

Hospital Type: Clinic

SRIVEN ENVIRON TECHNOLOGIES

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

Email: tashok106@gmail.com

For Hospital

Cell: 9573489997

Cell: 9182726701

Cell: 9573489997

Cell: 9182726701

For Office

PAN: ACNFS7889L

Invoice No: 2020/9/471

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Invoice No: 2020/9/471

BMW Invoice

September-2020

Hospital Name: Sai Leela Hospital Porumamilla,

Date:30-9-2020 Address: Porumamilla, Kadapa, cell no 9440865126, 08569-285688

BMW charges per month: 800 **Billed Amount**: 800

In Words: Eight Hundred Rupees Only

Remarks:

Info: Account summery for September-2020

Hospital Name	Prev Balance	BMW charges	Total Amount
Sai Leela Hospital Porumamilla,	0	800	800

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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