

CASH RECEIPT

SWARNA KAMAL NURSING HOME

Vill. – Naihati, P.O. – Badartala, P.S. – Basirhat,
Dist. – 24 Pgs.(N), Pin – 743413

Date:

Receipt No.

For Payment Of: _____

Patient ID: _____ Bed No. _____

Payment Amount: _____

In Words: _____ Only

Amt. Due	
Amt. Paid	
New Bal.	

Received By: _____

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