

## Receipt

|              |   |                           |              |   |                                 |
|--------------|---|---------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>1536</b>               | Receipt No   | : | <b>048311</b>                   |
| Patient Name | : | <b>Mrs. THANGAMANI K.</b> | Receipt Date | : | <b>13-08-2026   11:16:25 am</b> |
| Age          | : | <b>64Y 1M / Female</b>    |              |   |                                 |

Received **Rs.Three Thousand Two Hundred (3200)**\_\_\_ only from **Mr./ Ms. THANGAMANI K./**  
**ATTENDER**\_\_\_ on the account of / for the purpose of **DIALYSIS PAYMENT**\_\_\_ in the mode of **,Card -**  
**869350**\_\_\_ with thanks.

Authorized Signatory

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