INVOICE CUM RECEIPT

CLIENT CODE : C000119167

CLIENT'S NAME AND ADDRESS:
SRL PSC GORAKHPUR (HOME COLLECTION)
AKSHAYBAR SINGH BHAWAN, CIVIL LINES, 7 PARK ROAD,
GORAKHPUR
273001
UTTAR PRADESH



SRL LIMITED 45-M, Betiahata, Hanuman Mandir Road, Gorakhpur, 273001

UTTAR PRADESH, INDIA

Tel: 9111591115, Fax: CIN-U74899PB1995PLC045956

TRF No/Receipt No: 9704

9704UE10051/1

TRF Date: 13/05/2021 10:52:42 AM

Name

MRS.SUMAN SRIVASTAVA

ID SUMAF211058185

Print Date: 15/05/2021

Ref. Doctor Name:

8601366999 9311426484

SELF

Test Code	Test Name	Amount
CMP67	COMPLETE CARE ESSENTIAL	1,399.00
4200	D-DIMER, PLASMA	1,600.00
3170	FERRITIN, SERUM	950.00
1535N	C-REACTIVE PROTEIN, SERUM (QUANTITATIVE)	450.00

Total: 4,399.00

Other Charges: 0.00 Net Amount: 4399

Advance Amount: 0.00
Paid Amount: 4,399.00

Balance Amount: 0.00

Amount In Words

Four thousand three hundred and ninety-nine Rupees and Zero Paise