*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**24**

**74,500/**

**05-07-19**

Date : Amt : No :

Received with thank from : **Nimbalkar Nilam Chetan**

The sum of rupees : **Seventy Four Thousand Five Hundred.**

As a part/ full/ advance payment again bill no-: **24** dated : **05-07-19**

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

(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 :

**74,500 /**

**05-07-19**

**24**

Received with thank from **Nimbalkar Nilam Chetan**

The sum of rupees **Seventy Four Thousand Five Hundred.**

As a part/ full/ advance payment again bill no **24** dated **05-07-19**

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

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

Balance remaining Rs **Nil**

------------------------------------ ---------------------------------------. Patient’s Signature For Shraddha Hospital