Receipt

HR No	:	**17118**	Receipt No	:	**050109**
Patient Name	:	**Miss. PRIYANGA.K**	Receipt Date	:	**12-11-2026 | 02:52:57 pm**
Age	:	**31Y 5M / Female**			

Received **Rs.Eight Hundred And Thirty-nine (839)** only from **Mr./ Ms.** PRIYANGA.K/Patient

on the account of / for the purpose of **ER Charges** in the mode of **E-Payment - 792320** 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.