

## PROFORMA INVOICE

Invoice Date: 17-04-2023 Invoice No.: PI/Su/23-24/04/12 Track Id: Su170423042503t

Bill To Name : Dr. @@@@@@@ Mobile No : 054561654121324 Email : sdfsdsdfsddfsdfsd Address : sdfdsfs d54646g

ApplyFor: Attestation

Ship To Name: Dr. @@@@@@@ Mobile No: 054561654121324 Email: sdfsdsdfsddfsdfsd

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#	Name & Documents	Type Of Attestation	HSN/SAC	Qty	Rate	Amount		
1	Dr. xyz (India) Aadhar Card Address Proof Adoption Certificate	English Translation	46546	3	1000	3000		
Tota	al In Words: Twenty-Seven Thousand	SubTotal	3000					
		Net Amount I	3000					
					Embassy Fees 24			
		Net Amount In INR 270						
Terms & Conditions :-					For Excellent Apostille Services,			
Terms & condition test MyTC					Julhorized Signature			
	U							