

## Receipt

|              |   |                           |              |   |                                 |
|--------------|---|---------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>18811</b>              | Receipt No   | : | <b>048753</b>                   |
| Patient Name | : | <b>Mr. SIVAGURUNATHAN</b> | Receipt Date | : | <b>04-09-2026   11:48:10 am</b> |
| Age          | : | <b>70Y 2M / Male</b>      |              |   |                                 |

Received **Rs.Eleven Thousand Three Hundred And Sixty-five (11365)**\_\_\_ only from **Mr./**  
**Ms. SIVAGURUNATHAN/ ATTENDER**\_\_\_ on the account of / for the purpose of **DIALYSIS BILL**\_\_\_ in the  
mode of **E-Payment - 342519**\_\_\_ with thanks.

Authorized Signatory

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