

GATE PASS

Demo Hospital

VEHICLE NO.: DATE: 2026-04-15
DRIVER NAME: PASS NO: SG_010
DRIVER PHONE: SALES PERSON: ()
DRIVER ADDRESS: REFERENCE INVOICE: DEM_10
ROUTE:

ITEMS DETAILS

| S.NO | QTY | ITEM NAME | MRP | STOCK | RETURN | RATE | AMOUNT |
|------|-----|-----------|---------|-------|--------|------|--------|
| 1 | 988 | fj | 0.000/- | | | | ₹0.00 |

Total Quantity: 988

TOTAL AMOUNT: ₹0.00

Prepared By

Checked By

Approved By