Receipt

HR No	:	**1851**	Receipt No	:	**050094**
Patient Name	:	**Mr. G.Gopi Gurusamy**	Receipt Date	:	**11-11-2026 | 08:23:28 pm**
Age	:	**60Y 6M / Male**			

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC on the account of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT APPROVED BY DR SARITA VINOD**

Authorized Signatory

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