Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**24133**	Receipt No	:	**046790**
Patient Name	:	**Mrs. P. MANIMEGALAI**	Receipt Date	:	**02-06-2026 | 10:25:19 pm**
Age	:	**62Y / Female**			

Received **Rs.One Thousand Zero (1000)**___ only from **Mr./ Ms.** MANIMEGALAI//KESAVAN N __on the account of / for the purpose of **H@H BILL**___ in the mode of **E-Payment - 318236**__ with thanks.

Authorized Signatory

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

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