



# Morning Glory

APARTMENTS @ Genome Valley

Site Office : Plot no 23, MBR Enclave,  
Sy. no. 1, Muraharipally, Medchal Mandal,  
Hyderabad - 50007 ☎ 91210 21717  
✉ mga@modiproperties.com  
Developed by: M/s. Aedis Developers LLP

## VISHAL GOEL

LHC, 1-B-1800, Lodha, Bellezza,  
KPHP 4<sup>th</sup> Phase Kukatpally,  
Hyderabad, Telangana - 500 003.

### RECEIPT

No.

|                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Received from:                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |  |
| Amount (Rs.)                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |  |
| Amount in words:                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |  |
| By way of:                                                                                                                                                                                                                                                | <input type="checkbox"/> Cheque <input type="checkbox"/> Pay order / DD <input type="checkbox"/> Cash <input type="checkbox"/> RTGS<br><input type="checkbox"/> Online transfer <input type="checkbox"/> Other _____ |  |
| Cheque no / Ref no.                                                                                                                                                                                                                                       |                                                                                                                                                                                                                      |  |
| Cheque date / amount received date                                                                                                                                                                                                                        |                                                                                                                                                                                                                      |  |
| Name of the bank & branch                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |  |
| Towards flat no.                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |  |
| <div style="border: 1px solid black; padding: 10px; text-align: center;">           Stick barcode here.<br/>           Receipt not valid if<br/>           barcode is missing.         </div> <div>Receipt issued subject to realisation of cheque.</div> | For Vishal Goel                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                           | Authorized Signatory                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                           | Name in full:                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                           | Receipt date:                                                                                                                                                                                                        |  |



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## SHIVANI GOEL

LHC, 1-B-1800, Lodha, Bellezza,  
KPHP 4<sup>th</sup> Phase Kukatpally,  
Hyderabad, Telangana - 500 003.

### RECEIPT

No.

|                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Received from:                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |  |
| Amount (Rs.)                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |  |
| Amount in words:                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |  |
| By way of:                                                                                                                                                                                                                                                | <input type="checkbox"/> Cheque <input type="checkbox"/> Pay order / DD <input type="checkbox"/> Cash <input type="checkbox"/> RTGS<br><input type="checkbox"/> Online transfer <input type="checkbox"/> Other _____ |  |
| Cheque no / Ref no.                                                                                                                                                                                                                                       |                                                                                                                                                                                                                      |  |
| Cheque date / amount received date                                                                                                                                                                                                                        |                                                                                                                                                                                                                      |  |
| Name of the bank & branch                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |  |
| Towards flat no.                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |  |
| <div style="border: 1px solid black; padding: 10px; text-align: center;">           Stick barcode here.<br/>           Receipt not valid if<br/>           barcode is missing.         </div> <div>Receipt issued subject to realisation of cheque.</div> | For Shivani Goel                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                           | Authorized Signatory                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                           | Name in full:                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                           | Receipt date:                                                                                                                                                                                                        |  |