Receipt

HR No	:	**17819**	Receipt No	:	**050038**
Patient Name	:	**Mr. G.BHAGWANDAS**	Receipt Date	:	**09-11-2026 | 03:51:22 pm**
Age	:	**86Y / Male**			

Received **Rs.Five Thousand Eleven (5011)** only from **Mr./ Ms.** G.BHAGWANDAS on the account of / for the purpose of **er charges** in the mode of **E-Payment - 599925** 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.