

**Invoice To:**

HOPE HOSPITAL (**Corporate**)  
HOPE NEUROCARE HOSPITAL ELLISBRIDGE PALDI AHMEDABAD  
PALDI, Ahmedabad, GUJARAT

**Booking & Invoice**

Invoice No.: INV202491  
Date Issues: 21/10/2024  
Service Period: 18/10/2024 To 19/10/2024  
Invoice Start Date: 18/10/2024  
Invoice End Date: 19/10/2024

SR NO.	DESCRIPTION	PRICE	DAYS/QTY	TOTAL
1	<b>Doctor</b> 18/10/2024(Day Shift)	₹1,000	1	₹1,000
2	<b>Doctor</b> 19/10/2024(Day Shift)	₹1,000	1	₹1,000

Signature:

Subtotal: ₹2,000

Total: ₹2,000