*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**30**

**1000/-**

**06-May-19**

Date : Amt : No :

Received with thank from : **Rane Monika Sharad**

The sum of rupees : **One Thousand Rs. Only**

full payment bill no-: **30** dated : **06-May-19**

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

**Consultation & Medicine**

Balance remaining Rs. : **Nil**

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*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 :

**15-05-2019**

**11**

**1800/-**

Received with thank from **Rane Monika Sharad**

The sum of rupees **One Thousand Eight Hundred Rs. Only**

As a part/ full/ advance payment again bill n : **11** dated : **15-May-19**

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

**Consultation, Medicine & USG**

Balance remaining Rs **Nil**

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