Receipt

HR No	:	**23533**	Receipt No	:	**048993**
Patient Name	:	**Mr. C.K.JAGANNATHA**	Receipt Date	:	**16-09-2026 | 03:40:31 pm**
Age	:	**76Y 6M / Male**			

Received **Rs.Eight Hundred And Ninety (890)** only from **Mr./ Ms.** C.K.JAGANNATHA ATTENDER on the account of / for the purpose of **HEALTH AT HOME PAYMENT** in the mode of **E-Payment - 118658** with thanks.

Authorized Signatory

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

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