Vinayak Hospital

Derawal Nagar Main Road Model Town, Delhi - 110009

Phone No :011-40200500, 9990455555

E-mail :Info@vinayakhospital.co.in Website:vinayakhospital.co.in

Advance receipt

Receipt no	: AD26-27/IP3500	Receipt Date	: 22/07/2026 12:30PM
UHID	: 357044	IP No	: 26/124585
Patient Name	: Mrs. HARBINDER SHARMA	Admission Date	: 22/07/2026
Gender/Age	: Female/ 56 Yr 0 Mth 5 Days	Payer	: CASH
Contact No	: 8588851102		
Address	: H NO-19/10-C, BLOCK-19, DOUBLE STORY, MOTI NAGAR, DELHI-110015 , NEW DELHI, Delhi, India, - 110015		

Particulars	Amount
IPD Advance Collection (UPI)	2200.00
Total Amount (Rupees):	**2200.00**

Remarks :

By UPI: Rupees 2200.00/- HDFC 8855

Received an amount of (Rs.) Two Thousand Two Hundred only.

Authorised Signatory

Amount Refunded :

Prepared By: NEELAM