Receipt

HR No	:	**26363**	Receipt No	:	**049920**
Patient Name	:	**Mrs. SUJATHA**	Receipt Date	:	**01-11-2026 | 07:19:03 pm**
Age	:	**46Y / Female**			

Received **Rs.Two Thousand Fifteen (2015)**___ only from **Mr./ Ms.** SUJATHA__on the account of / for the purpose of **er charges**___ in the mode of **E-Payment - 341036**__ with thanks.

Authorized Signatory

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

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