*SHRADDHA HOSPITAL*

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

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

*Tel- 9011052829*

RECEIPT

**10**

**60,500/**

**18-08-18**

Date : Amt : No :

Received with thank from : **Shaikh Shirin Toshim**

The sum of rupees : **Sixty Thousand Five Hundred.**

As a part/ full/ advance payment again bill no-:  **10** dated : **18-08-18**

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

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