

SRIVEN ENVIRON TECHNOLOGIES

6/1/691 Kovur nagar, Anantapur,515002.

Email: tashok106@gmail.com

BMW Invoice

September-2020

Hospital Name: Chaithanya hospital

Hospital Type: Clinic Address: Guntakal

Invoice No: 2020/9/598

Cell: 9573489997

Cell: 9182726701

For Hospital

PAN: ACNFS7889L

Date:30-9-2020

BMW charges per month: 1500 **Billed Amount**: 1500

In Words: One Thousand Five Hundred Rupees Only

Remarks:

Info:Account summery for September-2020

Hospital Name	Prev Balance	BMW charges	Total Amount
Chaithanya hospital	0	1500	1500

Bank Details: AC:0659201002049 IFSC Code: CNRB0000659 | CFMS A/c no: 1000268011 | Anantapur

Main Branch

Customer Signature Subject to jurisdiction Only Authorised Signature

Regd No. 78/2020

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For Office

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