Sold To M/s.
क्रेता श्रीमेसर्स

No. क्रमांक

Date तिथि 25/9/22

QNTY. संख्या	PARTICULARS विवरण	RATE दर	AMOUNT रकम ₹	P.
	Test Fee		100	

DCDC KIDNEY CARE
EAST OF KAILASH
DCDC-NHI HOSPITAL

TOTAL कुल जोड़ 100

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

Signature
हस्ताक्षर