

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

BILL / MONEY RECEIPT

Bill No.:1

Date:05/03/2026

Name.:MONALISHA KHATUN

Time:01:43:26

Add/Ph.:

Age/Gender:10 Yr / FEMALE

Referred by.:DR. G.BISWAS

Sub Associate:

Associate:B.SK

Test Parameter	Rate
Complete Haemogram	350.00
Widal Test (Slide Method)	350.00
Blood Group ABO & Rh (D) factor	150.00
Collection Charge	0.00
Total Value	850.00

Authorised Signatory