Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**24187**	Receipt No	:	**046740**
Patient Name	:	**Mr. JEEVA**	Receipt Date	:	**31-05-2026 | 04:37:53 pm**
Age	:	**21Y / Male**			

Received **Rs.Six Thousand One Hundred And Fourty-one (6141)__** only from **Mr./ Ms.** JEEV//attender__on the account of / for the purpose of **er charges__** in the mode of **E-Payment -** **701279__** 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.