PROFORMA INVOICE

Invoice Date: 29-06-2023 Invoice No.: PI/Su/23-24/06/58 Track Id: Su290623055611V ApplyFor: Attestation

Bill To Name: Dr. dfgdf Mobile No: 4354564 Email: fdfchbcfbgcfgbcvb Address: ccvbcvbcv Ship To Name: Dr. dfgdf Mobile No: 4354564 Email: fdfchbcfbgcfgbcvb Address: ccvbcvbcv

#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. dxfdg (India) Adoption Certificate AFFIDAVIT	English Translation	46546	2	1000	2000
Total In W ords: Four Thousand				SubTotal 2000		
				Net Amount Before Tax 200		
				Embassy Fees 2000		
				Net Amount In INR 4000		
Terms & Conditions :-				For Excellent Apostille Services,		
Term	ns & condition test MyTC		ptsu			
				Authorized Signature		