

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

BILL / MONEY RECEIPT

Bill No.:7

Date:24/03/2026

Name.:CHOKINA BEWA

Time:02:19:13

Add/Ph.:

Age/Gender:46 Yr / FEMALE

Referred by.:DR. H.ZAMAN

Sub Associate:

Associate:B.SK

Test Parameter	Rate
Hb (Haemoglobin)	80.00
Collection Charge	0.00
Total Value	80.00

Authorised Signatory