

**INVOICE CUM RECEIPT****CLIENT CODE :** C000114814**CLIENT'S NAME AND ADDRESS :**

SANTOSHI DIAGNOSTIC CENTRE  
SHOP NO. 1 MANGAL NIWAS SURVEY NO. 25 MUNDHWA,  
MANJARI ROAD SURVEY NO.25/3,  
PUNE  
411036  
MAHARASHTRA  
INDIA  
9322188588



SRL Ltd  
Ground floor 365/6, Aaj Ka Anand building, Shivaji Nagar  
PUNE, 411005  
MAHARASHTRA, INDIA  
Tel : 9111591115, Fax : 020 30251212  
CIN - U74899PB1995PLC045956  
Email : customercare.pune@srl.in

**TRF No/Receipt No:** 9169UK10046/1**TRF Date:** 16/11/2021 05:40:16 PM**Name** SHRINIWAS JAYANT JOSHI**ID** SHRIM130519740**Print Date:**  
16/11/2021**Ref. Doctor Name:** SELF

Test Code	Test Name	Amount
1920	SARS COV -2 REAL TIME PCR	800.00

**Total:** 800.00**Other Charges:** 0.00**Net Amount :** 800.00**Advance Amount :** 0.00**Paid Amount :** 800.00**Balance Amount:** 0.00**Amount In Words** Eight hundred Rupees and Zero Paise

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