*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**12-10-19**

**300/**

**15**

Date : Amt : No :

Received with thank from : **Solanke Poonam Gajanan**

The sum of rupees :  **Three Hundred Only . (By cash)**

full payment bill no-: **15** dated : **12-10-19**

Consultation & Medicines

(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

**19**

**1500/**

**15-10-19**

Date : Amt : No :

Received with thank from **Solanke Poonam Gajanan**

The sum of rupees **One Thousand Five Hundred Only (By cash)**

As a part/ full/ advance payment again bill no **19** dated **15-10-19**

Consultation & Medicines & USG

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

Balance remaining Rs **Nil**

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