PROFORMA INVOICE

Vastukala Consultants (I) Pvt Ltd B1-001,U/B FLOOR, BOOMERANG, CHANDIVALI FARM ROAD, ANDHERI-EAST 400072 GSTIN/UIN: 27AADCV4303R1ZX State Name: Maharashtra, Code: 27 E-Mail: accounts@vastukala.org Buyer (Bill to)

STATE BANK OF INDIA

RACPC SION BRANCH

B-603 & 604, Kohinoor City, Commercial-1 6th Floor, Kirol Road, Off L.B.S. Marg, Kurla (West), Mumbai - 400070

State - Maharashtra, Country - India : 27AAACS8577K2ZO GSTIN/UIN State Name : Maharashtra, Code : 27

	Invoice No.	Dated
	PG-2586/23-24	22-Sep-23
	Delivery Note	Mode/Terms of Payment
		AGAINST REPORT
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	Dispatch Doc No.	Delivery Note Date
l	003818 / 2302668	
)	Dispatched through	Destination
	Terms of Delivery	*

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SI	Particulars		HSN/SAC	GST	Amount
No.				Rate	
INU.				itate	
1	VALUATION FEE		997224	18 %	2,500.00
'			331224	10 70	2,300.00
	(Technical Inspection and Certification Services)				
		CGST			225.00
		SGST			225.00
		Total			2,950.00

Amount Chargeable (in words)

E. & O.E

Indian Rupee Two Thousand Nine Hundred Fifty Only

HSN/SAC	Taxable	Cei	ntral Tax	State Tax		Total
	Value	Rate	Amount	Rate	Amount	Tax Amount
997224	2,500.00	9%	225.00	9%	225.00	450.00
Total	2,500.00		225.00		225.00	450.00

Tax Amount (in words): Indian Rupee Four Hundred Fifty Only

Remarks:

Mr. Vikash Kumar, Mr. Rajdhar Ramakant Bind, Mrs. Nisha Rajdhar Bind & Mr. Ramakant Garju Kewat -Residential Flat No. 409, 4th Floor, Wing - B, "Kohinoor Prime Project", Shivaji Road, Village -Ulhasnagar (Shahad), Taluka - Ulhasnagar, District -Thane, PIN Code - 421 001, State - Maharashtra, Country - India

Company's PAN : AADCV4303R

Declaration

NOTE - AS PER MSME RULES INVOICE NEED TO BE CLEARED WITHIN 45 DAYS OR INTEREST CHARGES APPLICABLE AS PER THE RULE. MSME Registration No. - 27222201137

Company's Bank Details

Bank Name : State Bank of India

A/c No. 32632562114

Branch & IFS Code: MIDC Andheri (E) & SBIN0007074



UPI Virtual ID : vastukala@icici

for Vastukala Consultants (I) Pvt Ltd

Authorised Signatory