

(ORIGINAL FOR RECIPIENT)

GSTIN/UIN : 36AAATM5488Q2ZO
State Name : Telangana, Code : 36

Dated

20-Sep-25

Delivery Note

Invoice

Reference No. & Date.

Other References

8179858055

Buyer's Order No.	
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Dated

20250918010

19-Sep-25

Dispatch Doc No.

18-Sep-23	Delivery Note Date
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Invoice

20-Sep-24

Dispatched through

20-Sep-24	Destination
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Goods Vehicle

Manilal Modi Memorial Hospital, Turkapally



Amount Chargeable (in words)

Total

12 lngths

₹ 28,625.00

Indian Rupees Twenty Eight Thousand Six Hundred Twenty Five Only

E. & O.E.

Tax Amount (in words) :	Indian Rupees Four Thousand Three Hundred Sixty Six and Forty Six paise Only	Total	24,258.08	2,183.23
Company's PAN :	ACWPG4864A			

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Declaration

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

Customer's Seal and Signature

Company's Bank Details

Bank Name : **Canara Bank**

A/c No. : 1181201020289

Branch & IFS Code : **Banjara Hills & CNRB0001181**

for Praful Sanitary

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

Authorised Signatory

