Receipt

HR No	:	**26449**	Receipt No	:	**050129**
Patient Name	:	**Mrs. DIVYA**	Receipt Date	:	**13-11-2026 | 02:50:41 pm**
Age	:	**33Y / Female**			

Received **Rs.Two Thousand Eight Hundred And Sixteen (2816)** only from **Mr./ Ms.** DIVYA

on the account of / for the purpose of **DIALYSIS PAYMENT** in the mode of **Cash** with thanks.

Authorized Signatory

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.