# Receipt

| | | | | | |
|---|---|---|---|---|---|
| HR No | : | **8862** | Receipt No | : | **046719** |
| Patient Name | : | **Mr. THANGASAMY** | Receipt Date | : | **30-05-2026 \| 10:48:31 am** |
| Age | : | **76Y 1M / Male** | | | |

Received **Rs.Three Thousand Four Hundred And Eighty (3480)** only from **Mr./ Ms.** THANGASAMY patient on the account of / for the purpose of **H@H BILL POONRAJ** in the mode of **E-Payment - 608716** 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.**