

Receipt

HR No	:	25393	Receipt No	:	048561
Patient Name	:	Mrs. SHAFIRA	Receipt Date	:	25-08-2026 11:12:00 pm
Age	:	23Y / Female			

Received **Rs.Five Thousand Five Hundred And Sixty-one (5561)**___ only from **Mr./ Ms.**
SHAFIRA / attender___ on the account of / for the purpose of **er charges**___ in the mode of **E-**
Payment - 985657___ with thanks.

Authorized Signatory

This is a system-generated receipt. Therefore, no seal or signature is required.