

INVOICE CUM RECEIPT

CLIENT CODE : C000073148

CLIENT'S NAME AND ADDRESS :

L.S. PATIENT CARE CENTRE

TARAMANDAL DEORIA BYE PASS ROAD, NEAR BHARAT PETROL PUMP,

GORAKHPUR

273017

UTTAR PRADESH

INDIA

9519244165



SRL LIMITED

45-M, Betlahata, Hanuman Mandir Road,

Gorakhpur, 273001

UTTAR PRADESH, INDIA

Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956

TRF No/Receipt No: 7703UE10660/1

TRF Date: 12/05/2021 04:49:56 PM

Name MR.AJAI KUMAR SRIVASTAVA

ID AJAIM597437120

Print Date:

Ref. Doctor Name: SELF

13/05/2021

Test Code	Test Name	Amount
1920	SARS COV -2 REAL TIME PCR	900.00

Total: 900.00

Other Charges: 0.00

Net Amount: 900

Advance Amount: 0.00

Paid Amount: 900.00

Balance Amount: 0.00

Amount In Words Nine hundred Rupees and Zero Paise

This is a Computer - generated Receipt. Signature is not required.