

TrueMedicine

Payment Invoice

Invoice Date: 11/3/2025
Invoice Number: INV-#WD0003

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

Approved Amount: 12000
Payment Mode: Bank Transfer
Transaction ID: 1551541251225526
Payment Date: 11/3/2025

Admin Signature: _____
Official Stamp: _____