

Unpaid

Sold By: Demo Hospital
55-A5, h839



Invoice

Billing Address:

hospital vendor

Ph NO: 6787875656

Invoice No: DEM_33

Invoice Date: 2026-04-18

SI	ITEM DESCRIPTION	QTY	MRP	DISC	PRICE	TOTAL
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INVOICE AMOUNT IN WORDS

Ten Thousand Eight Hundred Rupees Only

Sub Total: ₹0.000

Rounded Off: 0

Grand Total: ₹10,800.000

Payment Method: Cash

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

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