*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**14-04-20**

**17900/**

**02**

Date : Amt : No :

Received with thank from : **Kawade Priyanka Umakant**

The sum of rupees : **Seventeen Thousand Nine Hundred Only/ (By cash)**

full payment bill no-: **02** dated : **14-04-20**

(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 :

Received with thank from

The sum of rupees

As a part/ full/ advance payment again bill no dated

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

Balance remaining Rs **Nil**

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