*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**10**

**1500 /-**

**0 9-10-19**

Date : Amt : No :

Received with thank from : **Chakke Varsha Chandrakant**

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

full payment bill no-:  **10**  dated : **09-10-19**

**Consultation & Medicine & USG**

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

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 :

**15-10-19**

2**8**

**1500 /-**

Received with thank from: **Chakke Varsha Chandrakant**

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

full payment bill no: **28** dated **: 15-10-19**

**Consultation & Medicine & USG**

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

Balance remaining Rs **Nil**

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