

## Receipt

|              |   |                        |              |   |                                 |
|--------------|---|------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>24819</b>           | Receipt No   | : | <b>047774</b>                   |
| Patient Name | : | <b>Mr. JAI KISHORE</b> | Receipt Date | : | <b>18-07-2026   09:21:54 am</b> |
| Age          | : | <b>25Y 9M / Male</b>   |              |   |                                 |

Received **Rs.Five Thousand Four Hundred And Forty-two (5442)**\_\_\_ only from **Mr./ Ms.**

~~Mr.~~ **JAI KISHORE** /attender\_\_\_ on the account of / for the purpose of **er charges**\_\_\_ in the mode of **, Card -**  
**385565**\_\_\_ with thanks.

Authorized Signatory

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