*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**11**

**18500 /-**

**11-07-2019**

Date : Amt : No :

Received with thank from : **Ghargine Ashwini Ashok**

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

As a part/ full/ advance payment again bill no-: **11** dated : **11-07-2019**

By Cash / Cheque / D.D. No. : **By cash**

(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*

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