

BILL / MONEY RECEIPT

Bill No.: 11 **Date:** 05/05/2022
Name.: JYOTSNA NATH **Time:** 02:53:23
Add/Ph.: **Age/Gender:** 36 Yr / FEMALE
Referred by.: S.M.RAHAMAN
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
Hb (Haemoglobin)	70.00
PCV (Packed Cell Volume)	80.00
Collection Charge	0.00
Total Value	150.00

Authorised Signatory