Receipt

HR No	:	**25086**	Receipt No	:	**048817**
Patient Name	:	**Mrs. NAYANATHARA C.M.**	Receipt Date	:	**07-09-2026 | 05:09:10 pm**
Age	:	**64Y 4M / Female**			

Received **Rs.Two Thousand Ten (2010)** only from **Mr./ Ms.** NAYANATHARA C.M. / C S MADHUSUDAN on the account of / for the purpose of **H@H PAYMENT** in the mode of **E-Payment - 160799** with thanks.

Authorized Signatory

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

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