DOYEN DIAGNOSTIC AND RESEARCH FOUNDATION

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

BILL / MONEY RECEIPT

Bill No.: 13 **Date:** 24/03/2026

Name.: SAJID MALITA **Time:** 02:26:23

Add/Ph.: **Age/Gender:** 5 Yr / MALE

Referred by.: DR.S.S.K.M.HOSPITAL

Associate: B.SK **Sub Associate:**

Test Parameter	Rate
Complete Haemogram	350.00
Blood Group ABO & Rh (D) factor	150.00
Electrolytes	360.00
Urea	150.00
Creatinine	150.00
BT & CT (Bleeding Time & Clotting Time)	80.00
Prothrombin Time with INR	350.00
APTT (Activated Pertial Thromboplastin Time)	350.00
LFT (Liver Function Test)	750.00
HIV I & II SCREENING	590.00
HBsAg (Australia Antigen) Test	400.00
Anti HCV Antibody	800.00
T3, T4 & TSH	690.00
Free PSA	1150.00

Authorised Signatory

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Test Parameter	Rate
PSA (Prostate Specific Antigen)	725.00
Collection Charge	0.00
Total Value	**7045.00**

Authorised Signatory