CASH/CREDIT MEMO Date ______ No. ______

Sold to/क्रेता C 12 ch

Bought of/विक्रेता (19)

31/10/23

Qty.	Particular	Rate	₹ Amount	P
1	A4 Sheet		280	
1	Disposable Glass		100	
		Total	380/-	

* DCDC KIDNEY CARE * DWARKA DCDC-TARAK HOSPITAL

E. & O. E. भूल-चूक लेनी-देनी

Thank You/ धन्यवाद

Signature/हस्ताक्षर

DELTA®