Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**3139**	Receipt No	:	**050171**
Patient Name	:	**Mr. ANBAZHAGAN A**	Receipt Date	:	**14-11-2026 | 08:21:18 pm**
Age	:	**62Y 6M / Male**			

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC on the account of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT APPROVED BY DR SARITA VINOD**

Authorized Signatory

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