Receipt

HR No	:	**24143**	Receipt No	:	**046721**
Patient Name	:	**Miss. VAISHNAVI HALDIPUR**	Receipt Date	:	**30-05-2026 | 11:20:24 am**
Age	:	**17Y 5M / Female**			

Received **Rs.Nine Thousand Three Hundred And Twenty-six (9326)**__ only from **Mr./ Ms.** VAISHNAVI HALDIPUR__on the account of / for the purpose of **IP BILL CLOSING**__ in the mode of **E-Payment - 705282**__ with thanks.

Authorized Signatory

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

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