



We understand your world

**DCDC KIDNEY CARE**

H1 Kallash Park Motl Nagar New Delhi

Date: 2024-07-19

Time: 15:12:27

ME CODE: DGM850

TID: 99982885

BATCH NO: 23

INVOICE NO: 32

AID:

TSI: 0000

A0000000041010

APP: Mastercard

**SALE**

CARD: XXXX-XXXX-XXXX-8931 CTLS

EXP DATE: \*\*/\*\*

CARD TYPE: MasterCard

AUTH CODE:

091581

RRN:

000000000117

BASE AMOUNT:

Rs. 3,000.00

SIGNATURE NOT REQUIRED  
MOHAMMAD SHOAIB

I agree to pay as per the card issuer agreement.

VERSION V-2.0.0



\*\*\*\*\* Merchant Copy \*\*\*\*\*

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