



Sharda Hospital and Neuro Trauma Centre
 B.36/43-56,Brahmanand Nagar,Durgakund | varanasi city
 ventexint@gmail.com | 9335078399

Date : 12/11/2021

Invoice Number : **78**

UHID : 13533

Name : **Harishankar**

Age: 1998-04-13

SEX : **Male**

Created At Created By	Investigation	Investigation fees
2021-08-13 03:07:31 Sharda Hospital and Neuro Trauma Centre	CBC	5009

Amount In Word: **Rupees fifty Only**Payment Mode : **Card/Paid**

Total Bill : 5009

Discount : **99 %**Grand Total : **50.090000000000146****Note**

1. Please carry the original slip, at the time of collection of report
2. Report will be issued from collection counter
3. Report will be generated at given time period, according to turn around time policy displayed on reception