Receipt

HR No	:	**26248**	Receipt No	:	**050173**
Patient Name	:	**Ms. PARIMALA DEVI A**	Receipt Date	:	**15-11-2026 | 07:05:19 am**
Age	:	**71Y 1M / Female**			

Received **Rs.Two Thousand Zero (2000)**__ only from **Mr./ Ms.** PARIMALA DEVI A//Er Sister

on the account of / for the purpose of **H@H payment**__ in the mode of **E-Payment - 081203**__

Authorized Signatory

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.