

## BILL / MONEY RECEIPT

**Bill No.:** 18 **Date:** 18/04/2022  
**Name.:** SWAPNA PRAMANIK **Time:** 03:26:14  
**Add/Ph.:** **Age/Gender:** 57 Yr / FEMALE  
**Referred by.:** J.DAS  
**Associate:** MNTS **Sub Associate:**

Test Parameter	Rate
Thyroid Stimulating Hormone(TSH)	300.00
Collection Charge	0.00
<b>Total Value</b>	<b>300.00</b>

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Authorized Signatory