Receipt

HR No	:	**26418**	Receipt No	:	**050052**
Patient Name	:	**Ms. PUSHKALA HARIHARAN**	Receipt Date	:	**10-11-2026 | 12:26:41 pm**
Age	:	**60Y 7M / Female**			

Received **Rs.Seven Hundred And Ten (710)** only from **Mr./ Ms.** PUSHKALA HARIHARAN

on the account of / for the purpose of **er charges** in the mode of **, Card - 823639** with thanks.

Authorized Signatory

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

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