CASH MEMO

No. क्रमांक _____ Date. तिथि 11/6/24

Sold to M/s.
क्रेता सर्वश्री DCDC Kidney Care

QNTY. संख्या	PARTICULARS विवरण	RATE दर	AMOUNT रकम Rs.	P.
	Nephralogist			
1	stemp for		350	
	Glocal			
	Hospital			
	TOTAL कुल जोड़		350	

Goods once sold will not be taken back.
E. & O. E. भूल-चूक लेनी देनी

Sonu
Signature हस्ताक्षर