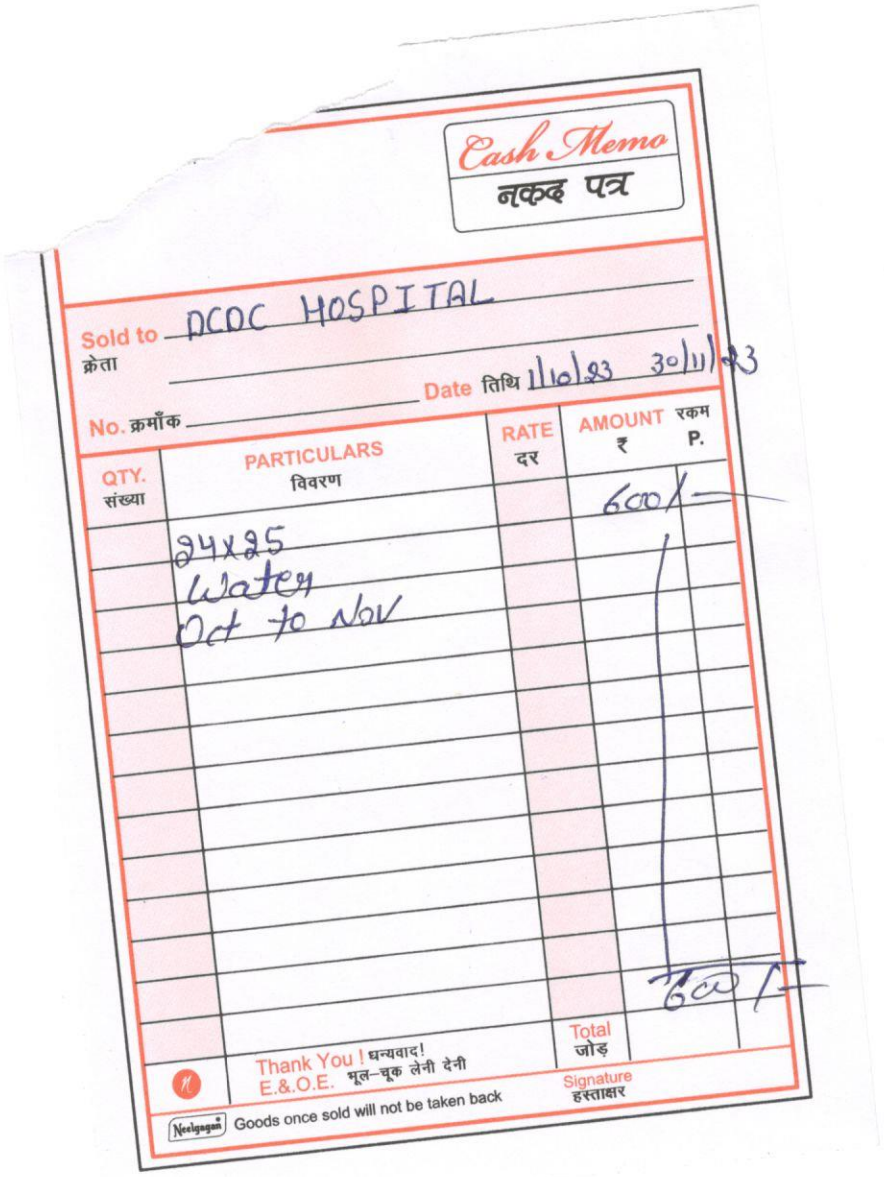

Cash Memo
नकद पत्र

Sold to क्रेता DCDC HOSPITAL

No. क्रमाँक _____ Date तिथि 1/10/23 30/11/23

QTY. संख्या	PARTICULARS विवरण	RATE दर	AMOUNT ₹	AMOUNT P.
	24x25		600/-	
	Water			
	Oct to Nov			
		Total जोड़	600/-	

Thank You ! धन्यवाद!
E.&.O.E. भूल-चूक लेनी देनी

Signature हस्ताक्षर

Neelgagan Goods once sold will not be taken back