

SRIVEN ENVIRON TECHNOLOGIES

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

Email: tashok106@gmail.com

For Hospital

Cell: 9573489997

Cell: 9182726701

PAN: ACNFS7889L

BMW Invoice Regd No. 78/2020 September-2020

Hospital Name: Partha dental Hospital Hospital Type: Bedded hospital

Address: Anantapuram

Invoice No: 2020/9/57

Date :30-9-2020

Billed Amount: 1000 No of Beds: 2 **BMW** charges per month: 500

In Words: One Thousand Rupees Only

Remarks:

Info:Account summery for September-2020

Hospital Name	Prev Balance	BMW charges	Total Amount
Partha dental Hospital	0	1000	1000

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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