

# TrueMedicine

## Payment Invoice

Invoice Date: 12/3/2025  
Invoice Number: INV-#WD0005

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

Approved Amount: 11000  
Payment Mode: Bank Transfer  
Transaction ID: 46565356568556  
Payment Date: 12/3/2025

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