

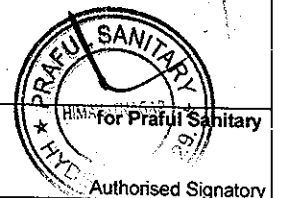
**PURCHASE DIVISION**  
Advice for approval for credit to supplier

|                                                                     |                             |                                                                                                                                                                           |                     |
|---------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Date: 30/5/21                                                       |                             | Prepared by: P. Bhatkar                                                                                                                                                   |                     |
| PO/WO no. 76838                                                     |                             | PO / WO Date. 30/4/21                                                                                                                                                     |                     |
| Supplier Name: Baful Sanitary                                       |                             | PO/WO amount: 9812.43                                                                                                                                                     |                     |
| Firm/Company: GARC                                                  |                             | Project: Sanipolls                                                                                                                                                        |                     |
| Sl. No.                                                             | Bill No.                    | Bill Date                                                                                                                                                                 | Bill amount         |
| 1                                                                   | 131                         | 5/5/21                                                                                                                                                                    | 9880.00             |
| 2                                                                   |                             |                                                                                                                                                                           |                     |
| 3                                                                   |                             |                                                                                                                                                                           |                     |
| 4                                                                   |                             |                                                                                                                                                                           |                     |
| Amount A – Bills total(Excluding Transport & Hamali Charges):       |                             |                                                                                                                                                                           | 9880.00             |
| Sl. No.                                                             | DC No.                      | DC. Date                                                                                                                                                                  | MRN No.             |
| 1.                                                                  | /                           | /                                                                                                                                                                         | 9123                |
| 2.                                                                  | /                           | /                                                                                                                                                                         |                     |
| 3.                                                                  | /                           | /                                                                                                                                                                         |                     |
| DC matches MRN                                                      |                             |                                                                                                                                                                           |                     |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                             |                                                                                                                                                                           |                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No            |                             |                                                                                                                                                                           |                     |
| <input 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:         |                             |                                                                                                                                                                           | 9880.00             |
| Amount E – PO / WO value:                                           |                             |                                                                                                                                                                           | 9882.43             |
| Amount F – Difference (A – E): GST-18%                              |                             |                                                                                                                                                                           |                     |
| Quantity received as per PO /WO                                     |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below) |                     |
| Is difference between PO / Bill acceptable?                         |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                     |                     |
| Excess / short material received                                    |                             | <input checked="" type="checkbox"/> Approved within acceptable limits <input type="checkbox"/> No (explained below)                                                       |                     |
| Close PO / WO                                                       |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)                             |                     |
| Advance paid / PDC given (deduct when paying)                       |                             | <input type="checkbox"/> Yes – Rs. /- <input checked="" type="checkbox"/> No                                                                                              |                     |
| Payment – due date                                                  |                             | 1/6                                                                                                                                                                       |                     |
| Remarks:                                                            |                             |                                                                                                                                                                           |                     |
|                                                                     |                             |                                                                                                                                                                           |                     |
| Approved by                                                         | Purchase Officer            | Purchase Manager                                                                                                                                                          | Procurement Manager |
| MD                                                                  | Accounts – receiver of bill | Accountant                                                                                                                                                                | Accounts Manager    |
| Sign:                                                               | [Signature]                 |                                                                                                                                                                           |                     |
| Date                                                                | 30/5/21                     |                                                                                                                                                                           |                     |

Notes: 1. In case amount to be credited to supplier and the bills total does not match prepare JV for debit or credit. 2. Attach additional sheets if quantity of bills or DCs is more than the space provided. Clearly mark the space provided with 'see attachment'. 3. Purchase Officer can approve Pos/Wos upto Rs. 10,000/-, Purchase Manager or Procurement Manager to approve all bills from 10,000/- to 1,00,000/- . 4. Attach JV, Office copy of PO/WO, DCs and bills to this advice. 5. In Amount A, exclude transport, Hamali charges, etc and instead include in Amount B. 6. To be approved by accounts manager if bill value exceeds Rs. 10,000/- 7. MD to approve all bills above 1,00,000/-

(ORIGINAL FOR RECIPIENT)

|                       |                    |
|-----------------------|--------------------|
| Invoice No.           | Dated              |
| <b>PS/21-22/ 131</b>  | <b>5-May-2021</b>  |
| Delivery Note         |                    |
| <b>Invoice</b>        |                    |
| Supplier's Ref.       | Other Reference(s) |
|                       | <b>Credit</b>      |
| Buyer's Order No.     | Dated              |
| <b>76838</b>          | <b>30-Apr-2021</b> |
| Despatch Document No. | Delivery Note Date |
| <b>Invoice</b>        | <b>5-May-2021</b>  |
| Despatched through    | Destination        |
| <b>Self</b>           | <b>Thurkapally</b> |



**GST INVOICE**  
(Tax Analysis)

(ORIGINAL FOR RECIPIENT)

Invoice No. PS/21-22/ 131

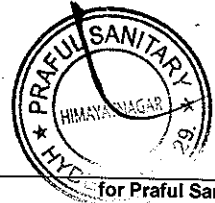
Dated 5-May-2021

**Praful Sanitary**  
3-6-429/6, SRI SAI TOWER,  
St.No.4 HIMAYAT NAGAR  
HYDERABAD  
GSTIN/UIN: 36ACWPG4864A1ZG  
State Name : Telangana, Code : 36  
E-Mail : prafulsanitary@gmail.com  
  
Party : **GV Research Center Pvt Ltd**  
5-4-187/3&4, IInd Floor  
Soham Mansion, M G Road  
Secunderabad  
GSTIN/UIN : 36AAHCG4562D1ZP  
State Name : Telangana, Code : 36

| HSN/SAC      | Taxable Value | Central Tax |                 | State Tax |               | Total Tax Amount |
|--------------|---------------|-------------|-----------------|-----------|---------------|------------------|
|              |               | Rate        | Amount          | Rate      | Amount        |                  |
| 3917         | 2,963.90      | 9%          | 266.75          | 9%        | 266.75        | 533.50           |
| 8481         | 4,216.70      | 9%          | 379.51          | 9%        | 379.51        | 759.02           |
| 3506         | 769.12        | 9%          | 69.22           | 9%        | 69.22         | 138.44           |
| 7307         | 423.20        | 9%          | 38.09           | 9%        | 38.09         | 76.18            |
| 99           |               | 9%          |                 | 9%        |               |                  |
| 99           |               | 14%         |                 | 14%       |               |                  |
| <b>Total</b> |               |             | <b>8,372.92</b> |           | <b>753.57</b> | <b>1,507.14</b>  |

Tax Amount (in words) : **Indian Rupees One Thousand Five Hundred Seven and Fourteen paise Only**

|                                  |                   |
|----------------------------------|-------------------|
| <b>INWARD</b>                    |                   |
| Inward No. <b>2988</b>           | Dt. <b>6/5/21</b> |
| MRN No. <b>9833</b>              | DU <b>7/5/21</b>  |
| Received By:                     | Slip: <b>D</b>    |
| <b>G.V. RESEARCH CENTERS PVT</b> |                   |



Authorised Signatory

# Purchase Order

Page(s) 1 Of 2

30-04-2021 2:04:55 PM



76838

06.05.21 4:35:36

From Company : **G V Reserch Centers Pvt Ltd**  
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500003  
G S T No. : 36AAHCG4562D1ZP

**Supplier Details**

Praful Sanitary  
3-6-138/5, Himayat Nagar, Hyderabad.

**GSTIN** 36ACWPG864A1ZG 40077300  
65526886. 9849624797

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 76838      | 163468 |
| <b>Doc Date</b>   | 30-04-2021 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 30-04-2021 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr. Ashish Gupta**

Purchase Order for the Supply of following Items.

| Item Name                                                                      | Qty   | Rate   | Dis%  | GST   | Amount          |
|--------------------------------------------------------------------------------|-------|--------|-------|-------|-----------------|
| 1 10071 - Plumbing - CPVC - CPVC Tee Reducer - 1 1/4 In x 3/4 In - nos         | 10.00 | 146.23 | 47.10 | 18.00 | 912.80          |
| 2 10125 - Plumbing - CPVC - CPVC Elbow - 1 1/4 In - nos<br>Long bend           | 10.00 | 98.32  | 47.10 | 5.00  | 546.12          |
| 3 10130 - Plumbing - CPVC - CPVC Coupling - 1 1/4 In - nos                     | 10.00 | 48.50  | 47.10 | 18.00 | 302.75          |
| 4 10097 - Plumbing - CPVC - CPVC Ball Valve - 3/4 In - nos                     | 10.00 | 164.31 | 47.10 | 18.00 | 1,025.66        |
| 5 10209 - Plumbing - CPVC - CPVC Tee - 1 1/4 In - Nos                          | 4.00  | 99.14  | 47.10 | 18.00 | 247.54          |
| 6 10166 - Plumbing - CPVC - CPVC Reducer Tee - 1 1/2 In - nos<br>1 1/2" x 3/4" | 10.00 | 202.81 | 47.10 | 18.00 | 1,265.98        |
| 7 10099 - Plumbing - CPVC - CPVC Solutions - NA - Ltrs                         | 4.00  | 418.00 | 54.00 | 18.00 | 907.56          |
| 8 10247 - Plumbing - CPVC - CPVC End Cap - 1 1/2 in - Nos                      | 4.00  | 61.92  | 47.10 | 18.00 | 154.61          |
| 9 7069 - Plumbing - GI - Nipple - other - nos<br>3/4" x 6"                     | 20.00 | 26.45  | 20.00 | 18.00 | 499.38          |
| 10 10143 - Plumbing - GI - Ball Valve - 3/4 In - nos                           | 10.00 | 515.00 | 35.00 | 18.00 | 3,950.05        |
| <b>Total Order Value . . .</b>                                                 |       |        |       |       | <b>9,812.43</b> |
| Rupees : Nine Thousand Eight Hundred Twelve and Paise Fourty Three Only.       |       |        |       |       |                 |

**Terms and Conditions :-****Specification /** All items shall be of Sudhkhar brand**Payment Terms** After Delivery & Production of bill**Tax** Inclusive of all taxes**Delivery Date** Next Day.

**Delivery Location** Innopolis  
Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana  
Phone. 9502211011

**Penalty For Delay** Nil**Transportation** Transport cost shall be borne by us.For **G V Reserch Centers Pvt Ltd**

Authorised Signatory

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

Accepted the above Terms And Conditions

For **Praful Sanitary**

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

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

# Requisition Form

| Company Name:                     |                 | GVRC          |          | Date:       |           | 29.04.2021   |  |
|-----------------------------------|-----------------|---------------|----------|-------------|-----------|--------------|--|
| Site & Phase :                    |                 | INNOPOLIS     |          | Time:       |           | 13:00        |  |
| Supplier                          |                 |               |          | Req. No.    |           | 163468       |  |
| Material required before date:    |                 | Urgent        |          | ID No.      |           | 65800        |  |
| No                                | Description     | Size          | Quantity | Units       | Inward No | Date         |  |
| 1                                 | CPVC Tee        | 3/4"x11/4"    | 10       | No's        |           |              |  |
| 2                                 | CPVC long bends | 11/4"         | 10       | No's        |           |              |  |
| 3                                 | CPVC couplings  | 11/4"         | 10       | No's        |           |              |  |
| 4                                 | CPVC ball valve | 3/4"          | 10       | No's        |           |              |  |
| 5                                 | CPVC Tee        | 11/4"x11/4"   | 04       | No's        |           |              |  |
| 6                                 | CPVC brass tee  | 11/2"x3/4"    | 10       | No's        |           |              |  |
| 7                                 | CPVC solvent    | 100ml         | 04       | No's        |           |              |  |
| 8                                 | CPVC End cap    | 11/2"         | 04       | No's        |           |              |  |
| 9                                 | GI nipples      | 3/4"x6"       | 20       | No's        |           |              |  |
| 10                                | GI Ball valve   | 3/4"          | 10       | No's        |           |              |  |
| Remarks: For curing lines purpose |                 |               |          |             |           |              |  |
| Prepared By                       |                 | Mallikarjun B |          | Approved by |           | G. Vijay Raj |  |
| Sign & Date                       |                 | 29.04.2021    |          | Sign & Date |           | 29.04.2021   |  |

Note: On receipt of material at site write inward number and date in last 2 columns.

APPROVED  
29.04.2021  
G. VIJAY RAJ  
S. MANAGER PURCHASE  
APPROVED BY  
29.04.2021  
PROJECT MANAGER

# Requisition Form

| Company Name:                  |             |      |          | Date:       |           |      |  |
|--------------------------------|-------------|------|----------|-------------|-----------|------|--|
| Site & Phase :                 |             |      |          | Time:       |           |      |  |
| Supplier                       |             |      |          | Req. No.    |           |      |  |
| Material required before date: |             |      |          | ID No.      |           |      |  |
| No                             | Description | Size | Quantity | Units       | Inward No | Date |  |
| 1                              |             |      |          |             |           |      |  |
| 2                              |             |      |          |             |           |      |  |
| 3                              |             |      |          |             |           |      |  |
| 4                              |             |      |          |             |           |      |  |
| 5                              |             |      |          |             |           |      |  |
| 6                              |             |      |          |             |           |      |  |
| 7                              |             |      |          |             |           |      |  |
| 8                              |             |      |          |             |           |      |  |
| 9                              |             |      |          |             |           |      |  |
| 10                             |             |      |          |             |           |      |  |
| Remarks:                       |             |      |          |             |           |      |  |
| Prepared By                    |             |      |          | Approved by |           |      |  |
| Sign & Date                    |             |      |          | Sign & Date |           |      |  |

Note: On receipt of material at site write inward number and date in last 2 columns.