

## GATE PASS

# Demo Hospital

VEHICLE NO.:

DATE: 2026-04-14

DRIVER NAME:

PASS NO: SG\_005

DRIVER PHONE:

SALES PERSON: ()

DRIVER ADDRESS:

REFERENCE INVOICE: DEM\_5

ROUTE:

### ITEMS DETAILS

| S.NO | QTY | ITEM NAME | MRP     | STOCK | RETURN | RATE | AMOUNT |
|------|-----|-----------|---------|-------|--------|------|--------|
| 1    | 78  | df        | 0.000/- |       |        |      | ₹0.00  |

Total Quantity: 78

**TOTAL AMOUNT: ₹0.00**

Prepared By

Checked By

Approved By