



Regd No. 78/2020

SRIVEN ENVIRON TECHNOLOGIES
6/1/691 Kovur nagar, Anantapur,515002.
Email: tashok106@gmail.com

Cell : 9573489997
Cell : 9182726701
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BMW Invoice
September-2020

For Hospital

Hospital Name : CALAVARY EYE HOSPITAL, Tadipatri
Hospital Type : Clinic
Address : Tadipatri

Invoice No : 2020/9/482
Date : 30-9-2020

BMW charges per month : 1000**Billed Amount:** 1000**In Words:** One Thousand Rupees Only**Remarks:****Info:**Account summery for September-2020

Hospital Name	Prev Balance	BMW charges	Total Amount
CALAVARY EYE HOSPITAL, Tadipatri	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



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For Office

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