

BILL / MONEY RECEIPT

Bill No.:1

Name.:ANJALI GHOSH

Add/Ph.:9999999999

Referred by.:Associate:AC

Date:03/01/2023

Time:04:43:11

Age/Gender:0 Yr / NA

Sub Associate:

Test Parameter	Rate
TSH (Thyroid Stimulating Hormone)	250.00
Complete Haemogram	250.00
Collection Charge	0.00
Total Value	500.00

Authorised Signatory