

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 |

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Authorised Signatory