

## SRIVEN ENVIRON TECHNOLOGIES

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

Email: tashok106@gmail.com

**BMW Invoice** September-2020

For Hospital

Cell: 9573489997

Cell: 9182726701

PAN: ACNFS7889L

Hospital Name: Sri Lakshmi Dental Clinic

Hospital Type: Dental hospital

Address: Proddutur

**Invoice No**: 2020/9/354

**Date** :30-9-2020

BMW charges per month: 500 Billed Amount: 500

**In Words:** Five Hundred Rupees Only

**Remarks:** 

**Info:**Account summery for September-2020

Hospital Name	Prev Balance	BMW charges	<b>Total Amount</b>
Sri Lakshmi Dental Clinic	0	500	500

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

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**BMW Invoice** 

September-2020

**Hospital Name**: Sri Lakshmi Dental Clinic Invoice No: 2020/9/354

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