Receipt

HR No	:	**11022**	Receipt No	:	**050119**
Patient Name	:	**Mr. ABHISHEK S.**	Receipt Date	:	**12-11-2026 | 09:02:37 pm**
Age	:	**32Y / Male**			

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC on the account of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT APPROVED BY DR SARITA VINOD**

Authorized Signatory

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