# CASH MEMO
## नकद पत्र

Sold To M/s Marie Stamp (ICN, Dietician)
क्रेता सर्वश्री

No. क्रमाँक _____ Date तिथि _____

| QNTY. संख्या | PARTICULARS विवरण | RATE दर | AMOUNT रकम ₹ | P. |
|---|---|---|---|---|
| | Stamp (2) | 200x2 | 400/- | |
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| | | TOTAL कुल जोड़ | 400/- | |

DCDC KIDNEY CARE ★ EAST OF KAILASH ★ DCDC-NHI HOSPITAL

Hans

- Goods Once Sold Will Not Be Taken Back
- E.&.O.E. भूल–चूक लेनी देनी।

Signature
हस्ताक्षर