

Bill Of Supply  
**MEDPLUS HEALTH SERVICES PVT LTD**

GSTIN No: **36AAECM9412H1ZF**, DL No: **TS/MDL/2021-77903**

State/State code: **TELANGANA / 36**, Phone: **4067006700**

Bill Of Supply Number: **MTGMV2100009796**      Booking ID: **MTGVB2100013083**      Date: **Aug 6, 2021**

Name: **G Padmavathi**

Age: **56**

Gender: **FEMALE**

Customer Address:

S.No	Description of Goods/Services	Rate	QTY	AMT
1	Vaccine Charge (Covishield)	630	1	630
2	Administration Charge	150	1	150

Total Invoice Value

(in figure):**780**

(in words):**Seven Hundred Eighty Rupees**

E OE Signature Of Authorized Person

Note: 1. Exchange Or Return NOT accepted.

CIN No: **U85110TG2006PTC051845**

CIN Address: **707, 7th Floor, 5-9-13, Taramandal Commercial Complex, Saifabad, Hyderabad, Telangana, India, 500004**