Vinita HOSPITAL
NABH CERTIFIED

Receipt

HR No	:	**3375**	Receipt No	:	**050097**
Patient Name	:	**Mr. N SRINIVASAN**	Receipt Date	:	**11-11-2026 | 08:30:11 pm**
Age	:	**53Y 9M / 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

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