

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

BILL / MONEY RECEIPT

Bill No.: 9

Name.: SEFALI MALITHA

Add/Ph.:

Referred by.: DR.S.K.MONDAL

Associate: KRMP

Date: 06/03/2026

Time: 04:44:14

Age/Gender: 45 Yr / FEMALE

Sub Associate:

Test Parameter	Rate
Complete Haemogram	350.00
TSH (Thyroid Stimulating Hormone)	350.00
Uric Acid	180.00
RA (Rheumatoid Factor) Test	510.00
Collection Charge	0.00
Total Value	1390.00

Authorised Signatory