

Invoice

Paid

Invoice No # 00020210423-A-36290

Invoice Date February 19, 2023



From

SAAI EYE HOSPITAL/DR KAVITHA.M REG NO KA59208
No.141/142 Near GJR School, AECS Layout, Kundanahalli, Bangalore, Karnataka, India - 560037
GSTIN: 29AWXPK8633Q1Z5
PAN: AWXPK8633Q
Email: saaieyehospital@gmail.com
Phone: +91 95580 55510

For

Mr.Abhilash
Bangalore, India
Email: kmabhilash111@gmail.com
Phone: +91 87926 17248

Item		Quantity	Rate	Amount
1.	Consultation	1	₹500	₹500
Consultation is valid for 15 days				

Total (in words) : FIVE HUNDRED RUPEES ONLY

Reductions ₹0

Reductions ₹0

Total (INR) ₹500

Amount Paid (₹500)

Bank Details

Account Name Kavitha M
Account Number 233805000509
IFSC ICIC0002338
Account Type Savings
Bank ICICI BANK

Payments

Date	Mode	Amount Received	Notes
Feb 19, 2023	UPI	₹500	Gpay