

INVOICE

Invoice Date: 22-05-2023 Invoice No.: Su/23-24/05/60 Track Id: Su220523104954S ApplyFor : Attestation

Bill To Name : Dr. 456456 Mobile No : 546646456 Email : ddfg 45645645 Address : rtyrty

Ship To Name : Dr. 456456 Mobile No : 546646456 Email : ddfg 45645645 Address : rtyrty

			222 - 1-9,1-9			
#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. testtttttttt (India) Aadhar Card Additional Qualification Certificate Address Proof	Gujarat HRD	46546	3	7500	22500
Total In W ords: Twenty-Five Thousand, Five Hundred			SubTotal         225           Net Amount Before Tax         225           Embassy Fees         30           Net Amount In INR         255			
Terms & Conditions :-				For Excellent Apostille Services,		
Terms & condition test MyTC				Authorized Signature		