

**NEW SHIVAMANIKANTA
PURIFIED DRINKING WATER**

Opp. RTO Office, Yellandu Road, MAHABUBABAD-506101.

S.No. **68**

Date **31/08/24**

Sri.....**DC DC H of the case**.....

Address.....**Government Hospital**.....

S.No.	PARTICULARS	Qty.	Rate	Value of Supply
1	water cans	46 cans	920	
			TOTAL	920/-

In words.....

.....Rupees only) Certified that the particulars given above are true and correct
For : **New Shivamanikanta Purified Drinking Water**

[Signature]
Authorised Signatory.