*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**10**

**71100/**

**15-Mar-19**

Date : Amt : No :

Received with thank from : **Subaramaniam Ramya**

The sum of rupees : **Seventy One Thousand Hundred Only/**

full payment bill no-: **10** dated : **15-Mar-20**

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

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

Balance remaining Rs. : **Nil**

------------------------------------ --------------------------------------- Patient’s Signature For Shraddha 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 :

**15-Mar-19**

**10**

**71100/**

Received with thank from **Subaramaniam Ramya**

The sum of rupees **Seventy One Thousand Hundred Only/**

As a part/ full/ advance payment again bill n : **10** dated : **15-Mar-19**

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

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

Balance remaining Rs **Nil**

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