*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**15**

**500/-**

**09-Aug-19**

Date : Amt : No :

Received with thank from : **Shinde Ashwini Kamlesh**

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

full payment bill no-: **15** dated : **09-Aug-19**

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

**Medicine & Consultation**

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 :

**24-8-2019**

**23**

**1500/-**

Received with thank from **Shinde Ashwini Kamlesh**

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

As a part/ full/ advance payment again bill n : **23** dated : **24-Aug-19**

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

**USG , Medicine & Consultation**

Balance remaining Rs **Nil**

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