

BILL / MONEY RECEIPT

Bill No.: 11 **Date:** 02/04/2022
Name.: SANCHITA MONDAL **Time:** 04:06:21
Add/Ph.: **Age/Gender:** 30 Yr / FEMALE
Referred by.: S.MONDAL
Associate: MNTS **Sub Associate:**

Test Parameter	Rate
T4 - TSH	400.00
Collection Charge	0.00
Total Value	400.00

Authorised Signatory