*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**16-03-19**

**17900/**

**13**

Date : Amt : No :

Received with thank from : **Bandal Snehal Kamlesh**

The sum of rupees : **Seventeen Thousand Nine Hundred Only/ (By cash)**

full payment bill no-: **13** dated : **16-03-19**

(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

**13**

**17900/**

**16-03-19**

Date : Amt : No :

Received with thank from **Bandal Snehal Kamlesh**

The sum of rupees **Seventeen Thousand Nine Hundred Only/ (By cash)**

As a part/ full/ advance payment again bill no **13** dated **16-03-19**

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

Balance remaining Rs **Nil**

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