ESTIMATE

Sold to/ क्रेता ..... E 7/9/24

No./ क्रमांक ..... Dated .....

QTY. संख्या	PARTICULAR विवरण	RATE दर	AMOUNT Rs.	P.
200	10	200		
6	74	60		
			260/-	
	Thank You धन्यवाद	TOTAL		

DCDC KIDNEY CARE NOIDA DCDC YATHARTH HOSPITAL 7/9/24

E.&.O.E. भूल चूक लेनी देनी *Jatin* Signature

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