

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

BILL / MONEY RECEIPT

Bill No.: 17 **Date:** 17/03/2026
Name.: FALEJAN BIBI **Time:** 04:42:51
Add/Ph.: **Age/Gender:** 47 Yr / FEMALE
Referred by.: DR.C.P.SHARMA
Associate: KRMP **Sub Associate:**

Test Parameter	Rate
Complete Haemogram	350.00
Glucose Fasting	80.00
Urea	150.00
Creatinine	150.00
LFT (Liver Function Test)	750.00
Prothrombin Time with INR	350.00
BT & CT (Bleeding Time & Clotting Time)	80.00
HIV I & II SCREENING	590.00
Anti HCV Antibody	800.00
TSH (Thyroid Stimulating Hormone)	350.00
Blood Group ABO & Rh (D) factor	150.00
Collection Charge	0.00
Total Value	3800.00

Authorised Signatory