

87/G/2, R.N. Tagore Road, Berhampore Murshidabad- 742101 WEST BENGAL,7277370071 / 9832514328

BILL / MONEY RECEIPT

Bill No.:1

Name.:CHOBIRANI DAS

Add/Ph.:

Referred by.:DR. H.ZAMAN

Associate:B.SK

Date:12/03/2026

Time:01:09:46

Age/Gender:50 Yr / FEMALE

Sub Associate:

Test Parameter	Rate
Glucose Fasting	80.00
Collection Charge	0.00
Total Value	80.00

Authorised Signatory