

## Receipt

|              |   |                       |              |   |                          |
|--------------|---|-----------------------|--------------|---|--------------------------|
| HR No        | : | 2322                  | Receipt No   | : | 048448                   |
| Patient Name | : | Ms. A.NIRMALA KALYANI | Receipt Date | : | 19-08-2026   09:25:38 pm |
| Age          | : | 58Y / Female          |              |   |                          |

Received **Rs.One Thousand Zero (1000)**\_\_\_ only from **Mr./ Ms. VGSC TRUST**\_\_\_ on the account  
of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT**  
**APPROVED BY DR SARITA VINOD**\_\_\_ in the mode of **,Trust**\_\_\_ with thanks.

Authorized Signatory

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