

## BILL / MONEY RECEIPT

**Bill No.:** 3 **Date:** 02/04/2022  
**Name.:** RESMA MONDAL **Time:** 03:45:51  
**Add/Ph.:** **Age/Gender:** 23 Yr / FEMALE  
**Referred by.:** B.GHOSH  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Urea (Serum)	100.00
Creatinine (Serum)	100.00
Thyroid Stimulating Hormone(TSH)	300.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>500.00</b>

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Authorised Signatory