

SRIVEN ENVIRON TECHNOLOGIES

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

Email: tashok106@gmail.com

For Hospital

Cell: 9573489997

Cell: 9182726701

PAN: ACNFS7889L

BMW Invoice

June-2020

Hospital Name: himala

Hospital Type: Pathological laboratory

Address: tyy

Invoice No: 2020/6/9

Date: 30-6-2020

BMW charges per month: 200 **Billed Amount**: 200

In Words: Two Hundred Rupees Only

Remarks:

Info: Account summery from June-2020

Hospital Name	Prev Balance	BMW charges	Received Amount	Discount Amount	pending Amount	Payable
himala	200	200	0	0	200	400

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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BMW Invoice

June-2020

For Office

Hospital Name: himala **Invoice No**: 2020/6/9 **Address**: tyy **Date** :30-6-2020

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