# Receipt

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|---|---|---|---|---|---|
| HR No | : | **26412** | Receipt No | : | **050027** |
| Patient Name | : | **Ms. MONICA MAHESH** | Receipt Date | : | **08-11-2026 \| 02:22:27 am** |
| Age | : | **49Y 7M / Female** | | | |

Received **Rs.Two Thousand Five Hundred And Thirteen (2513)** only from **Mr./ Ms.** Monica Mahesh/ attender on the account of / for the purpose of **ER Charges** in the mode of **E Payment 356493** vide cheque/DD/Transaction No. dated Therefore, no seal or signature is required.

Authorized Signatory

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