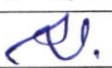


PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                        |                               |                                                                                                                                                                 |             |                                                                     |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|------------------|
| Date: 29.03.23                                                                                                                                                                                                                         |                               | Prepared by V. RAVI                                                                                                                                             |             | Serial no. 16055                                                    |                  |
| Supplier name Modi Properties Pvt Ltd                                                                                                                                                                                                  |                               | HO inward no.                                                                                                                                                   |             |                                                                     |                  |
| Firm/Company SCLP                                                                                                                                                                                                                      |                               | Project SCLP                                                                                                                                                    |             | HO received date                                                    |                  |
| PO/WO date 04.11.22                                                                                                                                                                                                                    |                               | PO/WO No. 93616                                                                                                                                                 |             | Scan ID.                                                            |                  |
| Sl no.                                                                                                                                                                                                                                 | Bill no.                      | Bill date                                                                                                                                                       | Bill amount | Original attached                                                   |                  |
| 1.                                                                                                                                                                                                                                     | 1029                          | 28.03.23                                                                                                                                                        | 67,323.00   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| 2.                                                                                                                                                                                                                                     |                               |                                                                                                                                                                 | /           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| 3.                                                                                                                                                                                                                                     |                               |                                                                                                                                                                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| 4.                                                                                                                                                                                                                                     |                               |                                                                                                                                                                 |             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| Amount A – Bills total (Excluding Transport & Hamali Charges):                                                                                                                                                                         |                               |                                                                                                                                                                 |             | 67,323.00                                                           |                  |
| Proof of delivery by way of: <input type="checkbox"/> DCs/bill <input type="checkbox"/> Steel report <input type="checkbox"/> RMC pour report <input type="checkbox"/> Solid block report <input type="checkbox"/> Installation report |                               |                                                                                                                                                                 |             |                                                                     |                  |
| MRN nos.: 113766                                                                                                                                                                                                                       | Proof of delivery matches MRN |                                                                                                                                                                 |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| Amount B – Other Credits : Transportation charges                                                                                                                                                                                      |                               |                                                                                                                                                                 |             | -                                                                   |                  |
| Amount C – Other Debits :                                                                                                                                                                                                              |                               |                                                                                                                                                                 |             | -                                                                   |                  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:                                                                                                                                                                            |                               |                                                                                                                                                                 |             | 67,323.00                                                           |                  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |                               |                                                                                                                                                                 |             | 67,323.81                                                           |                  |
| Amount F – Difference (A – E):                                                                                                                                                                                                         |                               |                                                                                                                                                                 |             | 0.81                                                                |                  |
| Quantity received as per PO / WO                                                                                                                                                                                                       |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Part received |             |                                                                     |                  |
| Close PO / WO                                                                                                                                                                                                                          |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |             |                                                                     |                  |
| Payment – due date                                                                                                                                                                                                                     |                               | 30.03.23                                                                                                                                                        |             |                                                                     |                  |
| Remarks: find bill & close this PO                                                                                                                                                                                                     |                               |                                                                                                                                                                 |             |                                                                     |                  |
|                                                                                                                                                                                                                                        |                               |                                                                                                                                                                 |             |                                                                     |                  |
| Approved by                                                                                                                                                                                                                            | Purchase Officer              | Purchase Manager                                                                                                                                                | M D         | Accountant                                                          | Accounts Manager |
| Name:                                                                                                                                                                                                                                  |                               | V. RAVI                                                                                                                                                         |             |                                                                     |                  |
| Sign:                                                                                                                                                                                                                                  |                               |                                                                              |             |                                                                     |                  |
| Date                                                                                                                                                                                                                                   |                               | 29-03-23                                                                                                                                                        |             |                                                                     |                  |
| Approval limit                                                                                                                                                                                                                         | Upto 20k                      | Above 20k                                                                                                                                                       | Above 100k  | Upto 20k                                                            | Above 20k        |

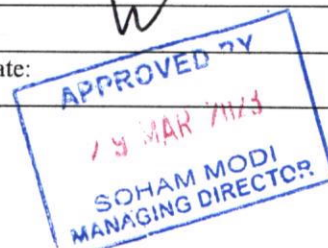
Notes: 1. In case amount to be credited to supplier and the bills total does not match, accountants to prepare JV for debit or credit. 2. This set should only have 5 documents i.e., advice to credit to supplier, original bill, proof of delivery, original purchase order with barcode, original requisition. 3. Do not attach additional documents like weighment slips, RMC batch reports, duplicate documents, Eway bills, test reports, etc. 4. In Amount A, exclude transport, Hamali charges, etc., and instead include in Amount B. 5. This report must reach HO within one working day of approval by purchase officer/purchase manager.



Form for closure of purchase order

To, Sangeetha Mam

|                                                                                                                                                                                                                                     |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------|--------------------------------------------------------|
| PO no.:                                                                                                                                                                                                                             | 93616                                                  | PO date:                                                                            | 04/11/22                                               | Req. no.:                               | 170358                                                       | Advice Scan ID |                                                        |
| Barcoded PO available                                                                                                                                                                                                               | <input type="checkbox"/> Y/ <input type="checkbox"/> N | Invoice original available                                                          | <input type="checkbox"/> Y/ <input type="checkbox"/> N | <input type="checkbox"/> Copy available |                                                              | POD available  | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
| Data required from site/engineers:                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| MRN nos. related to PO                                                                                                                                                                                                              | 113766.                                                |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| <input type="checkbox"/> Part material received.                                                                                                                                                                                    |                                                        | <input checked="" type="checkbox"/> Full material received.                         |                                                        |                                         | <input type="checkbox"/> Material not received.              |                |                                                        |
| <input checked="" 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: Full material received.                                                                                                                                                                                        |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide scanned copy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be scanned and sent to Ravi. |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Prepared by: MINISH                                                                                                                                                                                                                 |                                                        | Sign: [Signature]                                                                   |                                                        |                                         | Date: 16/03/2023.                                            |                |                                                        |
| 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.                        |                                                        |                                         | <input type="checkbox"/> All bills received against this PO. |                |                                                        |
| <input type="checkbox"/> Advance paid against this PO                                                                                                                                                                               |                                                        | Amount paid:                                                                        |                                                        |                                         | Date of payment:                                             |                |                                                        |
| Details of part bill received:                                                                                                                                                                                                      |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                               | Bill date                                                                           | Bill amount                                            | Cr. given to supplier                   |                                                              |                |                                                        |
| 1.                                                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| 2.                                                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| 3.                                                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Prepared by: Sangeetha                                                                                                                                                                                                              |                                                        | Sign: [Signature]                                                                   |                                                        |                                         | Date: 28/3/2023                                              |                |                                                        |
| Notes: 1. POs/WOs issued for turnkey works - may have been processed by E&D. Check before filling the above.                                                                                                                        |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Prepared by:                                                                                                                                                                                                                        |                                                        | Sign:                                                                               |                                                        |                                         | Date:                                                        |                |                                                        |
| Remarks by Ravi + details of bills to be approved:                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                               | Bill date                                                                           | Bill amount                                            | MRN no.                                 |                                                              |                |                                                        |
| 1.                                                                                                                                                                                                                                  | 1029                                                   | 28.03.23                                                                            | 67,323-00                                              | 113766.                                 |                                                              |                |                                                        |
| 2.                                                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| 3.                                                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Remarks: Need MD's Approval for enclosed certified True copy.                                                                                                                                                                       |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Prepared by: Ravi                                                                                                                                                                                                                   |                                                        | Sign: [Signature]                                                                   |                                                        |                                         | Date: 28.03.23                                               |                |                                                        |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| <input type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                           |                                                        | <input checked="" type="checkbox"/> Prepare bill in SSLLP for material supplied.    |                                                        |                                         |                                                              |                |                                                        |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                 |                                                        | Thereafter, prepare advice for credit to supplier and send to Soham for processing. |                                                        |                                         |                                                              |                |                                                        |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                 |                                                        | Close PO                                                                            |                                                        |                                         | <input type="checkbox"/> Keep PO open. Material awaited      |                |                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                            |                                                        | Accounts to be reconciled with supplier. Get supplier's ledger.                     |                                                        |                                         |                                                              |                |                                                        |
| Remarks:                                                                                                                                                                                                                            |                                                        |                                                                                     |                                                        |                                         |                                                              |                |                                                        |
| Approved by: Soham                                                                                                                                                                                                                  |                                                        | Sign:                                                                               |                                                        |                                         | Date:                                                        |                |                                                        |



Recd po close

DELIVERY CHALLAN

**M/s. MODI PROPERTIES PVT. LTD.**

H.O. # 5-4-187/3 & 4, II Floor, Soham Mansion, M.G. Road, Secunderabad - 500 003.  
Tel : 040 - 6633 5551

Site Office: Sy. No.82/1, Mallapur, Main Road, Hyderabad - 500 076.

GST : 36AABCM4761E1ZM

M/s Summit Housing LLP

DC No. : 1028

Date : 28/3/23

Site Cherthipally, Behind Kind Stone  
PI College, Hyd

Vehicle No. : TS290 9649

P.O. / W.O. No. : 93616

P.O. / W.O. Date : 4/11/22

| Sl. No. | PARTICULARS                                        | Quantity |
|---------|----------------------------------------------------|----------|
| 1       | Eco drain Pipe - Single Socket pipe 160D x 6000 Lm | 3.00     |
| 2       | PVC - Rigid pipe - 6 Kgs Pressure - 6 In - length  | 3.00     |
| 3       | PVC Rigid Pipe - 100mm length                      | 4.00     |
| 4       | Sanitary CP - Corroded flush Tank (76 litre)       | 11.00    |
| 5       | Fan Box - 25mm                                     | 50.00    |
| 6       |                                                    |          |
| 7       |                                                    |          |
| 8       |                                                    |          |
| 9       |                                                    |          |
| 10      |                                                    |          |
| 11      |                                                    |          |
| 12      |                                                    |          |
| 13      |                                                    |          |
| 14      |                                                    |          |
| 15      |                                                    |          |
| 16      |                                                    |          |

Received the above materials in good condition.

Received by :

Date :

Stamp:

Devarida  
28/3/23

For M/s. Modi Properties Pvt. Ltd.

*[Signature]*

Authorised Signatory

# Purchase Order



93616

01.11.22 2:52:15

Page(s) 1 Of 1

08-11-2022 10:58:39 AM

Or

From Company : **Summit Sales LLP**  
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7

## Supplier Details

Modi Properties Pvt Ltd  
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003

**GSTIN** 36AABCM4761EZM  
040-66335551

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 93616      | 170358 |
| <b>Doc Date</b>   | 04-11-2022 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 02-11-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Narendar Reddy**

Purchase Order for the Supply of following Items.

| Item Name                                                                         | Qty   | Rate     | Dis%  | GST   | Amount           |
|-----------------------------------------------------------------------------------|-------|----------|-------|-------|------------------|
| 1 522600 - PLUM-Plumbing - Eco drain pipe-Single Socket Pipe - 160DX6000LMM - Nos | 3.00  | 2,508.76 | 0.00  | 18.00 | 8,881.01         |
| 2 7254 - Plumbing - PVC - Rigid Pipe -6Kgs Pressure - 6 In - lengths              | 3.00  | 2,391.00 | 40.00 | 18.00 | 5,078.48         |
| 3 996100 - PLUM-Plumbing - PVC-Rigid-Pipe- - 100mm - Length                       | 4.00  | 1,804.00 | 0.00  | 18.00 | 8,514.88         |
| 4 987100 - SACP-Sanitary-CP - Conceled Flush Tank--Gebritte - - - Nos             | 11.00 | 6,400.00 | 48.00 | 18.00 | 43,197.44        |
| 5 889300 - ELCD-Electrical - Fan box -PVC- - 25mm - Nos                           | 50.00 | 28.00    | 0.00  | 18.00 | 1,652.00         |
| <b>Total Order Value . . .</b>                                                    |       |          |       |       | <b>67,323.81</b> |

Rupees : Sixty Seven Thousand Three Hundred Twenty Three and Paise Eighty One Only.

## Terms and Conditions :-

**Specification /** All items shall be of Supreme brand/company

**Payment Terms** After Delivery & Production of bill

**Tax** Inclusive of all taxes

**Delivery Date** Next Working Day.

**Delivery Location** Summit Housing LLP  
Cherlapally, Behind Kingston PG college, Hyderabad  
Phone. 9618244433, Hamendra

**Penalty For Delay** Nil

**Transportation** Transport cost shall be borne by us.

**Warranty** Nil

**Advance Paid** NA

**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for excess material received from Mpl (gate pass no 4096)

**Completion Date** NA

**Measurment** NA

**Security** Nil

**Remarks** Original invoice + copy of proof of delivery is required to process invoice for payment. Do not send original invoice to site. Original invoice must be sent to HO office or purchase site office. proof delivery/ Dc can e sent by email.

**APPROVED BY**  
**09 NOV 2022**  
**SOHAM MODI**  
**MANAGING DIRECTOR**

**For MDs APPROVAL**  
☒ High Value/quantity beyond limits.  
☐ Po/Req. processed-post approval.  
☐ Approval for technical details/clarification  
☐ Replenishing SSLP stock  
☐ Other

*Received*

For **Summit Sales LLP**

Authorised Signatory

Name :

*08/11/22*

Accepted the above Terms And Conditions

For **Modi Properties Pvt Ltd**

Name :

Date : / /

| Requisition Form               |                                                                       | Company Name:                                                |        | SSLP         |                       |           |           |             |
|--------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------|--------|--------------|-----------------------|-----------|-----------|-------------|
| Site & Phase :                 |                                                                       | SHLLP                                                        |        |              |                       |           |           |             |
| Unit No./Block No.             |                                                                       |                                                              |        |              |                       |           |           |             |
| Supplier:                      |                                                                       |                                                              |        |              |                       |           |           |             |
| Material required before date: |                                                                       |                                                              |        |              |                       |           |           |             |
| S No                           | Item                                                                  | Req. No.                                                     | ID No. | Qty required | Qty available at site | Order Qty | Inward No | Inward Date |
| 1                              | PLUM5226-Plumbing-Eco drain pipe-Single Socket Pipe--160DX6000LMM-Nos |                                                              | 170358 | 3            | 81194                 | 3         |           |             |
| 2                              | PLUM2437-Plumbing-PVC-SWR-Cleansing Pipe--160MM-Nos                   |                                                              |        | 3            |                       | 3         |           |             |
| 3                              | PLUM9961-Plumbing-PVC-Rigid-Pipe--160MM-Nos                           |                                                              |        | 4            |                       | 4         |           |             |
| 4                              | SACP9871-Sanitary-CP-Concealed Flush Tank--Gebritte--Nos              |                                                              |        | 11           |                       | 11        |           |             |
| 5                              | ELEC8893-Electrical-Fan box -PVC--25MM-Nos                            |                                                              |        | 50           |                       | 50        |           |             |
| 6                              |                                                                       |                                                              |        |              |                       |           |           |             |
| 7                              |                                                                       |                                                              |        |              |                       |           |           |             |
| 8                              |                                                                       |                                                              |        |              |                       |           |           |             |
| 9                              |                                                                       |                                                              |        |              |                       |           |           |             |
| 10                             |                                                                       |                                                              |        |              |                       |           |           |             |
| Remarks:                       |                                                                       | For excess material recieved from MPL( gate pass no : 4096 ) |        |              |                       |           |           |             |
| Engineer                       |                                                                       |                                                              |        |              |                       |           |           |             |
| Prepared By:                   |                                                                       | Ashajyothi                                                   |        |              |                       |           |           |             |
| Approved By:                   |                                                                       | Minish                                                       |        |              |                       |           |           |             |
| Sign & Date:                   |                                                                       |                                                              |        |              |                       |           |           |             |

Project Manager

**APPROVED**

08 NOV 2022

Purchase

MINISH PARIKH  
MANAGER PROCUREMENT

MD

## TRANSIT INVOICE

M/s. MODI PROPERTIES  
PVT. LTD.

# 5-4-187/3 & 4, II Floor,  
Soham Mansion, M.G. Road,  
Secunderabad - 500 003.

GSTIN UIN: 36AABCM4761E1ZM

Invoice No.

1029

Date:

28/3/23

DC No.

1028

DC Date:

28/3/23

Purchase Order No.

93616

P.O. Date:

4/4/22

Recipient Name:

Summit Housing LLP

Mobile No:

1029

Recipient Address:

Cherlapally, Behind Kond Stone PG College  
Hyd.

GST:

36AABCM4761E1ZM

PAN:

Email:

| Sl. No. | Description of Goods & Services    | HSN Code | GST Rate | Quantity | Rate | Amount             |
|---------|------------------------------------|----------|----------|----------|------|--------------------|
| 1       | Eco plastic pipe - Single socket   |          |          | 3        | 2508 | 7524               |
| 2       | Rigid pipe - 6kg premium           |          |          | 3        | 2391 | 7173 <sup>40</sup> |
| 3       | Pvc rigid pipe 100mm length        |          |          | 21       | 1804 | 7216               |
| 4       | Sanitary CP - Concealed flush tank |          |          | 11       | 6400 | 7040 <sup>48</sup> |
| 5       | Fan Box                            |          |          | 50       | 28.  | 1400               |
| 6       |                                    |          |          |          |      |                    |
| 7       |                                    |          |          |          |      |                    |
| 8       |                                    |          |          |          |      |                    |
| 9       |                                    |          |          |          |      |                    |
| 10      |                                    |          |          |          |      |                    |
| 11      |                                    |          |          |          |      |                    |
| 12      |                                    |          |          |          |      |                    |
| 13      |                                    |          |          |          |      |                    |
| 14      |                                    |          |          |          |      |                    |

Transportation Charges

63713

Hamali charges

CGST 9%

SGST 9%

Total

67393.81

Amount (in words)

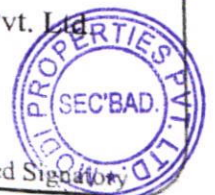
Sixty Seven thousand three Hundred twenty three and  
Paise Eight one only

For M/s. Modi Properties Pvt. Ltd.

E. & O.E

"TRUE COPY"

Authorised Signatory



Subject to Hyderabad Jurisdiction.