

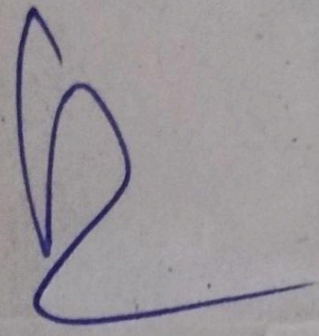
To, DEDC Health Services PVT. LTD
Parbhani General Hospital 59200

Bill No. _____ Date _____ Amount _____

Water

20

70



Signature

M/s. G. D. KULKARNI