

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

BILL / MONEY RECEIPT

Bill No.:4

Date:19/03/2026

Name.:ROJINA KHATUN

Time:01:42:08

Add/Ph.:

Age/Gender:19 Yr / FEMALE

Referred by.:DR.P.KASHYAPI

Sub Associate:

Associate:B.SK

Test Parameter	Rate
Complete Haemogram	350.00
LFT (Liver Function Test)	750.00
Collection Charge	0.00
Total Value	1100.00

Authorised Signatory