

INVOICE

Invoice Date: 07-04-2023 Invoice No.: Su/23-24/04/10 Track Id: Su070423092806t ApplyFor: Attestation

Bill To Name: Miss. 1111111111111 Mobile No: 9653214523 Email: dhruvidhameliya.tls@g mail.com Address: gdfgfd

Ship To Name: Miss. 111111111111 Mobile No: 9653214523 Email: dhruvidhameliya.tls@gmail.com

	3.3.					
#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount
1	Dr. xyz (India) Aadhar Card Address Proof Analytical Report	English Translation	46546	3	1000	3000
Total In Words: Three Thousand				SubTotal 300 Net Amount Before Tax 300 Net Amount In INR 300		
Terms & Conditions :-				For Excellent Apostille Services,		
Terms & condition test MyTC				Authorized Signature		