

BILL / MONEY RECEIPT

Bill No.: 9 **Date:** 14/04/2022
Name.: SALEHA BIBI MOLLA **Time:** 03:50:22
Add/Ph.: **Age/Gender:** 42 Yr / FEMALE
Referred by.: SK.S.HOSSAIN
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
Thyroid Stimulating Hormone(TSH)	300.00
Collection Charge	0.00
Total Value	300.00

Authorised Signatory