Receipt

HR No	:	**19055**	Receipt No	:	**049907**
Patient Name	:	**Mrs. RAJALAKSHMI V.**	Receipt Date	:	**31-10-2026 | 08:20:06 pm**
Age	:	**52Y 7M / Female**			

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC TRUST on the account of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT APPROVED BY DR SARITA VINOD**

Authorized Signatory

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