Receipt

HR No	:	**18365**	Receipt No	:	**049139**
Patient Name	:	**Mr. ROSHAN BISWAKARMA**	Receipt Date	:	**23-09-2026 | 07:16:59 pm**
Age	:	**39Y 6M / Male**			

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.

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