*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**18-5-20**

**9000/**

**03**

Date : Amt : No :

Received with thank from : **Lambe Pallavi Sandip**

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

full payment bill no-: **03** dated : **18-05-20**

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

**11**

**1500**

**16-05-20**

Date : Amt : No :

Received with thank from **Lambe Pallavi Sandip**

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

As a part/ full/ advance payment again bill no **11** dated **16-05-20**

Consultation & Medicines & USG

Balance remaining Rs **Nil**

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