Receipt

HR No	:	**24166**	Receipt No	:	**046743**
Patient Name	:	**Mr. E. SUBRAHMANYAM**	Receipt Date	:	**31-05-2026 | 08:19:34 pm**
Age	:	**66Y 7M / Male**			

Received **Rs.Four Hundred And Zero (400)** only from **Mr./ Ms.** E. SUBRAHMANYAM on the account of / for the purpose of **H@H** in the mode of **E-Payment - 130333** with thanks.

Authorized Signatory

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.