

# TrueMedicine

## Payment Invoice

Invoice Date: 11/3/2025  
Invoice Number: INV-#WD0002

Doctor Name: Dr. Shivendra jha  
Bank Name:  
Account Number: \*\*\*\* \* 5125  
IFSC Code:

Approved Amount: 12000  
Payment Mode: UPI  
Transaction ID: 154854145454548  
Payment Date: 11/3/2025

Admin Signature: \_\_\_\_\_  
Official Stamp: \_\_\_\_\_