Vinita HOSPITAL NABH CERTIFIED

Receipt

HR No	:	**16350**	Receipt No	:	**050079**
Patient Name	:	**Mr. MADAN CHAND M**	Receipt Date	:	**10-11-2026 | 10:02:28 pm**
Age	:	**61Y 4M / Male**			

Received **Rs.One Thousand Zero (1000)** only from **Mr./ Ms.** VGSC on the account of / for the purpose of **REGULAR DIALYSIS PATIENT DR SARITA VINOD FEES 100% DISCOUNT APPROVED BY DR SARITA VINOD**

Authorized Signatory

This is a system generated receipt, hence no signature required.

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