PROFORMA INVOICE



Vastukala Consultants (I) Pvt Ltd B1-001,U/B FLOOR,

BOOMERANG, CHANDIVALI FARM ROAD, ANDHERI-EAST, MUMBAI - 400072 GSTIN/UIN: 27AADCV4303R1ZX

State Name: Maharashtra, Code: 27 E-Mail: accounts@vastukala.co.in

Buyer (Bill to)

NISHKALA HEALTHCARE PRIVATE LIMITED

FLAT NO.101 KESARIYA DHAM, 187,A VALLABH BAUGHN LANE, NR,UTI BANK, GHATKOPAR (E)

MUMBAI MH 400077

State Name : Maharashtra, Code : 27

Invoice No.	Dated
PG-522/24-25	21-May-24
Delivery Note	Mode/Terms of Payment
	AGAINST REPORT
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
008863/2306401	
Dispatched through	Destination
Terms of Delivery	

SI	Particulars	•	HSN/SAC	GST	Amount
No.				Rate	
1	VALUATION FEE (Technical Inspection and Certification Services)		997224	18 %	1,00,000.00
	,	CGST			9,000.00
		SGST			9,000.00
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		Total			1,18,000.00

Amount Chargeable (in words)

E. & O.E

Indian Rupee One Lakh Eighteen Thousand Only

HSN/SAC	Taxable	Central Tax		State Tax		Total
	Value	Rate	Amount	Rate	Amount	Tax Amount
997224	1,00,000.00	9%	9,000.00	9%	9,000.00	18,000.00
Total	1,00,000.00		9,000.00		9,000.00	18,000.00

Tax Amount (in words): Indian Rupee Eighteen Thousand Only

Remarks:

008863/2306401 Pro. Buyer Name:M/s. Nishkala Healthcare Private Limited and Ujin Pharma Chem Owner Name:M/s. Suasth Healthcare Foundation Commercial Plant & Machinery No. Ground Floor, Roadpali, Plot No. 1, Sector 20, Village - Kalamboli, Taluka - Panvel, District - Raigad, Navi Mumbai, PIN – 410 218, State - Maharashtra, 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 Customer's Seal and Signature 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