*SHRADDHA HOSPITAL*

*(Reg. No.LCBP/0506/01856)*

*S. No. 43, Parashar Society, Pune- Nagar Road Chandan nagar, Kharadi Pune-14*

*Tel- 9011052829*

RECEIPT

Date : Amt : No :

Received with thank from :

The sum of rupees :

As a part/ full/ advance payment agaist bill no-:  dated :

By Cash / Cheque / D.D. No. : **By Cash**

(Receipt for payment other than in cash are subject to realization)

Balance remaining Rs. : **No**

------------------------------------ --------------------------------------- Patient’s Signature ForShraddha Hospital

*SHRADDHA HOSPITAL*

*(Reg. No.LCBP/0506/01856)*

*S. No. 43, Parashar Society, Pune- Nagar Road Chandannagar, Kharadi Pune-14*

*Tel- 9011052829*

RECEIPT

Date : Amt : No :

Received with thank from-------------------------------------------------------------

The sum of rupees-----------------------------------------------------------------------

As a part/ full/ advance payment agaist bill no-------------- dated ------------

By Cash / Cheque / D.D. No.-----------------------------------------------------------

(Receipt for payment other than in cash are subject to realization)

Balance remaining Rs. -------------------------------

------------------------------------ ---------------------------------------. Patient’s Signature For Shraddha Hospital