

# ESTIMATE

Date 20/4/20

M/s  
Polyclinic  
Civil Hospital

S.No.	DESCRIPTION	QTY.	RATE	AMOUNT
2	Dish Stand	1		120
1	E. Plug	1		50
			Total	170

  
Recipient Sign.

**त्रिमूर्ति**<sup>®</sup>  
सुंदरता की पहचान

Auth. Sign.