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Signature of EMO Bishnupr District Hospital

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Signature of the Patient	Received the services and I have not paid any amount for the service.	Address Register Id:	Voucher for Free Serv	Hea	SI. No
Superintendent Hospital Health district Distr		Date 22	Voucher for Free Services from PPP Diagnostic Lab Name & CLS Cult CLAge 484 Sex	Health district Hos	Dialysis / Digital X-Ray / CT S