*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**29-06-19**

**600/**

**18**

Date : Amt : No :

Received with thank from : **Esther Ashok Kumar**

The sum of rupees :  **Six Hundred Only . (By cash)**

full payment bill no-: **18** dated : **29-06-19**

Consultation & Medicines

(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

**25**

**600/**

**15-07-19**

Date : Amt : No :

Received with thank from **Esther Ashok Kumar**

The sum of rupees **Six Hundred Only (By cash)**

As a part/ full/ advance payment again bill no **25** dated **15-07-19**

Consultation & Medicines

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

Balance remaining Rs **Nil**

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