

PROFORMA INVOICE

Invoice Date: 30-06-2023 Invoice No.: PI/Su/23-24/06/74 Track Id: Su300623100025V ApplyFor: Apostille

Bill To Name: Dr. bhcgbn Mobile No: cbhcvb Email: grishmaborda.tls@gmail.com Address: cfbcvb Ship To Name : Dr. bhcgbn Mobile No : cbhcvb Email : grishmaborda.tls@gmail.com Address : cfbcvb

#	Name & Documents	Type Of Apostille	HSN/SAC	Qty	Rate	Amount	
1	Dr. dxfvxdf (India) Aadhar Card Additional Qualification Certificate Acceptance Letter	Apostille Legalization	46546	3	7000	21000	
Total In W ords : Twenty-One Thousand				SubTotal 210 Net Amount Before Tax 210 Net Amount In INR 210			
Terms & Conditions :-				For Excellent Apostille Services,			
Teri	Terms & condition test My TC				prsu		
					Authorized Signature		