Receipt

HR No	:	**26419**	Receipt No	:	**050132**
Patient Name	:	**Mr. NAGARAJAN S.**	Receipt Date	:	**13-11-2026 | 05:28:35 pm**
Age	:	**57Y 8M / Male**			

Received **Rs.Sixty Zero (60)** only from **Mr./ Ms.** NAGARAJAN S. on the account of / for the purpose of **after insurance approval ip final payment completed** in the mode of **E-Payment-604501** vide receipt.

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

Authorized Signatory

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