

## BILL / MONEY RECEIPT

**Bill No.:** 6 **Date:** 29/04/2022  
**Name.:** SORIFA BIBI **Time:** 02:29:53  
**Add/Ph.:** **Age/Gender:** 29 Yr / FEMALE  
**Referred by.:** M.GHOSH  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
TC DC HB ESR	120.00
Glucose Fasting	70.00
Thyroid Stimulating Hormone(TSH)	300.00
<b>Collection Charge</b>	0.00
<b>Total Value</b>	<b>490.00</b>

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Authorised Signatory