Amount



INVOICE

Invoice Date: 26-04-2023 Track ld: Su260423095151t Invoice No. : Su/23-24/04/11 ApplyFor: Attestation

Bill 10 Name: Dr. dhruvi Mobile No: 054561654121324 Email : dhruvidhmeliya.tls@gmail.com Address : sdfdsfs d54646g

Ship To Name : Dr. dhruvi Mobile No : 054561654121324 Email : dhruvidhmeliya.tts@gmail.com

Address : sdfdsfs d54646g

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#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate			
	Dr. xvz (India)							

1	Dr. xyz (India) Aadhar Card Address Proof	English Translation	46546	2	1000	2000	
Total In Words: Eighteen Thousand				SubTotal Net Amount EmbassyFee Net Amount	2000 2000 16000 18000		
Terms & Conditions :-					For Excellent Apostille Services,		

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