Receipt

HR No	:	**4363**	Receipt No	:	**049938**
Patient Name	:	**Mr. VAIDYANATHASAMY KALIYAMOORTHY**	Receipt Date	:	**02-11-2026 | 08:59:38 pm**
Age	:	**53Y 5M / 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

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.