Receipt

HR No	:	**11601**	Receipt No	:	**050159**
Patient Name	:	**Ms. SHAKILA CR**	Receipt Date	:	**14-11-2026 | 03:23:46 pm**
Age	:	**60Y 10M / Female**			

Received **Rs.Four Thousand Four Hundred And Twenty-four (4424)** only from **Mr./ Ms.** SHAKILA CR on the account of / for the purpose of **dialysis payment** in the mode of **, Card - 654967**

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

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.