Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**23625**	Receipt No	:	**048083**
Patient Name	:	**Ms. Y. MALATHI**	Receipt Date	:	**01-08-2026 | 05:06:04 pm**
Age	:	**84Y 6M / Female**			

Received **Rs.Three Thousand Fifty-three (3053)** only from **Mr./ Ms.** Malathi on the account of / for the purpose of **12 hours nursing care and medicine charges** in the mode of **E-Payment - 768690** with thanks.

Authorized Signatory

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

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