*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

**RECEIPT**

**20**

**56900/**

**02-10-19**

Date : Amt : No :

Received with thank from : **Kauthale Harshada Vilas**

The sum of rupees : **Fifty Six Thousand Nine Hundred. (By Cash)**

full payment bill no-: **20** dated : **02-10-19**

(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 :

**20**

**56900/**

**02-10-19**

Received with thank from **Kauthale Harshada Vilas**

The sum of rupees **Fifty Six Thousand Nine Hundred. (By Cash)**

full payment bill no **20** dated **02-10-19**

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

Balance remaining Rs **Nil**

**------------------------------- --------------------------------------**

Patient’s Signature For Shraddha Hospital