# Receipt

| | | | | | |
|---|---|---|---|---|---|
| HR No | : | **26375** | Receipt No | : | **050054** |
| Patient Name | : | **Mr. ARJITH** | Receipt Date | : | **10-11-2026 \| 02:27:36 pm** |
| Age | : | **45Y / Male** | | | |

Received **Rs.Eight Hundred And Zero (800)** only from **Mr./ Ms.** ARJITH on the account of / for the purpose of **er charges** in the mode of **Cash** 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.**