*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**08**

**1500/-**

**18-Apr-20**

Date : Amt : No :

Received with thank from : **Patil Shital Suhas**

The sum of rupees : **One Thousand Five Hundred Rs. Only(Cash)**

full payment bill no-: **08** dated : **18-Apr-20**

**Consultation & Medicine & USG**

------------------------------------ --------------------------------------- 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 :

**09-May 20**

**11**

**1500/-**

Received with thank from **Patil Shital Suhas**

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

As a part/ full/ advance payment again bill n : **11** dated : **09-May-20**

**Consultation & Medicine & USG**

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