Receipt

HR No	:	**12420**	Receipt No	:	**049906**
Patient Name	:	**Ms. NEELAVATHY M A**	Receipt Date	:	**31-10-2026 | 07:21:02 pm**
Age	:	**50Y 5M / Female**			

Received **Rs.Fifteen Thousand Four Hundred And Ninety-seven (15497)** only from **Mr./Ms.** NEELAVATHY M A on the account of / for the purpose of **sep-month-26 dialysis deduction**

Authorized Signatory

payment completed **EPayment - 662092** with thanks.

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