Receipt

HR No	:	**25349**	Receipt No	:	**048575**
Patient Name	:	**Miss. ANUSHA R**	Receipt Date	:	**26-08-2026 | 06:52:32 pm**
Age	:	**25Y 8M / Female**			

Received **Rs.Five Thousand Nine Hundred And Seventy-nine (5979)**__ only from **Mr./ Ms.** ANUSHA R __on the account of / for the purpose of **after insurance approval ip final payment completed**__ in the mode of **Cash**__ with thanks.

Authorized Signatory

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

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