

INVOICE CUM MONEY RECEIPT

Invoice To

Name:
Address: ,Pincode-
Contact No:

Invoice By

Clinica Life Care Pvt Ltd
GSTIN19AAKCC0511B1Z9
Invoice No: INV/016/2025
Invoice Date: 07-12-2025

All analyses are performed at the pathology facility operated by Clinica Life Care Private Limited (CLCPL) / CLCPL Partner laboratories

Sl. No.	Name	Type	HSN Code	MRP
Total Amount				0.00
	Add: Any other amount			0.00
	Less: Upfront Discount			0.00
	Less: Coupon Discount			0.00
	Invoice Amount			0.00
Invoice In Words: Zero only				
	Payable By Customer			0.00

Booking Details

Patient Name	
Patient Contact Number	
Patient Address	,,Pincode-,
Date of Appointment	30-11--0001
Appointment Time	

Corporate Office: Sidharth Tower, HB Town, Kolkata 700110, WB

CIN: U85190WB2022PTC251063

Company Registration. No-251063

Email info@clinicalife.in / enquiry@clinica365.in

For Clinica Life Care Pvt Ltd



Authorized Signatory

Pathology, Diagnostic procedure & Doctor Appointment Online Booking facility available at CLINICA 365 website & App