Receipt

HR No	:	**26418**	Receipt No	:	**050048**
Patient Name	:	**Ms. PUSHKALA HARIHARAN**	Receipt Date	:	**09-11-2026 | 11:12:49 pm**
Age	:	**60Y 7M / Female**			

Received **Rs.Eight Thousand Nine Hundred And Ninety-six (8996)** only from **Mr./ Ms.** PUSHKALA HARIHARAN/ attender on the account of / for the purpose of **IP Final payment** in the mode of **Card-056080**.

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

Authorized Signatory

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.