Receipt

HR No	:	**194**	Receipt No	:	**050166**
Patient Name	:	**Mr. G.CHANDRASEKARAN**	Receipt Date	:	**14-11-2026 | 05:33:10 pm**
Age	:	**62Y 6M / Male**			

Received **Rs.Three Thousand Six Hundred And Seventy (3670)** only from **Mr./ Ms.** G.CHANDRASEKARAN/ Patient on the account of / for the purpose of **Dialysis payment** in the mode of **Card - 182012** receipt. Thank you.

Authorized Signatory

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

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