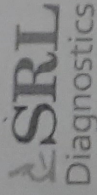


INVOICE CUM RECEIPT



CLIENT CODE : C000108406

CLIENT'S NAME AND ADDRESS :
CHANDANE PATHOLOGY SERVICES
SR. NO. 177, SHOP NO. 1, PHURSUNGI, OPP. VIGHNHARTA
HOSPITAL,
PUNE
412308
MAHARASHTRA
INDIA
9975837077

SRL LIMITED
Ground floor 365/6, Aaj Ka Anand building, Shivajji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 91115911115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

TRF No/Receipt No: 9675UD10263/1

TRF Date: 18/04/2021 10:57:13 AM

Name NILESH SHARAD VAIDYA

ID NILEM051119810

Print Date:
18/04/2021

Ref. Doctor Name: SELF

Test Code Test Name

Amount

1920 SARS COV -2 REAL TIME PCR

800.00

Total: 800.00
Other Charges: 200.00
Net Amount : 1000.00
Advance Amount : 0.00
Paid Amount : 1,000.00
Balance Amount: 0.00



Amount In Words **One thousand and 00/100 Paise**
Samsung Quad Camera
This is a Computer - generated Receipt. Signature is not required.
Nilesh