

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

BILL / MONEY RECEIPT

Bill No.:2

Name.:MOFEJA

Add/Ph.:

Referred by.:DR I HOSSAIN

Associate:RVH

Date:26/10/2025

Time:02:59:22

Age/Gender:58 Yr / FEMALE

Sub Associate:

Test Parameter	Rate
Complete Haemogram	350.00
Widal Test (Slide Method)	350.00
MP (Malaria Parasites) Thick & Thin	100.00
CRP (C-Reactive Protein) Test	510.00
Collection Charge	0.00
Total Value	1310.00

Authorised Signatory