Receipt

HR No	:	**4**	Receipt No	:	**050089**
Patient Name	:	**Mr. M S Ilango**	Receipt Date	:	**11-11-2026 | 02:51:06 pm**
Age	:	**77Y 10M / Male**			

Received **Rs. (0)**___ only from **Mr./ Ms.** __on the account of / for the purpose of ___ in the mode of ___ with thanks.

Authorized Signatory

This is a system-generated receipt. Therefore, no seal or signature is required.

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