# Receipt

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|---|---|---|---|---|---|
| HR No | : | **1536** | Receipt No | : | **050107** |
| Patient Name | : | **Mrs. THANGAMANI K.** | Receipt Date | : | **12-11-2026 \| 12:41:45 pm** |
| Age | : | **64Y 4M / 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 - 432979**

Authorized Signatory

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

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