

## BILL / MONEY RECEIPT

**Bill No.:** 1 **Date:** 24/03/2022  
**Name.:** AMAL KANTA NANDI **Time:** 02:01:17  
**Add/Ph.:** **Age/Gender:** 42 Yr / MALE  
**Referred by.:** D.CHAKRABORTY  
**Associate:** HLN **Sub Associate:**

Test Parameter	Rate
ACHR ab/Acetylene Choline Receptor Binding Antibody	3400.00
Collection Charge	0.00
<b>Total Value</b>	<b>3400.00</b>

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Authorised Signatory