

**Weekly - Petty cash /expense card statement.**

|                          |                  |                                                                                                                                                                                                                                         |                               |                  |               |          |
|--------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------|---------------|----------|
| Name                     | AMTZ             | Statement date                                                                                                                                                                                                                          | 16-05-2025                    |                  |               |          |
| Prepared by              | Bhavani          | Sign                                                                                                                                                                                                                                    |                               |                  |               |          |
| From period              | 08-05-2025       | To period                                                                                                                                                                                                                               | 14-05-2025                    |                  |               |          |
| Sl No                    | Debit to company | Debit to project                                                                                                                                                                                                                        | Description of expense        | Amount           | Bill enclosed | GST bill |
| 1.                       | AMTZ             | AMTZ                                                                                                                                                                                                                                    | A Plus hospitals              | 920.00           | 0Y 0N         | 0Y 0N    |
| 2.                       | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Indian opticals               | 2500.0           | 0Y 0N         | 0Y 0N    |
| 3.                       | AMTZ             | AMMS801                                                                                                                                                                                                                                 | Maha laxmi plywood&hardware   | 1259.0           | 0Y 0N         | 0Y 0N    |
| 4.                       | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Geetha restaurant             | 435.00           | 0Y 0N         | 0Y 0N    |
| 5.                       | AMTZ             | AMtz                                                                                                                                                                                                                                    | First &clinic                 | 250.00           | 0Y 0N         | 0Y 0N    |
| 6.                       | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Suren foods                   | 2090.0           | 0Y 0N         | 0Y 0N    |
| 7.                       | AMTZ             | AMMS801                                                                                                                                                                                                                                 | Sri simhadri enterprises      | 1341.0           | 0Y 0N         | 0Y 0N    |
| 8.                       | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Registration office           | 520.00           | 0Y 0N         | 0Y 0N    |
| 9.                       | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Puncture shop                 | 150.00           | 0Y 0N         | 0Y 0N    |
| 10.                      | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Swiggy                        | 368.00           | 0Y 0N         | 0Y 0N    |
| 11.                      | AMTZ             | AMTZ                                                                                                                                                                                                                                    | Wal mart india pvt.ltd        | 504.00           | 0Y 0N         | 0Y 0N    |
| 12.                      | AMTZ             | AMTZ                                                                                                                                                                                                                                    | P.B Sivakumar slab allowances | 500.00           | 0Y 0N         | 0Y 0N    |
| 13.                      |                  |                                                                                                                                                                                                                                         | TOTAL=                        | 10837/-          |               |          |
| Amount to be credited by |                  | <input type="checkbox"/> Transfer to Haapay card, <input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c.<br><input type="checkbox"/> Other: |                               |                  |               |          |
| Project Manager          |                  | Accountant                                                                                                                                                                                                                              |                               | Accounts Manager |               | M.D      |

| DEBIT VOUCHER               |                                                                               |                |                     |
|-----------------------------|-------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE Pvt Ltd                                                  |                |                     |
| Project                     | AMTZ                                                                          |                |                     |
| Voucher no.                 |                                                                               |                |                     |
| Account head                |                                                                               |                |                     |
| credit to                   | A PLUS HOSPITALS                                                              |                |                     |
| Towards/description of work | Towards amount paid to First aid clinic for labour injury<br>BILL NO - 125517 |                |                     |
| Location of work            |                                                                               |                |                     |
| Period                      | From:                                                                         | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 920/-                                                                         |                |                     |
| Amount in words             | Nine hundred twenty rupees only/-                                             |                |                     |
| Mode of payment             | Cheque/trf no.                                                                | Date           | Bank                |
|                             | Bank Payment                                                                  |                |                     |
| Prepared by                 | Approved by                                                                   | Receivers name | Receivers signature |
| Blawari                     | <i>[Signature]</i> 15/5/25                                                    | Bhavani        | <i>[Signature]</i>  |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

*[Handwritten Signature]* 15/5/25

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS

**A PLUS HOSPITALS**  
D.NO:31-12-8, Kurmannapalem, Visakhapatnam-530 046  
+91 7901396514

## OUT PATIENT SERVICE / INVESTIGATION BILL-CUM RECEIPT



UMR ID/Number : APLUSS/107130  
Patient Name : DHINA NATH  
Gender / Age : Male / 28Years  
F/o/D/o/G/o : NOT MENTION  
Mobile No : 9676590846  
Address : KURMANNAPALEM

Date : 09-May-2025 04:35 PM  
OP Number : OP/3/2025/05/09/003  
Validate Upto : 16-May-2025  
Consultant Name : Dr. P. MANOHAR  
Reference By : SELF  
Payment Type : Cash

| S.No                | INVESTIGATION(S)           | CHARGES |
|---------------------|----------------------------|---------|
| 1                   | CONSULTANT FEE             | ₹ 300   |
| 2                   | OP NURSING AND MED RECORDS | ₹ 0     |
| Total Amount: ₹ 300 |                            |         |
| Discount: ₹ 0       |                            |         |
| Net Amount: ₹ 300   |                            |         |

Issued by: -Original

**INWARD**

Admitted No. 02 Dt. 16/05/25

MRN No.                      Sign                     

Received By:                     

**ANANT MEDPOLIS SQUARE PVT. LTD.**



**A PLUS HOSPITALS**

# VENKATA SAI SREE DHANVANTARY MEDICALS

D.No: 31-12-8, MAIN ROAD, KURMANAPALEM, VISAKHAPATNAM - 530 046.  
 D.L. Number : 2018 & 2113 J.O. No. FORM 20:AP/03/02/2015-126927 FORM 21:AP/03/02/2015-126928  
 Phone: 7901393814

GSTIN: 37AJOPK5560C1Z4

GST INVOICE

Invoice No. INV - 125517

Patient Name : DHINA NATH  
 Doctor : Dr. P. MANOHAR

Mobile No : 0000  
 Reference By : SELF

Date : 09/05/2025  
 Generated By : Dispenser

| S.NO  | PARTICULARS                | BATCH      | EXP.    | M.R.P. | QTY    | RATE   | DIS% | TAX AMT  | GST% | AMOUNT     |
|-------|----------------------------|------------|---------|--------|--------|--------|------|----------|------|------------|
| 1     | MEGACELO P                 | MCT25005SL | 12/2026 | 9.85   | 6      | 59.10  | 5%   | 50.13    | 12%  | ₹ 56.15    |
| 2     | CHYMOKEM FORTE-TAB         | CYE2500IES | 12/2026 | 20.80  | 6      | 124.80 | 5%   | 105.86   | 12%  | ₹ 118.56   |
| 3     | OCCRAB-DSR CAP             | 0125       | 08/2026 | 11.70  | 3      | 35.19  | 5%   | 29.77    | 12%  | ₹ 33.35    |
| 4     | PODOXIM CV 200             | MPQAU30    | 04/2026 | 36.00  | 6      | 216.00 | 5%   | 183.21   | 12%  | ₹ 205.20   |
| 5     | ABHAYTOX 0.5 ML            | KN24023    | 03/2027 | 13.08  | 1      | 13.08  | 5%   | 11.83    | 5%   | ₹ 12.43    |
| 6     | DOLOKIND AQUA AMP          | E8AQX056   | 10/2026 | 39.76  | 1      | 39.78  | 5%   | 33.74    | 12%  | ₹ 37.19    |
| 7     | MUPITAX 5GM                | OM434      | 11/2026 | 113.60 | 1      | 113.60 | 5%   | 96.36    | 12%  | ₹ 107.92   |
| 8     | DORA SYRINGES 2CC          | R2429      | 11/2027 | 10.50  | 2      | 21.00  | 5%   | 17.81    | 12%  | ₹ 19.95    |
| 9     | EXAMINATION GLOVES GLOVERA | 122024     | 11/2029 | 15.00  | 2      | 30.00  | 5%   | 25.45    | 12%  | ₹ 28.50    |
| Total |                            |            |         |        | 28 Nos | 652.46 |      | ₹ 332.62 |      | ₹ 619.84/- |

Amount In Words : Six Hundred And Twenty Rupees Only.  
 TOTAL QTY : 28 | TOTAL ITEMS : 9 | PAYMENT TYPE : CASH  
 Cash: ₹ 619 Card: ₹ 0 UPI: ₹ 0

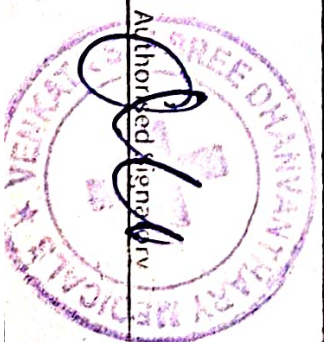
TAXABLE AMOUNT : ₹ 554.17/-  
 CGST AMOUNT : ₹ 32.84/-  
 SGST AMOUNT : ₹ 32.84/-  
 Total GST : ₹ 65.67/-

DISCOUNT : ₹ 32.62/-  
 GRAND AMOUNT : ₹ 619.84/-  
 NET PAYABLE AMOUNT : ₹ 620.00/-

**Terms and Conditions:**

- \*All disputes subject to BILLING ADDRESS Jurisdiction only.
- \*Medicines Without Batch No, Expiry Date & Fridged Items will not be taken into bill.
- \*Please Consult Doctor before use of medicine.
- | \*\*\* GET WELL SOON \*\*\* |

అంబులెన్స్ ఛార్జీలు మరియు డెలివరీ ఛార్జీలు వేరైనవి. వీటిని బిల్లోను నమోదు చేయబడవు.



| DEBIT VOUCHER               |                                                                                                |                |                     |
|-----------------------------|------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE Pvt Ltd                                                                   |                |                     |
| Project                     | AMTZ                                                                                           |                |                     |
| Voucher no.                 |                                                                                                |                |                     |
| Account head                |                                                                                                |                |                     |
| credit to                   | INDIAN OPTICALS                                                                                |                |                     |
| Towards/description of work | Towards amount paid to Indian opticals purchasing of specs for soham sir <i>Bill no - 2526</i> |                |                     |
| Location of work            |                                                                                                |                |                     |
| Period                      | From:                                                                                          | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 2500/-                                                                                         |                |                     |
| Amount in words             | Two thousand five hundred rupees only/-                                                        |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                 | Date           | Bank                |
|                             | Bank Payment                                                                                   |                |                     |
| Prepared by                 | Approved by                                                                                    | Receivers name | Receivers signature |
| <i>Bhawan?</i>              | <i>[Signature]</i> 16/5/25                                                                     | Bhavani        | <i>Bhawan</i>       |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

*P.S. Varma*  
15/5/2025

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS

# Indian Opticals

PERSONAL

**Kurmannapalem**  
S A C Complex Kurmannapalem Visakhapatnam  
530046  
Email : indopt.wrh@gmail.com  
Mobile : 8008785786

Receipt No : KURM-2526-REC-2687  
Receipt Date : 12/5/2025  
Order No : KURM-2526-SO-1616  
Order Date : 12/5/2025  
Delivery Date : 13/5/2025 7:30:00PM  
SR : Jelani Jelani

Name : Sultan .

Mobile : 9652492010

GST NO :

Address : .....

| Sr. No                                                                                                                                                                                                                                                                             | HSN Code   | Description                  | Qty  | Price   | Total          | Dis. Amt. | Taxable Amount | SGST %     | SGST   | CGST %  | CGST   | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|------|---------|----------------|-----------|----------------|------------|--------|---------|--------|---------|
| 1                                                                                                                                                                                                                                                                                  | 9003 11 00 | DR HARMANN'S-MULTIFOCAL ASO- | 1.00 | 3150.00 | 3150.00        | 650.00    | 2232.14        | 6.00       | 133.93 | 6.00    | 133.93 | 2500.00 |
| <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: center; font-weight: bold;">INWARD</p> <p>Inward No. <u>08</u> Dt: <u>18/06/25</u></p> <p>MRN No: Dt: <u>18/06/25</u></p> <p>Received By: <u>So adha</u> Sign <u>Sureshbabu</u></p> </div> |            |                              |      |         |                |           |                |            |        |         |        |         |
| Other Charges                                                                                                                                                                                                                                                                      |            |                              |      | 0.00    | Total Quantity | :         | 1.00           | Total SGST | :      | 133.93  |        |         |
| Advance                                                                                                                                                                                                                                                                            |            |                              |      | 2500.00 | Total Price    | :         | 3150.00        | Total CGST | :      | 133.93  |        |         |
| Total Receipt                                                                                                                                                                                                                                                                      |            |                              |      | 2500.00 | Total Discount | :         | 650.00         | Rounding   | :      | 0.00    |        |         |
| Balance                                                                                                                                                                                                                                                                            |            |                              |      | 0.00    | Taxable Amount | :         | 2232.14        | Net Amount | :      | 2500.00 |        |         |

## Terms & Conditions

->Goods once sold can not be taken back

GST No : 37ADSPR9029F1ZW

For Indian Opticals

8

| DEBIT VOUCHER               |                                                                                                               |                |                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE 801 Pvt Ltd                                                                              |                |                     |
| Project                     | AMS801                                                                                                        |                |                     |
| Voucher no.                 |                                                                                                               |                |                     |
| Account head                |                                                                                                               |                |                     |
| credit to                   | Mahalaxmi plywood & hardware                                                                                  |                |                     |
| Towards/description of work | Towards amount paid to maha laxmi plywood & hardware for (Axal 166) purchasing of fevicol & gum, Bill No - 38 |                |                     |
| Location of work            |                                                                                                               |                |                     |
| Period                      | From:                                                                                                         | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 1259/-                                                                                                        |                |                     |
| Amount in words             | One thousand two hundred fifty nine rupees only/-                                                             |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                                | Date           | Bank                |
|                             | Bank Payment                                                                                                  |                |                     |
| Prepared by                 | Approved by                                                                                                   | Receivers name | Receivers signature |
| Bhevari                     | <i>[Signature]</i> 16/5/25                                                                                    | Bhavani        | Bhevari             |

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*P.S. Varma*  
16/5/25

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS

**CASH / CREDIT BILL**

**Cell : 7073652470**

**8688886405**



# MANALAKSHMI PLYWOOD & HARDWARE

## (HARDWARE, PLAYWOOD & GLASS)

**#31-25-27/5/6, Rani Paradise, Duvvada Station Road, Opp. Mahalakshmi Etc-H/W  
Kurmannapalem, Visakhapatnam-530 046.**

No. 38

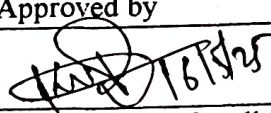
Name: Ans 80/

Date 9/5/25

## Address

Party GSTIN No.

[illegible]

| DEBIT VOUCHER               |                                                                                                       |                |                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE Pvt Ltd                                                                          |                |                     |
| Project                     | AMTZ                                                                                                  |                |                     |
| Voucher no.                 |                                                                                                       |                |                     |
| Account head                |                                                                                                       |                |                     |
| credit to                   | GEETHA RESTAURANT                                                                                     |                |                     |
| Towards/description of work | Towards amount paid to Geetha restaurant refreshment during slab 6B Casting on 13-05-25. Bill no-1226 |                |                     |
| Location of work            |                                                                                                       |                |                     |
| Period                      | From: 08-05-25                                                                                        | To: 14-05-25   |                     |
| Amount in Rs.               | 435/-                                                                                                 |                |                     |
| Amount in words             | Four hundred thirty five rupees only/-                                                                |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                        | Date           | Bank                |
|                             | Bank Payment                                                                                          |                |                     |
| Prepared by                 | Approved by                                                                                           | Receivers name | Receivers signature |
| Blawar                      |                     | Chandra sekhar | ch. Chandra sekhar. |

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*P.S. Varma*  
15/5/2025

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS

4551

# GEETA RESTAURANT

RUSSIAN COMPLEX  
SECTOR 1, UKKUNAGARAM  
GSTIN : 37AHTPL0744N1Z0

## INVOICE

BILL NO : 1226

TABLE NO : TABLE 3

STEWARD : KONDABABU BILL DATE : 13-May-2025

| ITEMNAME      | SP     | QTY  | AMOUNT |
|---------------|--------|------|--------|
| BUTTER NAAN   | 32.00  | 1.00 | 32.00  |
| CASHEW PANNER | 175.00 | 1.00 | 175.00 |
| CASHW PAKODA  | 160.00 | 1.00 | 160.00 |
| ROTI          | 17.00  | 4.00 | 68.00  |

TOTAL : 435.00

NET TOTAL : 435.00

THANK U , VISIT AGAIN

POWERED BY JIVITESH OFFICE SYSTEMS

20  
455

| INWARD                         |                        |
|--------------------------------|------------------------|
| Inward No. 11                  | Dt: 18/5/25            |
| MRN No:                        | Dt: 18/5/25            |
| Received By: <i>Searithy</i>   | Sign <i>Sonu Reddy</i> |
| AMTZ MEDICALS SQUARE PVT. LTD. |                        |

| DEBIT VOUCHER               |                                                                                    |                |                     |
|-----------------------------|------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE Pvt Ltd                                                       |                |                     |
| Project                     | AMTZ                                                                               |                |                     |
| Voucher no.                 |                                                                                    |                |                     |
| Account head                |                                                                                    |                |                     |
| credit to                   | FIRST AID CLINIC                                                                   |                |                     |
| Towards/description of work | Towards amount paid to First aid clinic for labour injury<br><i>Bill No - 2021</i> |                |                     |
| Location of work            |                                                                                    |                |                     |
| Period                      | From:                                                                              | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 250/-                                                                              |                |                     |
| Amount in words             | Two hundred fifty rupees only/-                                                    |                |                     |
| Mode of payment             | Cheque/trf no.                                                                     | Date           | Bank                |
|                             | Bank Payment                                                                       |                |                     |
| Prepared by                 | Approved by                                                                        | Receivers name | Receivers signature |
| <i>Blawee</i>               | <i>[Signature]</i>                                                                 | Dharma teja    | <i>[Signature]</i>  |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

*15/5/2025*

**VERIFIED BY**  
**16 MAY 2025**  
**P.S. VAKMA**  
**VICE PRESIDENT-OPERATIONS**

# FIRST AID CLINIC

Ginnivanipalem, Islampeta, Visakhapatnam-530 031.  
Cell : 9393092691

Dr. N. ANJANEYULU, HMBS  
Regd. No. 2081

Timings : Morning 10 a.m. to 01 p.m.  
Evening 06 p.m. to 10 p.m.

Patient's Name *Sivam*

Sex :

Date : *13/5/28*

Age :

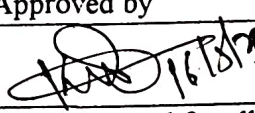
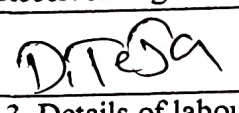
R

*Medicines charge - 250.00*  
*Drug + Tax*  
*Charge*

| INWARD                         |                     |
|--------------------------------|---------------------|
| Inward No. <i>09</i>           | DE: <i>15/05/28</i> |
| MEN No:                        | DE: <i>15/05/28</i> |
| Received By: <i>Seetha</i>     | SIGN <i>Reddy</i>   |
| AMTZ MEDPOLIS SQUARE PVT. LTD. |                     |

*Rate Rs 250.00*

*Handwritten signature*

| DEBIT VOUCHER               |                                                                                            |                |                                                                                       |
|-----------------------------|--------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE Pvt Ltd                                                               |                |                                                                                       |
| Project                     | AMTZ                                                                                       |                |                                                                                       |
| Voucher no.                 |                                                                                            |                |                                                                                       |
| Account head                |                                                                                            |                |                                                                                       |
| credit to                   | SUREN FOODS                                                                                |                |                                                                                       |
| Towards/description of work | Towards amount paid to Suren foods for site refreshments during site visit , Bill NO - 301 |                |                                                                                       |
| Location of work            |                                                                                            |                |                                                                                       |
| Period                      | From:                                                                                      | 08-05-25       | To: 14-05-25                                                                          |
| Amount in Rs.               | 2090/-                                                                                     |                |                                                                                       |
| Amount in words             | Two thousand ninety rupees only/-                                                          |                |                                                                                       |
| Mode of payment             | Cheque/trf no.                                                                             | Date           | Bank                                                                                  |
|                             | Bank Payment                                                                               |                |                                                                                       |
| Prepared by                 | Approved by                                                                                | Receivers name | Receivers signature                                                                   |
| Bhewani                     |         | Dharma teja    |  |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

*P.S. Varma 15/5/2025*

**VERIFIED BY**  
**16 MAY 2025**  
**P.S. VARMA**  
**VICE PRESIDENT-OPERATIONS**

BRDPB7189Q1Z1

CASH BILL

Cell : 9032717635  
9618691964**SUREN FOODS**#31-25-58, Sri Krishna Nagar, Kurmannapalem,  
Duvvada Station Road, Visakhapatnam - 530 046

Email : surenfoods@gmail.com

No.

**301**

Date :

12/11/25

Sri

AMTZ

| S. No. | PARTICULARS | Qty. | Rate | AMOUNT<br>Rs. Ps. |
|--------|-------------|------|------|-------------------|
|--------|-------------|------|------|-------------------|

|    |                         |   |       |       |
|----|-------------------------|---|-------|-------|
| 1) | Veg grilled<br>Sandwich | 3 | 120/- | 360/- |
|----|-------------------------|---|-------|-------|

|    |                      |    |       |        |
|----|----------------------|----|-------|--------|
| 2) | Chicken Sand<br>wich | 10 | 150/- | 1500/- |
|----|----------------------|----|-------|--------|

|    |           |   |      |      |
|----|-----------|---|------|------|
| 3) | Diet coke | 2 | 40/- | 80/- |
|----|-----------|---|------|------|

|  |                  |  |  |       |
|--|------------------|--|--|-------|
|  | Delivery charges |  |  | 150/- |
|--|------------------|--|--|-------|

INWARD

Inward No.

10

Dt:

18/08/25

Bill No:

Dt:

18/08/25

Received By:

Sign

Total

2090/-

Signature

Suren Foods

Suren Foods

AMTZ MEDICALS SQUARE PVT LTD

| DEBIT VOUCHER               |                                                                                                                                                                |                |                     |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE 801 Pvt Ltd                                                                                                                               |                |                     |
| Project                     | AMS801                                                                                                                                                         |                |                     |
| Voucher no.                 |                                                                                                                                                                |                |                     |
| Account head                |                                                                                                                                                                |                |                     |
| credit to                   | SRI SIMHADRI ENTERPRISES                                                                                                                                       |                |                     |
| Towards/description of work | Towards amount paid to Sri simhadri enterprises for purchasing of pvc multi flow trap,bend,p/bend,pvc tee,1/2 thread dummy,50mm pipes,pvc sockets , Bill NO-29 |                |                     |
| Location of work            |                                                                                                                                                                |                |                     |
| Period                      | From:                                                                                                                                                          | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 1341/-                                                                                                                                                         |                |                     |
| Amount in words             | One thousand three hundred forty one rupees only/-                                                                                                             |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                                                                                 | Date           | Bank                |
|                             | Bank Payment                                                                                                                                                   |                |                     |
| Prepared by                 | Approved by                                                                                                                                                    | Receivers name | Receivers signature |
| <i>Bhawan</i>               | <i>[Signature]</i>                                                                                                                                             | KVR Apparao    | <i>[Signature]</i>  |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges , material may be printed/written overleaf. 4. Project may differ from location of work.

*BV Ganes*  
16/5/2025

**VERIFIED BY**  
**16 MAY 2025**  
**P.S. VARMA**  
**VICE PRESIDENT-OPERATIONS**



GSTIN : 37APTPB8834P2ZX  
PAN : APTPB8834P

# TAX INVOICE

CASH / CREDIT

Cell : 93468 20098, 91776 14466  
93466 70413

## SRI SIMHADRI ENTERPRISES

PVC PIPES & FITTINGS, MOTORS and SANITARY

# 8-13-14/3, OLD GAJUWAKA, VISAKHAPATNAM-530 026.

M/s. AMTZ Medpolis Square 801 Pvt Ltd  
Visakhapatnam

Invoice No. : 3/28

Date : 07/05/2025

GSTIN No. : 37AAXCA5638G1Z4

99898 94988

| S. No. | HSN CODE | DESCRIPTION OF GOODS    | Qty | UNIT RATE | AMOUNT |
|--------|----------|-------------------------|-----|-----------|--------|
| 1      | 3917     | 75mm pvc MultiFlow trap | 1   | 110.16    | 110 16 |
| 2      | 3917     | 75X45° pvc Bend         | 1   | 33.89     | 33 89  |
| 3      | 3917     | 50mm pvc P/Bend         | 20  | 21.18     | 423 60 |
| 4      | 3917     | 50mm pvc Tee            | 5   | 29.66     | 148 30 |
| 5      | 3917     | 1/2 Thread Dummy        | 12  | 8.47      | 101 64 |
| 6      | 3917     | 50mm pvc Pipe 20 feet   | 1   | 288.13    | 288 13 |
| 7      | 3917     | 50mm pvc Socket         | 2   | 15.25     | 30 50  |

AMTZ MEDPOLIS SQUARE 801 PVT. LTD.

INWARD

Received By: [Signature]

MRN No: 100

Received By: [Signature]

MRN No: [Blank]

INWARD

AMTZ MEDPOLIS SQUARE 801 PVT. LTD.

### OUR BANK DETAILS :

Bank : ICICI BANK, Branch : GAJUWAKA,  
A/c. No. : 110805500056 IFSC : ICIC0001108

E.&O.E.

### E-WAY BILL No.:

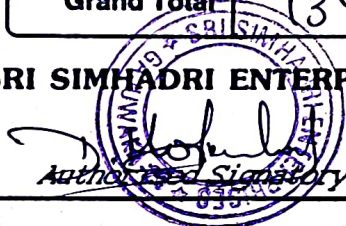
### Terms & Conditions :

- \* Goods once sold cannot be taken back
- \* Interest will be charged @24%p.a.
- \* No Guarantee for breakage after delivery
- \* No exchange for lamps & Shades once delivery
- \* Subject to Visakhapatnam Jurisdiction

Customer's Signature

|             |      |    |
|-------------|------|----|
| Total       | 1136 | 22 |
| SGST@ 9%    | 102  | 25 |
| CGST@ 9%    | 102  | 25 |
| IGST@       | -    | -  |
| Grand Total | 1341 | 00 |

For SRI SIMHADRI ENTERPRISES





Outlook

---

**Re: Approval request for purchase of UPVC pipe 2"**

---

From: soham modi <sohammodi@modiproperties.com>

Date: Wed 5/7/2025 8:40 AM

To: varmap.s. <varmap.s@modiproperties.com>

Cc: Aruna . <aruna@modiproperties.com>

Approved.

Use good brand.

Regards,

Soham Modi

---

From: varmap.s. <varmap.s@modiproperties.com>

Sent: Tuesday, May 6, 2025 8:49 PM

To: Soham Modi <sohammodi@modiproperties.com>

Cc: Aruna . <aruna@modiproperties.com>

Subject: Approval request for purchase of UPVC pipe 2"

Soham sir,

AMS 801 washroom floor concrete work is under hold. Presently we are running short of 2" UPVC pipe for urinal basin drain pipe. We need to lay the pipe before the concrete work. The ordered material is expected to despatch on Friday from Hyderabad. We are going to lose our scheduled time.

Kindly approve to purchase it locally.

Regards

| DEBIT VOUCHER               |                                                                                                  |                |                     |
|-----------------------------|--------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | 801<br>AMTZ MEDPOLIS SQUARE PVT LTD                                                              |                |                     |
| Project                     | AMTZ                                                                                             |                |                     |
| Voucher no.                 |                                                                                                  |                |                     |
| Account head                |                                                                                                  |                |                     |
| credit to                   | REGISTRATION OFFICE (E-STAMP)                                                                    |                |                     |
| Towards/description of work | Towards amount paid to Registration office for e-stamps (total stamps-4,each stamp -130 rupees ) |                |                     |
| Location of work            | AMTZ                                                                                             |                |                     |
| Period                      | From:                                                                                            | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 520/-                                                                                            |                |                     |
| Amount in words             | Five hundred twenty rupees only/-                                                                |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                   | Date           | Bank                |
|                             | Bank Payment                                                                                     |                |                     |
| Prepared by                 | Approved by                                                                                      | Receivers name | Receivers signature |
| Bhavaris                    |                                                                                                  | Chandra sekhar |                     |

2Notes:1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges , material may be printed/written overleaf. 4. Project may differ from location of work.

*15/5/25 18/5/25*

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
PRESIDENT-OPERATIONS



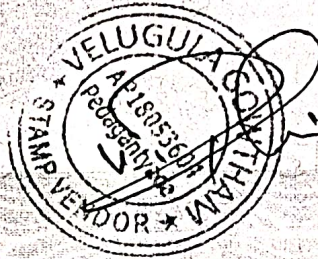
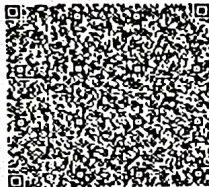
INDIA NON JUDICIAL

Government of Andhra Pradesh

IN-AP88731498138914X

e-Stamp

Certificate No. : IN-AP88731498138914X  
Certificate Issued Date : 07-May-2025 03:47 PM  
Account Reference : NEWIMPACC (SV)/ ap18053604/ AP-VKP/ AP-VKP/apchamanu  
DDO Code : 27002308001 O/o IG R  
Unique Doc. Reference : SUBIN-APAP1805380463335621545907X  
Purchased by : P S VARMA  
Description of Document : Article 0 Not Mentioned  
Property Description : Not Applicable  
Consideration Price (Rs.) : 0  
(Zero)  
First Party : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
Second Party : Not Applicable  
Paid By (For Whom) : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
Stamp Duty Amount(Rs.) : 100  
(One Hundred only)



Please write or type below this line

IN-AP88731498138914X

GG 0008737124

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.



INDIA NON JUDICIAL

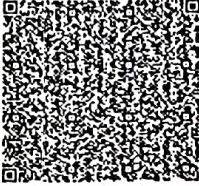
Government of Andhra Pradesh



IN-AP88732953010620X

e-Stamp

Certificate No. : IN-AP88732953010620X  
Certificate Issued Date : 07-May-2025 03:49 PM  
Account Reference : NEWIMPACC (SV)/ ap18053604/ AP-VKP/ AP-VKP/apchamaru  
DDO Code : 27002308001 O/o IG R  
Unique Doc. Reference : SUBIN-APAP1805360463350788425901X  
Purchased by : P S VARMA  
Description of Document : Article 0 Not Mentioned  
Property Description : Not Applicable  
Consideration Price (Rs.) : 0  
(Zero)  
First Party : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
Second Party : Not Applicable  
Paid By (For Whom) : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
Stamp Duty Amount(Rs.) : 100  
(One Hundred only)



Please write or type below this line

GG 0008737125

**Statutory Alert:**

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.



INDIA NON JUDICIAL

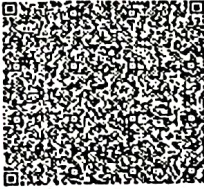
Government of Andhra Pradesh



IN-AP88733713582104X

e-Stamp

Certificate No. : IN-AP88733713582104X  
Certificate Issued Date : 07-May-2025 03:51 PM  
Account Reference : NEWIMPACC (SV)/ ap18053604/ AP-VKP/ AP-VKP/apchamanu  
DDO Code : 27002308001 O/o IG R  
Unique Doc. Reference : SUBIN-APAP1805360463352256721650X  
Purchased by : P S VARMA  
Description of Document : Article 0 Not Mentioned  
Property Description : Not Applicable  
Consideration Price (Rs.) : 0  
(Zero)  
First Party : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
Second Party : Not Applicable  
Paid By (For Whom) : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
Stamp Duty Amount(Rs.) : 100  
(One Hundred only)



Please write or type below this line

IN-AP88733713582104X

**Statutory Alert:**

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

GG 0008737126



INDIA NON JUDICIAL

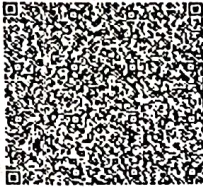
Government of Andhra Pradesh



IN-AP88734412426445X

e-Stamp

Certificate No. : IN-AP88734412426445X  
 Certificate Issued Date : 07-May-2025 03:52 PM  
 Account Reference : NEWIMPACC (SV)/ ap18053604/ AP-VKP/ AP-VKP/apchamanu  
 DDO Code : 27002308001 O/o IG R  
 Unique Doc. Reference : SUBIN-APAP1805360463353580908381X  
 Purchased by : P S VARMA  
 Description of Document : Article 0 Not Mentioned  
 Property Description : Not Applicable  
 Consideration Price (Rs.) : 0  
 (Zero)  
 First Party : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
 Second Party : Not Applicable  
 Paid By (For Whom) : AMTZ MEDPOLIS SQUARE 801 PVT LTD  
 Stamp Duty Amount(Rs.) : 100  
 (One Hundred only)



Please write or type below this line

IN-AP88734412426445X

GG 0008737127

## Statutory Alert:

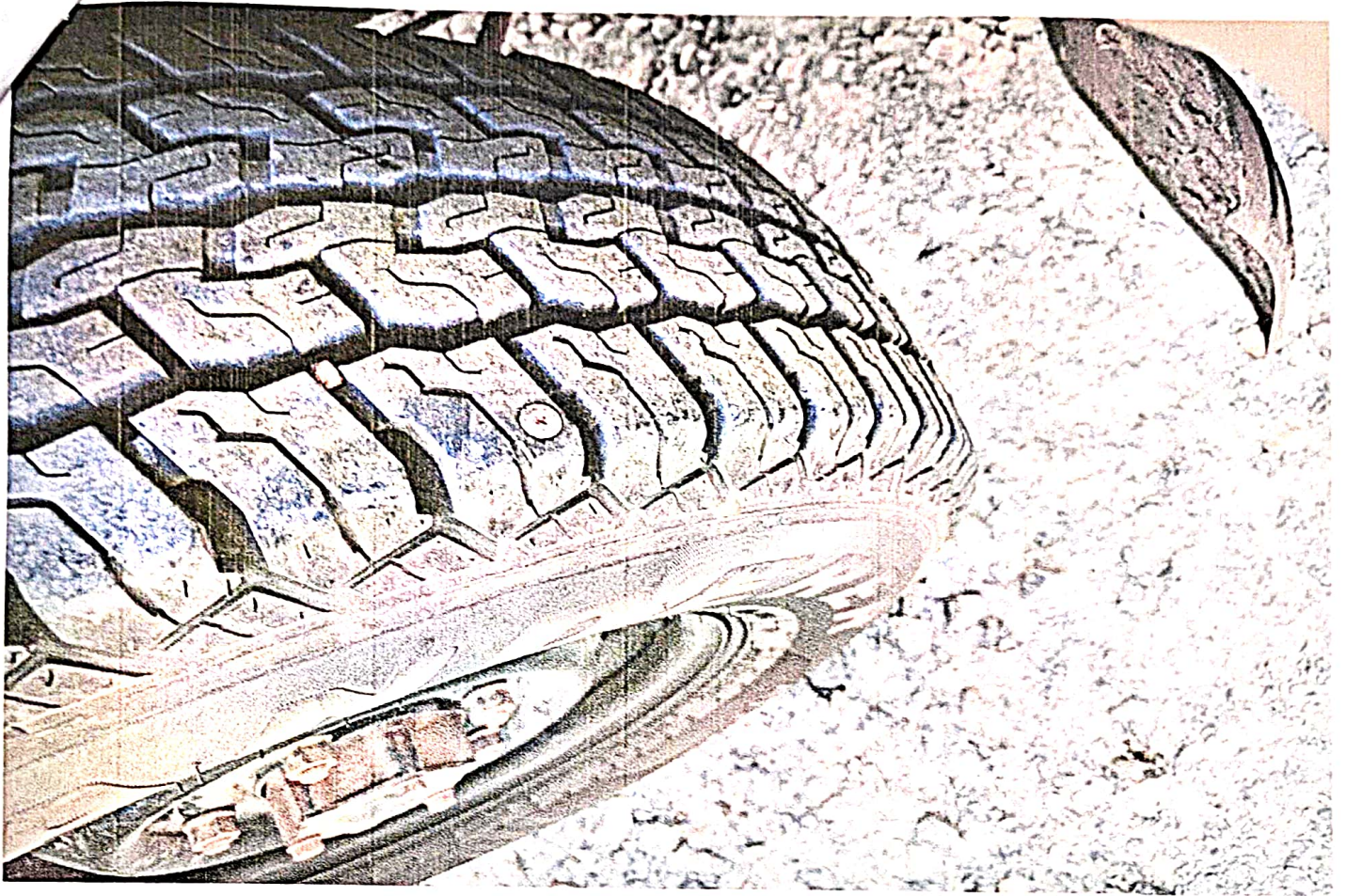
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

| DEBIT VOUCHER               |                                                                    |                |                     |
|-----------------------------|--------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE PVT LTD                                       |                |                     |
| Project                     | AMTZ                                                               |                |                     |
| Voucher no.                 |                                                                    |                |                     |
| Account head                |                                                                    |                |                     |
| credit to                   | Puncture shop                                                      |                |                     |
| Towards/description of work | Towards amount paid to puncture shop for making puncture to bolero |                |                     |
| Location of work            | AMTZ                                                               |                |                     |
| Period                      | From:                                                              | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 150/-                                                              |                |                     |
| Amount in words             | One hundred fifty rupees only/-                                    |                |                     |
| Mode of payment             | Cheque/trf no.                                                     | Date           | Bank                |
|                             | Bank Payment                                                       |                |                     |
| Prepared by                 | Approved by                                                        | Receivers name | Receivers signature |
| Bhuvare                     | <i>[Signature]</i> 16/5/25                                         | Chandra sekhar |                     |

2Notes:1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges , material may be printed/written overleaf. 4. Project may differ from location of work.

*P.S. Varma*  
15/5/2025

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS



**DEBIT VOUCHER**

|                             |                                                                                                   |                |                     |
|-----------------------------|---------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE PVT LTD                                                                      |                |                     |
| Project                     | AMTZ                                                                                              |                |                     |
| Voucher no.                 |                                                                                                   |                |                     |
| Account head                |                                                                                                   |                |                     |
| credit to                   | SWIGGY                                                                                            |                |                     |
| Towards/description of work | Towards amount paid to Swiggy instamart for purchasing of dark fantasy biscuits during site visit |                |                     |
| Location of work            | AMTZ                                                                                              |                |                     |
| Period                      | From:                                                                                             | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 368/-                                                                                             |                |                     |
| Amount in words             | Three hundred sixty eight rupees only/-                                                           |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                    | Date           | Bank                |
|                             | Bank Payment                                                                                      |                |                     |
| Prepared by                 | Approved by                                                                                       | Receivers name | Receivers signature |
| <i>Blawet</i>               | <i>[Signature]</i> 16/5/25                                                                        | Bhavani        | <i>Blawet</i>       |

2Notes:1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges , material may be printed/written overleaf. 4. Project may differ from location of work.

*15/5/2025*  
*15/5/2025*

VERIFIED BY  
16 MAY 2025  
P.S. VANMA  
VICE PRESIDENT-OPERATIONS

15:47

26%

← ORDER #204432746997681  
Completed | 2 items, ₹368

HELP

Instamart | 1st Floor,D No;27-4-60/6/A,Sy No;221/5...  
Chappa Bhavani | Fakeertakya Road, Siddhartha Naga...

#### ITEM DETAILS

##### Delivery

Delivered

1 item • NAWAB NAGAR

✓ 2 x Sunfeast Dark Fantasy Choco Fills ₹356.0

#### TOTAL ORDER BILL DETAILS

|                |         |
|----------------|---------|
| Item Bill      | ₹356.00 |
| Delivery fee   | ₹16.00  |
| Handling Fee   | ₹11.56  |
| Offer Discount | -₹16.00 |
| Grand Total    | ₹368.00 |

| DEBIT VOUCHER               |                                                                                                                                |                |                     |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE PVT LTD                                                                                                   |                |                     |
| Project                     | AMTZ                                                                                                                           |                |                     |
| Voucher no.                 |                                                                                                                                |                |                     |
| Account head                |                                                                                                                                |                |                     |
| credit to                   | WAL-MART INDIA PVT.LTD                                                                                                         |                |                     |
| Towards/description of work | Towards amount paid to Wal-mart india pvt.ltd for purchasing of water bottles,cokes,tissues boxes,biscuits. <i>Bill No -3A</i> |                |                     |
| Location of work            | AMTZ                                                                                                                           |                |                     |
| Period                      | From:                                                                                                                          | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 504/-                                                                                                                          |                |                     |
| Amount in words             | Five hundred four rupees only/-                                                                                                |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                                                 | Date           | Bank                |
|                             | Bank Payment                                                                                                                   |                |                     |
| Prepared by                 | Approved by                                                                                                                    | Receivers name | Receivers signature |
| <i>Blouva</i>               | <i>[Signature]</i>                                                                                                             | Bhavani        | <i>Blouva</i>       |

2Notes:1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges , material may be printed/written overleaf. 4. Project may differ from location of work.

*P.S. Varma*  
*16/5/2025*

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS

## WAL-MART INDIA PVT. LTD.

INV#4799371240113980

Page 01 of 01

Cash & Carry - Visakhapatnam  
SURVEY NOS. 89/1, 89/2,  
89/5, 89/6, 89/8, 89/17  
VADLAPUDI VILLAGE, GAJUWAKA MANDAL,  
VISAKHAPATNAM  
Andhra Pradesh-530026, STATE CODE: 37  
TELEPHONE- 089-12573507

GSTIN# 37AADCB2110L1ZZ  
INSECT LIC# VSP/30/DA/PD/2018/5289  
FSSAI# 10018044001301

Date: 26/03/2025 START TIME: 13:20 END TIME: 13:22 STORE: 4799 TILL: 101 CASHIER: 73553

CUSTOMER CARE: 01204878888 TOLL FREE: 1800-3010-1911

Bill to: MEMBERSHIP #: 11734100027892249  
M/S KIRANA SHOP  
2-12 KADAKELLA  
VEERAGHATHAM  
SRIKAKULAM, Andhra Pradesh  
PIN: 532460, State code: 37

TAX INVOICE  
ORIGINAL FOR RECIPIENT

PLACE OF SUPPLY: 37  
Andhra Pradesh

Ship to: MEMBERSHIP #: 11734100027892249  
M/S KIRANA SHOP  
2-12 KADAKELLA  
VEERAGHATHAM  
SRIKAKULAM, Andhra Pradesh  
PIN: 532460, State code: 37

| ITEM NO  | ITEM DESCRIPTION             | QTY. | UNIT PRICE<br>INCL. TAX#<br>(Rs.) | BASE PRICE<br>(Rs./Unit) | DISCOUNT<br>(Rs./Unit) | NET<br>TAXABLE<br>(Rs./Unit) | NET TAXABLE<br>VALUE (Rs.)<br>(Total) | SGST (Rs.) | CGST (Rs.) | CESS (Rs.) | TOTAL (Rs.) |
|----------|------------------------------|------|-----------------------------------|--------------------------|------------------------|------------------------------|---------------------------------------|------------|------------|------------|-------------|
| HSN CODE |                              | UOM  |                                   |                          |                        |                              |                                       | SGST (%)   | CGST (%)   | CESS (%)   |             |
| 51910    | BISLERI WATER 24 X 300ml     | 1    | 140.00                            | 118.64                   | 0.00                   | 118.64                       | 118.64                                | 10.68      | 10.68      | 0.00       | 140.00      |
| 220110   |                              | UNT  |                                   |                          |                        |                              |                                       | 9.00%      | 9.00%      | 0.00%      |             |
| 12149    | DARK FANTASY CHOCO FILLS 75g | 5    | 35.00                             | 29.76                    | -0.68                  | 29.08                        | 145.42                                | 13.09      | 13.09      | 0.00       | 171.60      |
| 1905310  |                              | UNT  |                                   |                          | -0.68                  |                              |                                       | 9.00%      | 9.00%      | 0.00%      |             |
|          | 606184080 2 Tier Price Value |      |                                   |                          |                        |                              |                                       |            |            |            |             |
| 14395    | PREMIER FACE TISSUE 4U       | 1    | 192.50                            | 163.14                   | 0.00                   | 163.14                       | 163.14                                | 14.68      | 14.68      | 0.00       | 192.50      |
| 480300   |                              | UNT  |                                   |                          |                        |                              |                                       | 9.00%      | 9.00%      | 0.00%      |             |
|          | TOTAL                        |      |                                   |                          |                        |                              | 427.20                                | 38.45      | 38.45      | 0.00       | 504.10      |
|          | Tax Collected at Source      |      |                                   |                          |                        |                              |                                       |            |            |            | 0.00        |
|          | GRAND TOTAL                  |      |                                   |                          |                        |                              | 427.20                                | 38.45      | 38.45      | 0.00       | 504.10      |

Total quantity of items: 7

Total in words: Five Hundred and Four Rupees and Ten Paise

\*YOUR SAVINGS: Rs. 213.90

| GST Summary        |        |                 |        |                 |
|--------------------|--------|-----------------|--------|-----------------|
| Taxable Amt. (Rs.) | SGST % | SGST Amt. (Rs.) | CGST % | CGST Amt. (Rs.) |
| 427.20             | 9.00%  | 38.45           | 9.00%  | 38.45           |
| TOTAL (Rs.)        |        | 38.45           |        | 38.45           |



| Tender      | Ref. 1     | Ref. 2 | Amt. (Rs.) |
|-------------|------------|--------|------------|
| Cards       | *****X1409 | 019858 | 504.10     |
| Round down  |            |        | 0.00       |
| TOTAL (Rs.) |            |        | 504.10     |

| CESS SUMMARY       |          |                 |
|--------------------|----------|-----------------|
| Taxable Amt. (Rs.) | Cess %   | Cess Amt. (Rs.) |
| 0.00               | 0.00%    | 0.00            |
|                    | ABSOLUTE | 0.00            |
| TOTAL (Rs.)        |          | 0.00            |

REGISTERED OFFICE:  
WAL-MART INDIA PVT. LTD.  
E-20, 1st and 2nd Floor, HAUZ KHAS MAIN MARKET  
NEW DELHI 110016  
CIN: U51909DL2007PTC167118, PAN: AAB2110  
WEBSITE: www.bestprice.in  
E-MAIL: customer.care@walmart.com  
FAX: +91-124-410-9040

Authorized Signatory

WAL-MART INDIA PVT. LTD.

- THE GOODS PURCHASED FROM BEST PRICE MODERN WHOLESALE ARE TO BE USED FOR BUSINESS/RESALE AND NOT FOR PERSONAL CONSUMPTION.
- WE HEREBY CERTIFY THAT FOOD MENTIONED IN THIS INVOICE IS WARRANTED TO BE OF THE NATURE AND QUALITY WHICH IT/THESE PURPORT/PURPOSED TO BE.
- UNLESS OTHERWISE PROVIDED THE TAX ON THIS INVOICE IS NOT PAYABLE UNDER REVERSE CHARGE BASIS.
- FIGURES MENTIONED AT UNIT LEVEL ARE SUBJECT TO ROUNDING OFF ADJUSTMENTS.
- ANY DISPUTE ARISING IN CONNECTION WITH THE ARTICLES SOLD HEREUNDER OR ANY MATTER INCIDENTAL OR RELATED TO SUCH SALE SHALL BE SUBJECTED TO THE EXCLUSIVE JURISDICTION OF THE COURTS LOCATED IN DELHI.
- FREIGHT CHARGED, IF ANY IS NON-REFUNDABLE.
- THE MEMBER ACKNOWLEDGES THAT "SHIP-TO" ADDRESS MENTIONED ABOVE IS THE "ADDRESS OF DELIVERY" FOR GST PURPOSES.
- THE MEMBER FURTHER AGREES THAT UNLESS ANY CONSIDERATION IS PAID TO FLIPKART WHOLESALE STORE FOR THE DELIVERY OF THE GOODS UP TO THE "SHIP-TO" ADDRESS THE MOVEMENT OF GOODS FROM THE FLIPKART WHOLESALE STORE TO "SHIP-TO" ADDRESS WILL BE UNDERTAKEN BY THE MEMBER.
- Base of all percentage discounts.
- \*"YOUR SAVINGS" figure is indicative and is calculated with reference to MRP & includes discounts, if any.

| INWARD                         |                  |
|--------------------------------|------------------|
| Inward No. 06                  | Dt: 15/05/25     |
| MRN No: -                      | Dt: 15/05/25     |
| Received By: Security          | Sign: Sonu B. S. |
| AMTZ MEDPOLIS SQUARE PVT. LTD. |                  |

SAVE TIME BUY ONLINE @ www.bestprice.in

| DEBIT VOUCHER               |                                                                                                        |                |                     |
|-----------------------------|--------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | AMTZ MEDPOLIS SQUARE 4554 PVT LTD                                                                      |                |                     |
| Project                     | AMS4554                                                                                                |                |                     |
| Voucher no.                 |                                                                                                        |                |                     |
| Account head                |                                                                                                        |                |                     |
| credit to                   | P.B SIVA KUMAR                                                                                         |                |                     |
| Towards/description of work | Towards amount paid to P.B Siva kumar for slab6A Allowance Slab casted on 03-05-25, 6:00 am to 3:00 am |                |                     |
| Location of work            | AMTZ                                                                                                   |                |                     |
| Period                      | From:                                                                                                  | 08-05-25       | To: 14-05-25        |
| Amount in Rs.               | 500/-                                                                                                  |                |                     |
| Amount in words             | Five hundred rupees only/-                                                                             |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                         | Date           | Bank                |
|                             | Bank Payment                                                                                           |                |                     |
| Prepared by                 | Approved by                                                                                            | Receivers name | Receivers signature |
| <i>Bhaveri</i>              | <i>[Signature]</i> 16/5/25                                                                             | P.B SIVA KUMAR | <i>[Signature]</i>  |

2Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

→ *Jai Kumar*  
For your approval

*P.S. Varma*  
16/5/2025

VERIFIED BY  
16 MAY 2025  
P.S. VARMA  
VICE PRESIDENT-OPERATIONS