*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**20**

**1800/-**

**05-12-2019**

Date : Amt : No :

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

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

full payment bill no-: **20** dated : **05-Dec-19**

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

**Consultation , Medicine & USG**

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 :

Received with thank from :

The sum of rupees :

As a part/ full/ advance payment again bill n : dated :

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

Balance remaining Rs **Nil**

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