# Receipt

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|---|---|---|---|---|---|
| HR No | : | **4363** | Receipt No | : | **046798** |
| Patient Name | : | **Mr. VAIDYANATHASAMY KALIYAMOORTHY** | Receipt Date | : | **03-06-2026 \| 11:09:22 am** |
| Age | : | **53Y / Male** | | | |

Received **Rs.Three Thousand One Hundred (3100)** only from **Mr./ Ms.** -VAIDYANATHASAMY KALIYAMOORTHY on the account of / for the purpose of **dialysis payment** in the mode of **, Card - 637166** with thanks.

Authorized Signatory

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

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