

PAYMENT RECEIPT

Receipt Number # RC-00003

Date: 2025-10-28 21:34:59

BILLED BY

SmartnLight Innovations

Freshers Fiesta 2025

Email: smartnlightinnovations@gmail.com

Phone: +91 9059160424

PAYER INFORMATION

Name: KATTELA HARSHITHA

Email: admin@hospital.com

Contact: 9059160413

PAYMENT DETAILS

1.	Event Registration Fee	Rs. 500.00
	Total	Rs. 500.00

Total (in words): FIVE HUNDRED RUPEES ONLY

Amount	Rs. 500.00
CGST	Rs. 0.00
SGST	Rs. 0.00

Payment Method: Cash

Received by: B.Rahul (CSE) 24N81A05M0

Date of Payment: 2025-10-28 21:34:59

Thank you for your payment!

For any queries, email at smartnlightinnovations@gmail.com, call on **+91 9059160424**