

Paid

Sold By: Demo Hospital
55-A5, h839



Invoice

Billing Address:
hospital customer

Ph NO: 9898987676

Invoice No: DEM_8
Invoice Date: 2026-04-14

SI	ITEM DESCRIPTION	QTY	MRP	DISC	PRICE	TOTAL
1	df	78	0.000	0	0.000	0

INVOICE AMOUNT IN WORDS
Zero Rupees Only

Sub Total: ₹0.000
Rounded Off: 0
Grand Total: ₹0.000
Payment Method: Cash

This is a computer-generated invoice. No signature required.

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