

# DCDC Health Services Pvt. Ltd.

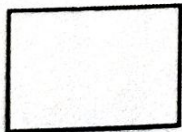
C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
e-mail: info@dcdc.co.in, Web: www.dcdc.co.in

Voucher No .....

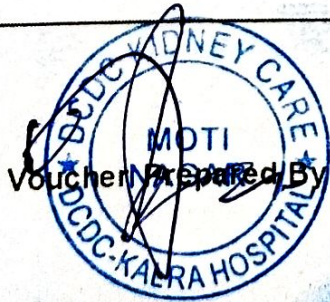
## Cash Payment

Date ..... 15/1/24 .....

Particulars	Amount ( )
Debit: Home dialysis fee	160
(Rupees..... One hundred Sixty rupees ..... Only):	160/-
Narration:	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By