

## Receipt

|              |   |                         |              |   |                                 |
|--------------|---|-------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>24273</b>            | Receipt No   | : | <b>047314</b>                   |
| Patient Name | : | <b>Mrs. JAYALAKSHMI</b> | Receipt Date | : | <b>26-06-2026   07:30:17 pm</b> |
| Age          | : | <b>79Y 8M / Female</b>  |              |   |                                 |

Received **Rs.Twenty Four Thousand Six Hundred And Twenty-one (24621)**\_\_\_ only from  
**Mr./ Ms. JAYALAKSHMI/ PATIENT**\_\_\_ on the account of / for the purpose of **IP FINAL BILL**\_\_\_ in the mode  
of **, Card - 319904**\_\_\_ with thanks.

Authorized Signatory

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