

## Receipt

|              |   |                           |              |   |                                 |
|--------------|---|---------------------------|--------------|---|---------------------------------|
| HR No        | : | <b>18811</b>              | Receipt No   | : | <b>047839</b>                   |
| Patient Name | : | <b>Mr. SIVAGURUNATHAN</b> | Receipt Date | : | <b>21-07-2026   11:39:23 am</b> |
| Age          | : | <b>70Y / Male</b>         |              |   |                                 |

Received **Rs.Three Thousand Two Hundred (3200)**\_\_\_ only from **Mr./ Ms. SIVAGURUNATHAN**  
\_\_\_on the account of / for the purpose of **dialysis payment**\_\_\_ in the mode of **E-Payment - 172519**\_\_\_  
with thanks.

Authorized Signatory

This is a system-generated receipt. Therefore, no seal or signature is required.