

## Receipt

|              |   |                                          |              |   |                                 |
|--------------|---|------------------------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>4363</b>                              | Receipt No   | : | <b>048903</b>                   |
| Patient Name | : | <b>Mr. VAIDYANATHASAMY KALIYAMOORTHY</b> | Receipt Date | : | <b>11-09-2026   11:21:36 am</b> |
| Age          | : | <b>53Y 3M / Male</b>                     |              |   |                                 |

Received **Rs.Three Thousand Nine Hundred And Seventy (3970)**\_\_\_ only from **Mr./ Ms.**  
**VAIDYANATHASAMY KALIYAMOORTHY**\_\_\_ on the account of / for the purpose of **dialysis payment**\_\_\_ in  
the mode of **, Card - 435937**\_\_\_ with thanks.

Authorized Signatory

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