*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**18**

**35300/**

**30-03-19**

Date : Amt : No :

Received with thank from : **Chinchane Manali Datta**

The sum of rupees : **Thirty Five Thousand Three Hundred. (By cash )**

full payment bill no-: **18** dated : **30-03-19**

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

Balance remaining Rs. : **Nil**

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

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

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