

## GATE PASS

# Demo Hospital

VEHICLE NO.:

DATE: 2026-04-14

DRIVER NAME:

PASS NO: SG\_004

DRIVER PHONE:

SALES PERSON: ()

DRIVER ADDRESS:

REFERENCE INVOICE: DEM\_4

ROUTE:

### ITEMS DETAILS

S.NO	QTY	ITEM NAME	MRP	STOCK	RETURN	RATE	AMOUNT
1	89	fd	0.000/-				₹0.00

Total Quantity: 89

**TOTAL AMOUNT: ₹0.00**

Prepared By

Checked By

Approved By