

Paid

SOLD BY  
Demo Hospital  
55-A5, h839



## INVOICE

BILLING ADDRESS

hospital customer

Ph: 9898987676

Invoice No: DEM\_18

Date: 2026-04-15

1	jk	878	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.