Vinita HOSPITAL NABH CERTIFIED

# Receipt

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|---|---|---|---|---|---|
| HR No | : | **1536** | Receipt No | : | **050116** |
| Patient Name | : | **Mrs. THANGAMANI K.** | Receipt Date | : | **12-11-2026 \| 08:59:14 pm** |
| Age | : | **64Y 4M / Female** | | | |

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC on the account of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT APPROVED BY DR SARITA VINOD**

Authorized Signatory

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.