Receipt

HR No	:	**26379**	Receipt No	:	**049959**
Patient Name	:	**Miss. MANASA CHALLA**	Receipt Date	:	**04-11-2026 | 08:51:43 am**
Age	:	**26Y 2M / Female**			

Received **Rs.One Thousand One Hundred And Twenty-eight (1128)**__ only from **Mr./ Ms.** MANASA CHALLA on the account of / for the purpose of **er charges**__ in the mode of **E-Payment -** **872181**__ 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.