Receipt

HR No	:	**13947**	Receipt No	:	**049981**
Patient Name	:	**Mr. SELVA MANI**	Receipt Date	:	**05-11-2026 | 04:02:20 pm**
Age	:	**69Y 8M / Male**			

Received **Rs.Nine Thousand Nine Hundred And Eighty-five (9985)** only from **Mr./ Ms.** SELVA MANI on the account of / for the purpose of **after insurance approval ip final payment** **Completed** by **Cash** vide Receipt No.

Authorized Signatory

This is a system generated receipt, hence 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.