Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**25634**	Receipt No	:	**048720**
Patient Name	:	**Mast. AKILASH**	Receipt Date	:	**03-09-2026 | 02:32:24 am**
Age	:	**16Y / Male**			

Received **Rs.Three Thousand Four Hundred And Nineteen (3419)**__ only from **Mr./ Ms.** ~~AKILASH~~__on the account of / for the purpose of **~~er charges.~~**__ in the mode of **~~E-Payment - 749095~~** __ with thanks.

Authorized Signatory

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

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