Receipt

HR No	:	**25744**	Receipt No	:	**048975**
Patient Name	:	**Mr. SYLVESTER**	Receipt Date	:	**15-09-2026 | 04:00:12 pm**
Age	:	**24Y 8M / Male**			

Received **Rs.Seventeen Thousand Five Hundred And Fourty-three (17543)**__ only from **Mr./ Ms.** SYLVESTER__on the account of / for the purpose of **after insurance approval ip final payment**__ in the mode of **E-Payment - 912784**__ with thanks.

Authorized Signatory

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

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