*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**13**

**1500/-**

**11-Sep-19**

Date : Amt : No :

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

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

full payment bill no-: **13** dated : **11-Sep-19**

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

**ANC Profile, TT-1,Medicine & Consultation**

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 :

**26-10-19**

**23**

**500/-**

Received with thank from **Shinde Ashwini Kamlesh**

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

As a part/ full/ advance payment again bill n : **23** dated : **26-Oct-19**

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

**Medicine & Consultation**

Balance remaining Rs **Nil**

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