Receipt

HR No	:	**26353**	Receipt No	:	**049901**
Patient Name	:	**Mr. RAJESHWARAN**	Receipt Date	:	**31-10-2026 | 05:45:09 pm**
Age	:	**33Y / Male**			

Received **Rs.One Thousand Five Hundred And Ninety (1590)** only from **Mr./ Ms.** RAJESHWARAN on the account of / for the purpose of **er charges** in the mode of **E-Payment - 328583**

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

Authorized Signatory

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