BILL FORM

Details of Supplier

State ______ State Code ______

Detail of Receiver

हैडगेवार हास्पताल

State ______ State Code ______

No. ______

Date 9/3/23

Receiver GSTIN ______

Quantity	Description of Product/Services	HSN Code	Rate	Value of Supply ₹	P.
10	फीनाइल		200	2000	
2	हैडवाश		250	500	
			Total	2500/-	

Thank You !

Neelgagan

- Goods once sold will not be taken back.
- Interest @ 18% P.A. will be charged if it is not paid on presentation.
- E. & O.E.

अमीत Signature