

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

BILL / MONEY RECEIPT

Bill No.:1

Date:27/03/2026

Name.:KALACHAND SK

Time:02:29:06

Add/Ph.:

Age/Gender:60 Yr / MALE

Referred by.:DR.R.H.F.PLASSEY

Sub Associate:

Associate:B.SK

Test Parameter	Rate
Complete Haemogram	350.00
IgE TOTAL	800.00
Collection Charge	0.00
Total Value	1150.00

Authorised Signatory