

PROFORMA INVOICE

Invoice Date: 30-06-2023 Invoice No.: PI/Su/23-24/06/69 Track Id: Su300623094355V ApplyFor: Attestation

Bill To Name: Dr. sdfsdf Mobile No: sdfdsf Email: tlstestmail2023@g mail.com Address: sdfg vdfg Ship To Name: Dr. sdfsdf Mobile No: sdfdsf Email: tlstestmail2023@gmail.com Address: sdfgvdfg

#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. gfhfgh (India) Aadhar Card Address Proof Acceptance Letter	Gujarat HRD	46546	3	7500	22500
Total In Words: Twenty-Four Thousand, Five Hundred				SubTotal 225 Net Amount Before Tax 225 Embassy Fees 20 Net Amount In INR 245		
Terms & Conditions :-				For Excellent Apostille Services,		
Terms & condition test MyTC				Authorized Signature		