

## Receipt

|              |   |                         |              |   |                                 |
|--------------|---|-------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>24273</b>            | Receipt No   | : | <b>047405</b>                   |
| Patient Name | : | <b>Mrs. JAYALAKSHMI</b> | Receipt Date | : | <b>01-07-2026   04:53:29 pm</b> |
| Age          | : | <b>79Y 8M / Female</b>  |              |   |                                 |

Received **Rs.Fifty One Thousand Nine Hundred And Fourty (51940)**\_\_\_ only from **Mr./ Ms.**  
**JAYALAKSHMI //ATTENDER**\_\_\_ on the account of / for the purpose of **IP FINAL BILL**\_\_\_ in the mode of  
**Cash, Card - 977871**\_\_\_ with thanks.

Authorized Signatory

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