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| |  |  |  | | --- | --- | --- | | http://pics.minglebox.com/c34a48bb1339391469576.bac5ca15.m_image00.jpg | DIBRUGARH UNIVERSITY  School ......................................................................  Department/Center.............................................  www.dibru.ac.in | **PROFORMA INVOICE**  No.  Date: | | **Client information:**  Name:  Address:  Phone no.:  Mobile no.  Email: | | | | |  |  |  |  | | --- | --- | --- | --- | | **Billing Address** | | **Shipping Address** | | | Company: | | Company: | | | Name: | | Name: | | | Address: | | Address: | | | Phone no.: | | Phone no.: | | | Mobile no. | | Mobile no. | | | Email: | | Email: | | | Shipping Method: | | | | | **Order Information:** | | | | | **S.No.** | **Product description** | **Amount each** | **Total amount** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  | | **Sub total** |  | | **Tax** |  | | **Shipping** |  | | **Grant Total** |  | | | | | |
| **Name of Teacher/Researcher/Student who conducted the experiments** | **Signature**  **Date** |
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