Receipt

HR No	:	**4363**	Receipt No	:	**050033**
Patient Name	:	**Mr. VAIDYANATHASAMY KALIYAMOORTHY**	Receipt Date	:	**09-11-2026 | 11:33:57 am**
Age	:	**53Y 5M / Male**			

Received **Rs.Three Thousand One Hundred (3100)** only from **Mr./ Ms.** VAIDYANATHASAMY KALIYAMOORTHY on the account of / for the purpose of **dialysis payment** in **Card - 371971**. Therefore, no seal or signature is required.

This is a system generated receipt with the mode of payment as

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.