Receipt

HR No	:	**26418**	Receipt No	:	**050084**
Patient Name	:	**Ms. PUSHKALA HARIHARAN**	Receipt Date	:	**11-11-2026 | 09:08:22 am**
Age	:	**60Y 7M / Female**			

Received **Rs.Two Hundred And Zero (200)** only from **Mr./ Ms.** PUSHKALA HARIHARAN on the account of / for the purpose of **er charges** in the mode of **, Card - 629398** with thanks.

Authorized Signatory

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

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