money Receipt

Bank

Receipt/Refund Date	Receipt/Payment Id	Payment Mode	Amount	Remarks
29-Oct-25	23	CASH	20000	

Total Hospital Charge	147592.00
Patient Paid Amount	20000
Round Off	
Less Discount	0.00
Net Payable	**127592**
Balance Details	
Gross Bill Amount	147592.00
Patient Paid Amount	20000
Round Off	
Net Payable	**127592**

CITY PATHOLOGY

ROH INDIAN PETROLPUMP KE BAGAL ME, ROH , NAWADA-805107

Discharge Sumary

UHID NO	154	CONSULTANT DR		
NAME	CHANDAN KUMAR	ADMITT DATE & TIME	30-Sep-25	11:55:36 AM
AGE / GENDER	23.00	DISCHARGE DATE & TIME	05-Oct-25	05:20:01 PM
RELATIVE NAM		WARD / BED NO	ICU-10	
CONTACT NO		DISCHARGE STATUS	Normal	

Diagnosis :-

Past History :-

C/E :-

B.P.- mmhg , TEMP- o F
PR. /MN.REG , CVS-C.NAD , CNS-CONSSCIOUS -
Spo2 - , P/A-NAD . , CHEST - B/L CLEAR

Investigation :-

Treatment Given :-

Condition At Discharge :-

Further Advice :-

CITY EMERGENCY

NEAR BY PASS,KRISHI COLLAGE,PATNA

Email :mrckinfosolution@gmail.com , Web Site:0 , Mobile no: 8809358969,7479735068

Discharge Bill

Provisional Reg No	:	154	**License No.**	:	
UHID No.	:	2025/138/154	**IPD No/Bill No**	:	7
Patient Type	:		**Bill Date/Time**	:	29-Oct-25
Patient Name	:	CHANDAN KUMAR	**Admission Date/Time**	:	30-Sep-25 / 11:55:36 AM
Age / Gender	:	23.00 / MALE	**Discharge Date/Time**	:	05-Oct-25 / 06:42:23 PM
Bed Type/Bed No	:	ICU-10	**Discharge Status**	:	Normal
Address	:		**Primary Consultant**	:	DR AK
			Department	:	
		gfhgfghfghfhhfgh	**Secondry Consultant**	:	

Sno.	Service Date	Doctor Name	Qty	Rate	Amount (Rs.)
05-Oct-25					
	05-Oct-25	**OXYGEN CHARGE**	7	90.00	**630.00**
	05-Oct-25	**Nusring**	2	800.00	**1600.00**
	05-Oct-25	**OPERATION CHARGE**	1	9000.00	**9000.00**
06-Oct-25					
	06-Oct-25	**NICU CHARGE**	1	90.00	**90.00**
	06-Oct-25	**DR VIKASH KUMAR**	1	9900.00	**9900.00**
30-Sep-25					
	30-Sep-25	**ROOM BOOKING-NICU-1**	5	222.00	**1110.00**

Hospital Money Receipt

Bank

Receipt/Refund Date	Receipt/Payment Id	Payment Mode	Amount	Remarks
05-Oct-25	21	CASH	3000	

Total Hospital Charge	22330.00
Patient Paid Amount	22000
Round Off	
Less Discount	330.00
Net Payable	**0**
Balance Details	
Gross Bill Amount	22330.00
Patient Paid Amount	22000
Round Off	
Net Payable	**0**

CITY EMERGENCY

NEAR BY PASS,KRISHI COLLAGE,PATNA

Mob . : 8809358969,7479735068

Patient Name	: RAUSHAN KUMAR	**Date**	: 23-Oct-25	**REG No:**	1
Address	: PATNA	**Age**	: 0.00 YEARS	**Sex**	: YEARS
		Consultant	:		

Clickerp Software Heading

Account Software Work Menu

A). Master Creation	**B). Invoice Entry**	**C). Account Work**
Account Name	Sale Retail	Daily Opening Cash Entry
Product Name	Sale Wholsale	Receipt
Item Discount Setup	Pos Retail Bill	Voucher
Opening Balance	Sale Order	Countra
Stock Opening	Purchase	Journal
Current Stock Update	Purchase Order	Account Only
Invoice Bill Format	Patient Registration	Quick Accounting
Godown name	System	Manufacturing Work
Barcode Print	Pos Invoice	Ambulance Payment
Offer item Letter Print	Import Bill	Loan Receipt
Account Special	Quotation	
Auto Gst Tax Calculation	Point of	
Hqt Name	Quick Bill Retail	
Video Link	Enquery Entry	
	Vendor Account	

D). Account Settle	**E).HR**	Leave master
Credit Note (Sale Return)	Attandance Sheet	Holiday master
Debit Note (Pur Return	Check In	Salary Pay
Prchase Order	Check out	User name
Stock In (Estimate Bill)	Checkout With Balance Sheet	Employee Ledger
Stock Out Retail	Company Master	
Stock Out Wholsale	Loan master	
Breakage/Expiry	Employee Name Entry	
	Employee List	

F). Display Report	
Admin Window	***Stock . . . .***
Sale Report	Price List
Sale Incentive	Godown/Branch Report
Van Loading Report	Profit
Sale Order/Quatation Report	Expiry Report
Purchase Report	Goods And Service Tax (Gst)
Receipt And Voucher	Outstanding
Ledger	Person Report
Pur Order Report	Hqt Report
Stock	Business Chart
Current Stock Short	Billing Cash Report
StockValue Batch Wise(All,Company,Group Wise,Tax%)	Daily Collection
Stock Value Batch Wise(2023)	Eway Bill
Stock Value Batch Wise(2025) new	**Final Account . . .**
Stock Statment 2023	Profit And Loss Report
Stock Statment (Qty - Looss)	
Stock Statment (With Opp Date Wise)	
Stock Value Rate Wise	
Minimam Qty Report	
Non Moving / Dump Stock	

Owner Signature

Service Provider Signature

CITY EMERGENCY

Multi Speciality hospital

NEAR BY PASS.KRISHI COLLAGE.PATNA

Hospital Reg No
0

Email : mrckinfosolution@gmail.com , Web Site :0 , Mobile No:8809358969,7479735068

IPD BILL

Print Date & Time : 29-Oct-25 11:33:05AM

Uhid No : 2025/10/10
Bill No : 10
Patient Name : ASDDSA
Department : **Indoor**
Address :

Reg No : 10
Room Name : WARD-5
Age/Gender : 23.00 / Male
Mobile No :
Consultant : DR REYAZ UDDIN 123
W/o :SELF

Reg Date : 19-Jul-25
Admit Date : 29-Aug-25

Service Date	Service Name	Doctor Name	Charge	Qty	Amount
29-Aug-25	ROOM BOOKING-WARD-5	Bed-Allow	1000.00	61	61000
29-Aug-25	NURSING		500.00	1	500.00
29-Aug-25	Doctor Charge	DR M.C.MUKUL	1500.00	1	1500.00
29-Aug-25	Dressing		1000.00	1	1000.00
29-Aug-25	Doctor Charge	DR. SANTSEVI PRASAD	3000.00	1	3000.00

10	29-Aug-25	1000	CASH	BY AMIT KUMAR KARAN KUMAR	Bank	67000	
11	25-Aug-25	5000	CASH		Bank		

Total Amount **67000.00**
Total Pay 6000
Dues Amt 61000

inwords: RUPEES SIXTY-SEVEN THOUSAND ONLY

Created By :h

<< Lab billing >>

Reg no:0

CITY EMERGENCY

NEAR BY PASS,KRISHI COLLAGE,PATNA

Email id :mrckinfosolution@gmail.com, Web Site :0 ,Mobile No :8809358969,7479735068

Name :	**:** RAUSHAN KUMAR	**Date**	**:** 29-Oct-25
Age / Gender	**:** 0.00 YEARS / YEARS	Person	**:**
Mob	**:**	Ref By	**:**SELF
Address	**:** PATNA		

Test Code	Test Name	Charge
038	CBC	4555
36	WIDAL	0
17	Skin Scraping	0
10	Liver Function	0

	Total Amt	Dis %	Dis Amt	Net Amt
	4555	0	0	**4555**
INWORDS: Four Thousand Five Hundred Fifty-Five ONLY	**Pay Amt**	**4555**	**Dues Amt**	**0**

CITY EMERGENCY

NEAR BY PASS,KRISHI COLLAGE,PATNA

Email Id : mrckinfosolution@gmail.com , Web Site :0
Mobile No :8809358969,7479735068

Payment Receipt Slip

Reg No	: **2025/177/177**	**Rec No**	: 177	**Rec Date**	**29-Oct-25**
Patient Name	: **RAUSHAN KUMAR**	**Age/Sex**	: 0.00 / YEARS		
Department	: Account	**Mobile No**	:		
Address	: PATNA	**Consultant**	:		
Token No	: 1	**W/o**	: XYZ		

Particulars	Receip Amt	Less Amt	Net Receipt Amt
0	**20000**	0	**20000**

inwords: RUPEES TWENTY THOUSAND ONLY

Cash Rec: , Online Rec : , Online Type :

Remarks :