*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**11**

**16500/**

**25-11-18**

Date : Amt : No :

Received with thank from : **Mahindrakar Swati Nagesh**

The sum of rupees : **Sixteen Thousand Five Hundred. (By Cash )**

full payment again bill no-: **11** dated : **25-11-18**

(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

By Cash / Cheque / D.D. No **By Cash**

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

Balance remaining Rs **Nil**

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