

PAYMENT RECEIPT - VACCINATION

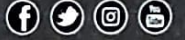
Name: <u>VILAS kumar</u>	Sr. No.: 6985
Date: <u>22/06/2021</u>	Vaccine: Covishield
Vaccination ID:	Vaccine Charges: ₹1000/- Per Dose
Amount Paid: ₹ <u>780/-</u>	Payment Mode: <input type="checkbox"/> Cash / <input checked="" type="checkbox"/> Card
Next Dose Due On:	<u>HARS</u> Authorised Signatory

Please bring this receipt at the time of your 2nd Dose

SHM/FO/PR/01

Surya Hospitals, S. V. Road, Santacruz West, Mumbai - 400054.

☎ 022 6153 8989 | 🌐 www.suryahospitals.com | ✉ info@suryahospitals.com



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Name: <u>ISHA kumar</u>	Sr. No.: 6986
Date: <u>22/06/2021</u>	Vaccine: Covishield
Vaccination ID:	Vaccine Charges: ₹1000/- Per Dose
Amount Paid: ₹ <u>780/-</u>	Payment Mode: <input type="checkbox"/> Cash / <input checked="" type="checkbox"/> Card
Next Dose Due On:	<u>HARS</u> Authorised Signatory

Please bring this receipt at the time of your 2nd Dose

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