ESTIMATE Bought of / विक्रेता

Sold to / क्रेता .....

No. / क्रमांक ..... Dated 30-9-24

QTY.	PARTICULARS	RATE	AMOUNT Rs.	P.
10	Clump 1"	10	100	
10	Clump 1/2"	5	50	
			150/-	
		TOTAL		

DCDC KIDNEY CARE NOIDA DCDC-YATHARTH HOSPITAL

Ashy 30/9/2024

DCDC KIDNEY CARE NOIDA DCDC-YATHARTH HOSPITAL

Raju Thank You धन्यवाद

E. & O. E. भूल चूक लेनी देनी।

हस्ताक्षर