Vinita HOSPITAL
NABH CERTIFIED

Receipt

HR No	:	**23854**	Receipt No	:	**046742**
Patient Name	:	**Ms. P.JANAKI**	Receipt Date	:	**31-05-2026 | 08:14:39 pm**
Age	:	**80Y 11M / Female**			

Received **Rs.Eight Hundred And Zero (800)**___ only from **Mr./ Ms.** P.JANAKI / ATTENDER__on the account of / for the purpose of **H@H**___ in the mode of **E-Payment - 016256**__ 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.