*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**18**

**60500/**

**01-04-19**

Date : Amt : No :

Received with thank from : **Jadhav Poonam Kiran**

The sum of rupees : **Sixty Thousand Five Hundred Only.**

payment bill no-: **18** dated : **01-04-19**

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

Balance remaining Rs. : **Nil**

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*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 :

**60500/**

**01-04-19**

**18**

Received with thank from **Jadhav Poonam Kiran**

The sum of rupees **Sixty Thousand Five Hundred Only.**

As a part/ full/ advance payment again bill no **18** dated **01-04-19**

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

Balance remaining Rs **Nil**

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