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	Cash/Cr B/	redit Memo ABA			Original Cop
ty L DC K	Details : KIDNEY CARE	Invoice No. Dated	: 676/2 : 28-10	2023-24 0-2023	
	the set Coods	Qty.	Unit	Price	Amount(
1. 2. 3. 4. 5.	RIM MARKER	2.00 2.00 1.00 1.00) Units Pcs. Pcs.) Units) Units) Units) Pcs.	250.00 10.00 20.00 50.00 80.00 50.00	750.0 20.0 40.0 50.0 80.0 200.0
	Grand Total	13.0	0 Units	₹	1,140
	pees One Thousand One Hundred Forty Only				1,140. +/00 Am
-	arty Last balance 0.00	eceiver's Signature			
E.& 1. (2. 1	rms & Conditions Rei & O.E. Goods once sold will not be taken back. Interest @ 18% p.a. will be charged if the payment not made with in the stipulated time. Subject to 'Haryana' Jurisdiction only.	ceiver's Signed		Authori	for BAB/ sed Signator