Receipt

HR No	:	**23533**	Receipt No	:	**050045**
Patient Name	:	**Mr. C.K.JAGANNATHA**	Receipt Date	:	**09-11-2026 | 08:20:03 pm**
Age	:	**76Y 8M / Male**			

Received **Rs.Eight Hundred And Ten (810)** only from **Mr./ Ms.** C.K.JAGANNATHA on the account of / for the purpose of **H@H PAYMENT** in the mode of **E-Payment - 416846** with

Authorized Signatory

Thanks

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.