DOYEN DIAGNOSTIC AND RESEARCH FOUNDATION

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

BILL / MONEY RECEIPT

Bill No.:	10	**Date:**	26/02/2026
Name.:	MOMINA KHATUN	**Time:**	01:56:00
Add/Ph.:		**Age/Gender:**	21 Yr / FEMALE
Referred by.:	DR. H.ZAMAN		
Associate:	B.SK	**Sub Associate:**	

Test Parameter	Rate
URINE FOR ALBUMIN	80.00
Collection Charge	0.00
Total Value	**80.00**

Authorised Signatory