

TrueMedicine

Payment Receipt

Doctor Name: Shivendra jha
Email: jhashivendra24@gmail.com
Withdrawal ID: 67ebc50c858df5fea1895102
Requested Amount: 11000
Approved Amount: 11000
Transaction ID: rfdcs656346456
Payment Mode: UPI
Date of Payment: 1/4/2025, 5:30:00 am
Generated on: 1/4/2025, 4:41:25 pm