Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**24070**	Receipt No	:	**046812**
Patient Name	:	**Mrs. EMAN FATIMA**	Receipt Date	:	**03-06-2026 | 05:04:22 pm**
Age	:	**32Y / Female**			

Received **Rs.Four Hundred And Ninety-six (496)**___ only from **Mr./ Ms.** EMAN FATIMA__on the account of / for the purpose of **ER BILL CLOSED**___ in the mode of **E-Payment - 611252**__ with thanks.

Authorized Signatory

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

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