Receipt

HR No	:	**16232**	Receipt No	:	**048714**
Patient Name	:	**Mr. R M SUBRAMANIAN**	Receipt Date	:	**02-09-2026 | 08:13:04 pm**
Age	:	**86Y 4M / 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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