

<b>CASH RECEIPT</b>	<b>SWARNA KAMAL NURSING HOME</b> 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								
	<table border="1"><tr><td>Amt. Due</td><td>_____</td></tr><tr><td>Amt. Paid</td><td>_____</td></tr><tr><td> </td><td>_____</td></tr><tr><td>New Bal.</td><td>_____</td></tr></table>	Amt. Due	_____	Amt. Paid	_____		_____	New Bal.	_____
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Amt. Paid	_____								
	_____								
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