

SRIVEN ENVIRON TECHNOLOGIES

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

Email: tashok106@gmail.com

For Hospital

Cell: 9573489997

Cell: 9182726701

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PAN: ACNFS7889L

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BMW Invoice September-2020

Hospital Name: Sai krishna neurocare **Hospital Type**: Bedded hospital

Address: Ananthapur

Invoice No: 2020/9/621

Date :30-9-2020

No of Beds: 10 BMW charges per month: 150 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
Sai krishna neurocare	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

Invoice No: 2020/9/621

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