

SID :177803576806  
NAME :MR MILIND V NAIK  
AGE/GENDER :40Yr(s)/MALE

CID / BILL NO :2113001554  
VISIT DATE :10 May 2021  
CLIENT NAME :SHREE GANESH PATHOLOGY  
LABORATORY - KOPARKHAIRANE  
REGISTERED AT :VASHI (MAIN CENTRE)

Sr. No	Service Code	Service Name	Rate(INR)
1	PATH007279	COVID-19	800

Amount in Words : Rupees Eight Hundred only

Total Amount(INR)

800

\* This is an electronically generated slip and does not require signature.



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