

## Form for closure of purchase order

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|--------------------------------|---------|
| Data required from site/engineers:                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| PO no.:                                                                                                                                                                                                                                    | 87/37                                                                                                                                                                                                                                                                                                        | PO date: | 7/4/22                                                    | Req. no.:                      | 193033  |
| Advice Scan ID                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| MRN nos. related to PO                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Part material received.                                                                                                                                                                                                                                                                                      |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Full material received.                                                                                                                                                                                                                                                                                      |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Material not received.                                                                                                                                                                                                                                                                                       |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Close PO – Balance material will be re-ordered by new requisition.                                                                                                                                                                                                                                           |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Cancel PO. Material not required.                                                                                                                                                                                                                                                                            |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Cancel PO. Material will be re-ordered by new requisition.                                                                                                                                                                                                                                                   |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Keep PO open. Material required.                                                                                                                                                                                                                                                                             |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Keep PO open. Work under progress.                                                                                                                                                                                                                                                                           |          |                                                           |                                |         |
| Remarks by engineer: Total material delivered, close the po.                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide hardcopy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be sent by way of hard copy to Ashaiya. |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Prepared by                                                                                                                                                                                                                                | Sign                                                                                                                                                                                                                                                                                                         | Date     | Project manager                                           | Sign                           | Date    |
| A. Tanaka                                                                                                                                                                                                                                  | AP                                                                                                                                                                                                                                                                                                           | 20/4/22  | M. Ramprasad                                              | dhk                            | 20/4/22 |
| Data required from accounts:                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Checked with E&D for receipt of bills.                                                                                                                                                                                                                                                                       |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Bills not received against this PO.                                                                                                                                                                                                                                                                          |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Part bill received against this PO.                                                                                                                                                                                                                                                                          |          | Bill nos.                                                 |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | All bills received against this PO.                                                                                                                                                                                                                                                                          |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Advance paid against this PO.                                                                                                                                                                                                                                                                                |          | Amount paid                                               |                                |         |
| Remarks by Accountants:                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Notes: 1. Pos issued for false ceiling and such works may have been processed by E&D. Check before filling the above.                                                                                                                      |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Prepared by                                                                                                                                                                                                                                | Sign                                                                                                                                                                                                                                                                                                         | Date     | Accounts manager (approval required for PO more than 10k) | Sign                           | Date    |
| 20/4/22                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                              | 21/4     |                                                           |                                |         |
| Advice by MD - action to be taken by purchase:                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Get certified bill from supplier (not original).                                                                                                                                                                                                                                                             |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Prepare bill in SSLP for material supplied.                                                                                                                                                                                                                                                                  |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Get proof of delivery from site.                                                                                                                                                                                                                                                                             |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Barcoded PO missing – get certified copy from Accounts.                                                                                                                                                                                                                                                      |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Thereafter, prepare advice to credit to supplier and send to HO for processing.                                                                                                                                                                                                                              |          |                                                           |                                |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Close PO                                                                                                                                                                                                                                                                                                     |          | <input type="checkbox"/>                                  | Keep PO open. Material awaited |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Send barcoded PO to MDs desk. PO to be closed thereafter.                                                                                                                                                                                                                                                    |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Accounts to be reconciled with supplier. Suppliers ledger required from 1.4.2021.                                                                                                                                                                                                                            |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Accounts to be reconciled with supplier. Suppliers ledger required from 1.4.2020.                                                                                                                                                                                                                            |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | RMC supplier – suppliers ledger required from 1.4.2020. Process bill after thoroughly checking both the ledgers and all pour reports. Pour reports from day one to be thoroughly checked with Pos/Bills. Thereafter, prepare advice to credit to supplier and send to HO for processing. Close all open POs. |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | E&D to check receipt of bill and enter comments below.                                                                                                                                                                                                                                                       |          |                                                           |                                |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Details of material supplied and balance material to be supplied is required.                                                                                                                                                                                                                                |          |                                                           |                                |         |
| Remarks:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Prepared by                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Sign                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |
| Date                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                              |          |                                                           |                                |         |

APPROVED BY  
25 APR 2022  
SOHAM MODI  
MANAGING DIRECTOR

## Purchase Order

Page(s) 2 Of 2

20-04-2022 17:05:44

Original / Office Copy / Purchase Div.Copy

Advance Paid Nil

Other Terms Payment will be made only after inspection of material.Above material for Manhole to septic tank at C-Block work purpose.

Completion Date NA

Measurment Nil

Security Nil

Remarks Delivery at GMR Mallapur Contact Person Mr Ramprasad-8309938133.

For *Modi Reality Mallapur LLP*

Authorised Signatory

Accepted the above Terms And Conditions

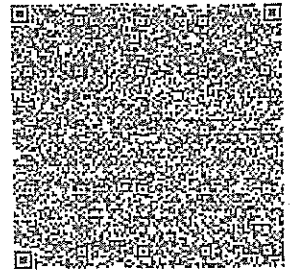
For *Dilpreet Tubes Pvt Ltd*

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

IRN : 1e3a219c876fd3ffd0c585326c97d15e19e75da56d0f-5a3b05a834acfc4e4318  
Ack No. : 112212883998220  
Ack Date : 12-Apr-22



|                                                                                                                                                                                                                                                                          |  |  |  |  |                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------------------|--|
|  <b>M/S DILPREET TUBES PVT. LTD</b><br>PLOT NO 8, I.D.A. NACHARAM<br>HYDERABAD 500 076<br>GSTIN/UID: 36AABCD6242R1Z3<br>State Name : Telangana, Code : 36<br>CIN: U27109TG2002PTC039529 |  |  |  |  | Invoice No. <b>29</b><br>e-Way Bill No. <b>151460650525</b><br>Dated <b>12-Apr-22</b> |  |
| Delivery Note<br>===                                                                                                                                                                                                                                                     |  |  |  |  | Mode/Terms of Payment                                                                 |  |
| Reference No. & Date.                                                                                                                                                                                                                                                    |  |  |  |  | Other References                                                                      |  |
| Buyer's Order No. <b>87137</b>                                                                                                                                                                                                                                           |  |  |  |  | Dated <b>7-Apr-22</b>                                                                 |  |
| Dispatch Doc No.                                                                                                                                                                                                                                                         |  |  |  |  | Delivery Note Date <b>12-Apr-22</b>                                                   |  |
| Dispatched through                                                                                                                                                                                                                                                       |  |  |  |  | Destination                                                                           |  |
| Bill of Lading/LR-RR No.                                                                                                                                                                                                                                                 |  |  |  |  | Motor Vehicle No. <b>TS08UE2617</b>                                                   |  |
| Terms of Delivery                                                                                                                                                                                                                                                        |  |  |  |  |                                                                                       |  |
| Consignee (Ship to)<br><b>MODI REALITY MALLAPUR LLP</b><br>5-4-187/3 & 4, II ND FLOOR, SOHAM MANSION,<br>MG ROAD, SECUNDERABAD-500003.<br>SITE: SURVEY NO. 19, MALLAPUR, HYDERABAD-500076.<br>GSTIN/UID : 36AAEFM1459R1ZP<br>State Name : Telangana, Code : 36           |  |  |  |  |                                                                                       |  |
| Buyer (Bill to)<br><b>MODI REALITY MALLAPUR LLP</b><br>5-4-187/3 & 4, II ND FLOOR, SOHAM MANSION,<br>MG ROAD, SECUNDERABAD-500003.<br>SITE: SURVEY NO. 19, MALLAPUR, HYDERABAD-500076.<br>GSTIN/UID : 36AAEFM1459R1ZP<br>State Name : Telangana, Code : 36               |  |  |  |  |                                                                                       |  |

| SI No. | Marks & Nos./ Container No. | Description of Goods and Services    | HSN/SAC | GST Rate | Part No. | Quantity | Rate      | per | Amount      |
|--------|-----------------------------|--------------------------------------|---------|----------|----------|----------|-----------|-----|-------------|
| 1      | LOOSE                       | STEEL TUBES - 730630                 | 730630  | 18 %     |          | 0.530 MT | 90,000.00 | MT  | 47,700.00   |
|        |                             | FREIGHT Collection / Loading Charges | 9965    | 18 %     |          |          |           |     | 2,500.00    |
|        |                             | CGST Output @ 9%                     |         |          |          |          |           |     | 4,518.00    |
|        |                             | SGST Output @ 9%                     |         |          |          |          |           |     | 4,518.00    |
| Total  |                             |                                      |         |          |          | 0.530 MT |           |     | ₹ 59,236.00 |

Amount Chargeable (in words) E. & O.E  
**Indian Rupees Fifty Nine Thousand Two Hundred Thirty Six Only**

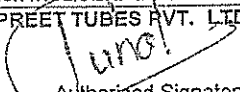
| HSN/SAC | Taxable Value | Central Tax |          | State Tax |          | Total Tax Amount |
|---------|---------------|-------------|----------|-----------|----------|------------------|
|         |               | Rate        | Amount   | Rate      | Amount   |                  |
| 730630  | 47,700.00     | 9%          | 4,293.00 | 9%        | 4,293.00 | 8,586.00         |
| 9965    | 2,500.00      | 9%          | 225.00   | 9%        | 225.00   | 450.00           |
| Total   |               |             | 4,518.00 |           | 4,518.00 | 9,036.00         |

Tax Amount (in words) : **Indian Rupees Nine Thousand Thirty Six Only**

Company's PAN : AABCD6242R

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details  
 Bank Name : AXIS BANK LTD .  
 A/c No. : 917030062563088  
 Branch & IFS Code: CORPORATE BANKING BRANCH-HYDERABAD & UTIB0001634  
 for M/S DILPREET TUBES PVT. LTD

  
 Authorised Signatory

This is a Computer Generated Invoice