

## Receipt

|              |   |                         |              |   |                                 |
|--------------|---|-------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>3139</b>             | Receipt No   | : | <b>049125</b>                   |
| Patient Name | : | <b>Mr. ANBAZHAGAN A</b> | Receipt Date | : | <b>23-09-2026   11:26:00 am</b> |
| Age          | : | <b>62Y 4M / Male</b>    |              |   |                                 |

Received **Rs. One Thousand Seven Hundred (1700)**\_\_\_ only from **Mr./ Ms. ANBAZHAGAN A**  
\_\_\_ on the account of / for the purpose of **dialysis payment**\_\_\_ in the mode of **Cash**\_\_\_ with thanks.

Authorized Signatory

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