*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

1

300

**02-Oct-19**

Date : Amt : No :

Received with thank from : **Udar Archana Vitthal**

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

full payment bill no-: **1** dated : **02-Oct-19**

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

(Receipt for payment other than in cash are subject to realization)

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

(Receipt for payment other than in cash are subject to realization)

Balance remaining Rs

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