**CASH MEMO**
**नकद पत्र**

Brought of विक्रेता

Sold to क्रेता Conveyance

No. क्रमाँक _____ Date तिथि 26/04/13

| QNTY. संख्या | PARTICULARS विवरण | RATE दर | AMOUNT रकम ₹ | P. |
|---|---|---|---|---|
| | Conveyance | | 130 | 00 |
| | Kalra Hospital | | | |
| | to | | | |
| | Head office | | | |
| | Meeting | | | |
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| | Thank You ! धन्यवाद ! E.&.O.E. भूल-चूक लेनी देनी | जोड़ | 130 | |

DCDC KIDNEY CARE ★ KIRTI NAGAR ★ DCDC-KALRA HOSPITAL

Neelgagan • Goods once sold will not be taken back Signature हस्ताक्षर