Receipt

HR No	:	**26472**	Receipt No	:	**050172**
Patient Name	:	**Mr. SARFARAZ ALAM**	Receipt Date	:	**14-11-2026 | 09:24:08 pm**
Age	:	**22Y 5M / Male**			

Received **Rs.Three Thousand Four Hundred And Fourteen (3414)** only from **Mr./ Ms.** SARFARAZ ALAM/attender on the account of / for the purpose of **er charges** in the mode of **E-Payment 358392** vide bank. Therefore, no seal or signature is required.

Authorized Signatory

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