

GATE PASS

Demo Hospital

VEHICLE NO.: DATE: 2026-04-15
DRIVER NAME: PASS NO: SG_019
DRIVER PHONE: SALES PERSON: ()
DRIVER ADDRESS: REFERENCE INVOICE: DEM_20
ROUTE:

ITEMS DETAILS

S.NO	QTY	ITEM NAME	MRP	STOCK	RETURN	RATE	AMOUNT
1	878	jk	0.000/-				₹0.00

Total Quantity: 878

TOTAL AMOUNT: ₹0.00

Prepared By

Checked By

Approved By