APPROVAL / ESTIMATE

Name ..... J. B. H. Ambikapur .....

Address ..... 13/09/24 .....

QNTY	PARTICULARS	RATE	AMOUNT Rs.	AMOUNT P.
	Membrane Recieve from Runchi Bus & Auto fair		600	
	Thank You	TOTAL	600	

DCDC KIDNEY CARE ★ DCDC-JEEVAN JYOTI HOSPITAL ★ AMBIKAPUR

C. Signature

Signature