*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

**RECEIPT**

**02**

**56900/**

**09-01-2020**

Date : Amt : No :

Received with thank from : **Gavhane Aparna Amol**

The sum of rupees : **Fifty Six Thousand Nine Hundred. (By Cash)**

full payment again bill no-: **02** dated : **09-01-2020**

(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 :

**02**

**56900/**

**09-01-2020**

Received with thank from **Thakur Ashwini Dinesh**

The sum of rupees **Fifty Six Thousand Nine Hundred. (By Cash)**

full payment again bill no **02** dated **09-01-2020**

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

Balance remaining Rs **Nil**

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Patient’s Signature For Shraddha Hospital