Receipt

HR No	:	**12420**	Receipt No	:	**050096**
Patient Name	:	**Ms. NEELAVATHY M A**	Receipt Date	:	**11-11-2026 | 08:28:05 pm**
Age	:	**50Y 5M / Female**			

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC 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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