

## GATE PASS

# Demo Hospital

VEHICLE NO.: DATE: 2026-04-14  
DRIVER NAME: PASS NO: SG\_009  
DRIVER PHONE: SALES PERSON: ()  
DRIVER ADDRESS: REFERENCE INVOICE: DEM\_9  
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