

SOLD BY
Demo Hospital
55-A5, h839

Paid



INVOICE

BILLING ADDRESS

hospital customer

Ph: 9898987676

Invoice No: DEM_10

Date: 2026-04-15

Sl No	Description	Qty	Rate	Amount	Tax	Total
1	fj	988	0.000	0	0.000	0

AMOUNT IN WORDS

Zero Rupees Only

Sub Total ₹0.000

Rounded Off 0

Grand Total ₹0.000

Payment [Cash](#)

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