

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

## BILL / MONEY RECEIPT

**Bill No.:** 1 **Date:** 01/01/2026  
**Name.:** LINA AKTER BANU **Time:** 11:06:47  
**Add/Ph.:** **Age/Gender:** 23 Yr / FEMALE  
**Referred by.:** DOMKOL HOSPITAL  
**Associate:** KRMP **Sub Associate:**

| Test Parameter                   | Rate   |
|----------------------------------|--------|
| Blood Group ABO & Rh (D) factor  | 150.00 |
| Complete Haemogram               | 350.00 |
| Hb Electrophoresis               | 750.00 |
| HbA1c (Glycosylated Haemoglobin) | 600.00 |
| LFT (Liver Function Test)        | 750.00 |
| T3, T4 & TSH                     | 690.00 |
| Urea                             | 150.00 |
| Creatinine                       | 150.00 |
| HIV I & II SCREENING             | 590.00 |
| HBsAg (Australia Antigen) Test   | 400.00 |
| Anti HCV Antibody                | 800.00 |
| Iron with TIBC                   | 800.00 |
| Calcium(Serum)                   | 290.00 |
| Collection Charge                | 0.00   |

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Authorised Signatory

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BILL / MONEY RECEIPT

|             |         |
|-------------|---------|
| Total Value | 6470.00 |
|-------------|---------|

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Authorised Signatory