Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**10179**	Receipt No	:	**048630**
Patient Name	:	**Mrs. MUKTHARUNNISA K**	Receipt Date	:	**28-08-2026 | 03:26:03 pm**
Age	:	**73Y 4M / Female**			

Received **Rs.One Thousand Four Hundred (1400)**__ only from **Mr./ Ms.** MUKTHARUNNISA K __on the account of / for the purpose of **op advance payment**__ in the mode of **E-Payment - 883547**__ with thanks.

Authorized Signatory

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

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