Receipt

HR No	:	**24076**	Receipt No	:	**046802**
Patient Name	:	**Miss. JAYASREE S**	Receipt Date	:	**03-06-2026 | 03:07:19 pm**
Age	:	**23Y 6M / Female**			

Received **Rs.Twenty Three Thousand Fourty (23040)** only from **Mr./ Ms.** JAYASREE S/father on the account of / for the purpose of **after insurance approval ip final payment** in the mode of **E-Payment - 754826** 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.