*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**06-06-19**

**900/**

**28**

Date : Amt : No :

Received with thank from : **Thorat Nisha Anil**

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

full payment bill no-: **28** dated : **06-06-19**

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

**26**

**700/**

**26-06-19**

Date : Amt : No :

Received with thank from **Thorat Nisha Anil**

The sum of rupees **Seven Hundred Only (By cash)**

As a part/ full/ advance payment again bill no **26** dated **30-06-19**

Consultation & Medicines

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

Balance remaining Rs **Nil**

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