

GATE PASS

Demo Hospital

VEHICLE NO.:

DATE: 2026-04-14

DRIVER NAME:

PASS NO: SG_002

DRIVER PHONE:

SALES PERSON: ()

DRIVER ADDRESS:

REFERENCE INVOICE: DEM_2

ROUTE:

ITEMS DETAILS

S.NO	QTY	ITEM NAME	MRP	STOCK	RETURN	RATE	AMOUNT
1	98	fjk	0.000/-				₹0.00

Total Quantity: 98

TOTAL AMOUNT: ₹0.00

Prepared By

Checked By

Approved By