Receipt

HR No	:	**20969**	Receipt No	:	**049902**
Patient Name	:	**Mr. K.KELAPPAN**	Receipt Date	:	**31-10-2026 | 06:08:44 pm**
Age	:	**80Y 9M / Male**			

Received **Rs.Seventy One Zero (71)** only from **Mr./ Ms.** K.KELAPPAN on the account of / for the purpose of **Aug-month-26 dialysis deduction payment completed** in the mode of **E-Payment 369186** vide cheque/DD/transaction ref no. Therefore, no seal or signature is required.

Authorized Signatory

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.