

INVOICE

Invoice Date: 25-04-2023 Invoice No.: Su/23-24/04/7 Track Id: Su250423035300G ApplyFor : Attestation

Bill To Name: Dr. 4 Mobile No: 6765768785 Email: grisdfdfgorda.tls@gmail.com Address: dsfdfg Ship To Name : Dr. 4 Mobile No : 6765768785 Email : grisdfdfgorda.tls@gmail.com

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#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. testttttttttt (India) Aadhar Card Address Proof Analytical Report	English Translation	46546	3	1000	3000
Total In W ords : TwentyThousand				SubTotal Courier Charge Net Amount Before Tax EmbassyFees Net Amount In INR		3000 1000 4000 16000 20000
Terms & Conditions :-				For Excellent Apostille Services,		
Term	ns & condition test My TC		Ladabjumby			
				Authorized Signature		