

INVOICE No.:

## XYS Hosptal

Block No. 101, Triveni Apartments, Pitam Pura, New Delhi - 110034, India

## INVOICE

	DATE:			
CUST	OMER NAME :			
	PHONE No.:			
SR No.	Payment DESCRIPTIO	N		TOTAL
1	1000			1000
We declare that above mentioned information is true.  (This is system generated invoive) Authorised Signatory				