Receipt

HR No	:	**26385**	Receipt No	:	**050015**
Patient Name	:	**Mrs. JOTHI P**	Receipt Date	:	**07-11-2026 | 02:09:33 pm**
Age	:	**62Y / Female**			

Received **Rs.Four Hundred And Ninety-nine (499)** only from **Mr./ Ms.** vgsc trust on the account of / for the purpose of **not affordable patient so trust discount given conformed by dr.sarita mam** and the receipt of the **Trust** is acknowledged.

Authorized Signatory

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

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.