PROFORMA INVOICE

Invoice Date: 09-06-2023 Invoice No.: PI/Su/23-24/06/13 Track Id: Su100623104655V ApplyFor: Attestation

Bill To Name : Dr. sdzfsdf Mobile No : ibvngn Email : dfgdfg Address : dfgdfg Ship To Name : Dr. sdzfsdf Mobile No : ibvngn Email : dfgdfg Address : dfgdfg

#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. fghfgh (India) Aadhar Card Acceptance Letter	English Translation	46546	2	1000	2000
Total In Words: Three Thousand				SubTotal 200		
				Net Amount Before Tax 200		
				Embassy Fees 1000		
				Net Amount In INR 3		
Terms & Conditions :-				For Excellent Apostille Services,		
Terms & condition test MyTC				prsu		
					Authorized :	Signature