*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**15**

**55900/**

**28-08-19**

Date : Amt : No :

Received with thank from : **Shrikande Yogita Mangesh**

The sum of rupees : **Fifty Five Thousand Nine Hundred Only/**

full payment bill no-: **15**  dated : **28-08-19**

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 :

**28-08-19**

**15**

**55900/**

Received with thank from **Shrikande Yogita Mangesh**

The sum of rupees **Fifty Five Thousand Nine Hundred Only/**

full payment bill no **15**  dated **28-08-19**

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