Receipt

HR No	:	**4363**	Receipt No	:	**046737**
Patient Name	:	**Mr. VAIDYANATHASAMY KALIYAMOORTHY**	Receipt Date	:	**31-05-2026 | 01:33:42 pm**
Age	:	**53Y / Male**			

Received **Rs.Three Thousand Seven Hundred And Seventy-eight (3778)**__ only from **Mr./ Ms.** VAIDYANATHASAMY KALIYAMOORTHY patient __on the account of / for the purpose of **dislysis bill** __ in the mode of **, Card - 091858**__ with thanks.

Authorized Signatory

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

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