



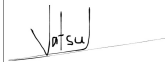
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Branch : Surat

PROFORMA INVOICE

Invoice Date : 30-06-2023 Invoice No. : PI/Su/23-24/06/72			Track Id : Su300623095405V Apply For : Attestation			
Bill To Name : Dr. sdfsd Mobile No : 345456 Email : tlstestmail2023@gmail.com Address : dfsgvdfgb			Ship To Name : Dr. sdfsd Mobile No : 345456 Email : tlstestmail2023@gmail.com Address : dfsgvdfgb			
#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. dfvdfgv (India) Additional Qualification Certificate AFFIDAVIT Acceptance Letter	English Translation	46546	3	1000	3000
Total In Words : Five Thousand				SubTotal		3000
				Net Amount Before Tax		3000
				Embassy Fees		2000
				Net Amount In INR		5000
Terms & Conditions :- Terms & condition test My TC				For Excellent Apostille Services, <div></div> Authorized Signature		