Receipt

HR No	:	**24133**	Receipt No	:	**046830**
Patient Name	:	**Mrs. P. MANIMEGALAI**	Receipt Date	:	**04-06-2026 | 06:04:52 pm**
Age	:	**62Y / Female**			

Received **Rs.Two Thousand Five Hundred And Fifteen (2515)**__ only from **Mr./ Ms.** P. MANIMEGALAI / ATTENDER__on the account of / for the purpose of **H@H**__ in the mode of **E-Payment - 429026 // 555346**__ with thanks.

Authorized Signatory

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

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