



To: District Hospital (Thodupuzha)

Invoice  
ñ Creation Date: 2023-01-01  
ñ Status: PAID

| SL No       | Blood Group | Qty | Amount |
|-------------|-------------|-----|--------|
| 1           | O-ve        | 1   | 1200   |
| Amount Paid |             |     | 1200   |

Thank you for your purchase

Payment Successfull

























