

INVOICE

Invoice Date: 13-04-2023 Invoice No.: Su/23-24/04/66 Track Id: Su130423102616V ApplyFor: Attestation

Bill To Name : Dr. %\$%%%%%%%%%%%%% Mobile No : 956546454564 Email : dsdfsdfsdfsdfsdf@gmail.com Address : surat

Ship To Name : Dr. %\$%%%%%%%%%%%%% Mobile No : 956546454564 Email : dsdfsdfsdfsdfsdf@g mail.com Address : dsdfdf

#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount	
1	Dr. xyz (India) Address Proof Agency Agreement Acceptance Letter	English Translation	46546	3	1000	3000	
Total In Words: Nine Thousand				SubTotal			
				Net Amount Before Tax			
				Embassy Fees 6000			
				Net Amount I	n INR	9000	
Terms & Conditions :-				For Excellent Apostille Services,			
Term	ns & condition test MyTC		Julhorized Signature				