Receipt

HR No	:	**26345**	Receipt No	:	**049910**
Patient Name	:	**Mrs. SAYED SHAMEEM**	Receipt Date	:	**31-10-2026 | 08:45:15 pm**
Age	:	**33Y 6M / Female**			

Received **Rs.Four Hundred And Fourty (440)** only from **Mr./ Ms.** SAYED SHAMEEM on the account of / for the purpose of **er charges** in the mode of **E-Payment - 220047** with thanks.

Authorized Signatory

This is a system-generated receipt. Therefore, no seal or signature is required.

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