*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**15**

**800/-**

**05-Jun-19**

Date : Amt : No :

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

The sum of rupees : **Eight Hundred Rs. Only**

full payment bill no-: **15** dated : **05-Jun-19**

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

**Consultation & Medicine**

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 :

**14-06-2019**

**14**

**800/-**

Received with thank from **Rane Monika Sharad**

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

As a part/ full/ advance payment again bill n : **14** dated : **14-Jun-19**

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

**Consultation & Medicine**

Balance remaining Rs **Nil**

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