

## Receipt

|              |   |                    |              |   |                          |
|--------------|---|--------------------|--------------|---|--------------------------|
| HR No        | : | 1536               | Receipt No   | : | 048137                   |
| Patient Name | : | Mrs. THANGAMANI K. | Receipt Date | : | 04-08-2026   10:35:29 am |
| Age          | : | 64Y 1M / Female    |              |   |                          |

Received **Rs.Three Thousand Two Hundred (3200)**\_\_\_ only from **Mr./ Ms. THANGAMANI**  
**K./son**\_\_\_ on the account of / for the purpose of **dialysis payment**\_\_\_ in the mode of **, Card - 316383**\_\_\_  
with thanks.

Authorized Signatory

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