# Receipt

| | | | | | |
|---|---|---|---|---|---|
| HR No | : | **8289** | Receipt No | : | **050049** |
| Patient Name | : | **Mr. B.VEERARAGHAVAN** | Receipt Date | : | **10-11-2026 \| 08:11:42 am** |
| Age | : | **58Y 10M / Male** | | | |

Received **Rs.Four Thousand Eight Hundred And Eighty-five (4885)** only from **Mr./ Ms.** B VEERARAGHAVAN / PATIENT on the account of / for the purpose of **H@H PAYMENT** in the mode of **, Card 168045** vide transaction details.

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.**