Receipt

HR No	:	**26321**	Receipt No	:	**049903**
Patient Name	:	**Mr. CHANDRASEKARAN**	Receipt Date	:	**31-10-2026 | 06:12:44 pm**
Age	:	**64Y 5M / Male**			

Received **Rs.One Thousand Seven Hundred And Fifty (1750)** only from **Mr./ Ms.** CHANDRASEKARAN on the account of / for the purpose of **op advance payment** in the mode of **E Payment** vide transaction **464302** dated the same. Therefore, no seal or signature is required.

Authorized Signatory

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