

## PROFORMA INVOICE

Invoice Date: 30-06-2023 Invoice No.: PI/Su/23-24/06/67 Track Id: Su300623093422V ApplyFor: Attestation

Bill To Name: Dr. dfgdfg Mobile No: fgdfg Email: grishmaborda.tls@gmail.com Address: fdgdfg Ship To Name : Dr. dfgdfg Mobile No : fgdfg Email : grishmaborda.tls@gmail.com Address : fdgdfg

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#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	M/S dfgdfg (India) Aadhar Card Additional Qualification Certificate	Gujarat HRD	46546	2	7500	15000
Total In Words: Seventeen Thousand				SubTotal 150		
				Net Amount Before Tax 150		
				Embassy Fees 2000		
				Net Amount In INR 170		
Terms & Conditions :-				For Excellent Apostille Services,		
Terms & condition test MyTC				prsu		
				Authorized Signature		
				Authorized Signature		