*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**23-03-19**

**1500/**

**07**

Date : Amt : No :

Received with thank from : **Girase Suvarna Premsingh**

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

full payment bill no-: **07** dated : **23-03-19**

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

**15**

**1500/**

**28-03-19**

Date : Amt : No :

Received with thank from **Girase Suvarna Premsingh**

The sum of rupees **One Thousand Five Hundred.**  **(By cash)**

As a part/ full/ advance payment again bill no **15** dated **28-03-19**

Consultation & Medicines

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

Balance remaining Rs **Nil**

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