

TrueMedicine

Payment Invoice

Invoice Date: 12/3/2025
Invoice Number: INV-#WD0006

Doctor Name: Dr. Shivendra jha
Bank Name:
Account Number: **** * 5512
IFSC Code:

Approved Amount: 11000
Payment Mode: Bank Transfer
Transaction ID: TXN1741772159903
Payment Date: 12/3/2025

Admin Signature: _____
Official Stamp: _____