

## Receipt

|              |   |                                   |              |   |                          |
|--------------|---|-----------------------------------|--------------|---|--------------------------|
| HR No        | : | 4363                              | Receipt No   | : | 048985                   |
| Patient Name | : | Mr. VAIDYANATHASAMY KALIYAMOORTHY | Receipt Date | : | 16-09-2026   11:21:09 am |
| Age          | : | 53Y 3M / Male                     |              |   |                          |

Received **Rs.Three Thousand One Hundred (3100)**\_\_\_ only from **Mr./ Ms.**

VAIDYANATHASAMY KALIYAMOORTHY on the account of / for the purpose of **dialysis payment**\_\_\_ in  
the mode of **, Card - 961187**\_\_\_ with thanks.

Authorized Signatory

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