

BILL / MONEY RECEIPT

Bill No.: 1 **Date:** 19/05/2022
Name.: HABIBA KHATUN **Time:** 01:48:03
Add/Ph.: **Age/Gender:** 29 Yr / FEMALE
Referred by.: A.GANGULI
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
Cholesterol - Total	150.00
Allergy (Blood)	1800.00
Collection Charge	0.00
Total Value	1950.00

Authorized Signatory