Receipt

HR No	:	**4363**	Receipt No	:	**048343**
Patient Name	:	**Mr. VAIDYANATHASAMY KALIYAMOORTHY**	Receipt Date	:	**14-08-2026 | 11:21:55 am**
Age	:	**53Y 2M / Male**			

Received **Rs.Six Thousand Four Hundred And Ninety (6490)** only from **Mr./ Ms.** VAIDYANATHASAMY KALIYAMOORTHY / ATTENDER on the account of / for the purpose of **DIALYSIS PAYMENT** in the mode of **, Card - 601468** with thanks.

Authorized Signatory

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.