Receipt

HR No	:	**22339**	Receipt No	:	**049998**
Patient Name	:	**Miss. SIVA RANJANI**	Receipt Date	:	**06-11-2026 | 01:58:22 pm**
Age	:	**22Y 1M / Female**			

Received **Rs.Five Hundred And Nine (509)** only from **Mr./ Ms.** SIVA RANJANI/patient on the account of / for the purpose of **er charges** in the mode of **E-Payment - 723573** with thanks.

Authorized Signatory

This is a system-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.