

## BILL / MONEY RECEIPT

**Bill No.:** 1 **Date:** 05/04/2022  
**Name.:** SUDATTA ROY **Time:** 03:46:50  
**Add/Ph.:** 9831065919 **Age/Gender:** 56 Yr / FEMALE  
**Referred by.:**  
**Associate:** D1 **Sub Associate:**

Test Parameter	Rate
Glucose Fasting	140.00
Collection Charge	0.00
<b>Total Value</b>	<b>140.00</b>

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Authorised Signatory