*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**03**

**65500/**

**12-03-20**

Date : Amt : No :

Received with thank from : **Lagad Vidhya Ravindra**

The sum of rupees : **Sixty Five Thousand Five Hundred Only (Cash)**

full/ payment bill no-: **03** dated : **12-03-20**

(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 :

**03**

**65500/**

**12-05-20**

Received with thank from **Lagad Vidhya Ravindra**

The sum of rupees **Sixty Five Thousand Five Hundred Only (Cash)**

full payment bill no **03** dated **12-05-20**

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

Balance remaining Rs **Nil**

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