# Receipt

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|---|---|---|---|---|---|
| HR No | : | **23360** | Receipt No | : | **046708** |
| Patient Name | : | **Mr. SEMUR MOHIDEEN SYED MOHAMED BUCARY** | Receipt Date | : | **29-05-2026 \| 05:59:54 pm** |
| Age | : | **80Y 3M / Male** | | | |

Received **Rs.Seven Thousand Eight Hundred And Twenty-four (7824)**__ only from **Mr./ Ms.** SEMUR MOHIDEEN SYED MOHAMED BUCARY__on the account of / for the purpose of **ip final payment** __ in the mode of **Cash**__ with thanks.

Authorized Signatory

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

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