

# DCDC Health Services Pvt. Ltd.

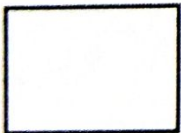
C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
e-mail: info@dcdc.co.in, Web: www.dcdc.co.in

## Cash Payment

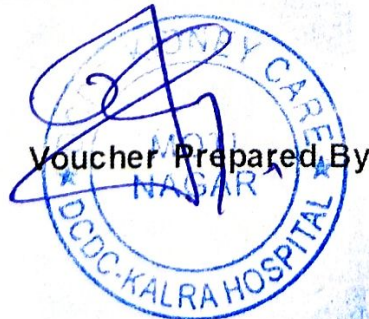
Date 6/6/24

Voucher No .....

Particulars	Amount ( )
Debit: HOME DIALYSIS FEE	160
(Rupees..... <u>one hundred sixty rupees</u> ..... Only):	160/-
Narration:	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By