*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**25-10-19**

**300/**

**05**

Date : Amt : No :

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

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

full payment bill no-: **05** dated : **25-10-19**

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

**07**

**70500/**

**25-10-19**

Date : Amt : No :

Received with thank from **Solanke Poonam Gajanan**

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

full payment again bill no **07** dated **25-10-19**

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

Balance remaining Rs **Nil**

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