*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**09**

**13900/**

**21-02-20**

Date : Amt : No :

Received with thank from : **Gurude Lata Vyankat**

The sum of rupees : **Thirteen Thousand Nine Hundred.**

As a full payment again bill no-: **09**  dated : **21-02-2020**

**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*

*Tel- 9011052829*

RECEIPT

Date : Amt : No :

**21-02-20**

**09**

**13900/**

Received with thank from **Gurude Lata Vyankat**

The sum of rupees **Thirteen Thousand Nine Hundred.**

As full payment again bill no **09**  dated **21-02-2020**

**By Cash**

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

Balance remaining Rs **Nil**

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