

## BILL / MONEY RECEIPT

**Bill No.:** 10 **Date:** 14/04/2022  
**Name.:** MITA DAS **Time:** 03:51:00  
**Add/Ph.:** **Age/Gender:** 22 Yr / FEMALE  
**Referred by.:** S.K.MONDAL  
**Associate:** MNTS **Sub Associate:**

| Test Parameter     | Rate          |
|--------------------|---------------|
| T3 T4 - TSH        | 600.00        |
| Collection Charge  | 0.00          |
| <b>Total Value</b> | <b>600.00</b> |

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Authorised Signatory