INVOICE

SHARADKUMAR B CHALIKWAR		Invoice No.	Dated		
B1-001,U/B FLOOR,BOOMERANG BLDG,		24-25/AUG/004	23-Aug-24		
CHANDIVALI FARM ROAD, ANDHERI-E,		Delivery Note	Mode/Terms of Payment		
MUMBAI-400072			AGAINST REPORT		
State Name: Maharashtra, Code: 27		Reference No. & Date.	Other References		
Buyer (Bill to)		Buyer's Order No.	Dated		
Susmita De					
Commercial Capital Gain No. 203, 2nd Floor, Building No 2, Wing - A, Blue NIIe, Pacific Enclave CHSL,		' '	Delivery Note Date		
	ar Hiranandani Hospital , Opp IIT Main Gate , Village - Powai,	009769/2307817	Destination		
	wai, Mumbai, State - Maharashtra, India	Dispatched through			
	ate Name : Maharashtra, Code : 27	Tamas of Dalinama			
	·	Terms of Delivery			
SI	Particulars			Amount	
No.	i aiticulais	, who are			
1	VALUATION CHARGES			10,000.00	
			Total	I₹ 10,000.00	
Am	Amount Chargeable (in words)				
Rer 009 No "Pa Ne: Mu Ind	Company's Bank Details Bank Name : STATE BANK OF INDIA A/c No. : 10537702176 Branch & IFS Code: APMC BRANCH NANDED & SBIN0005935 Branch & IFS Code: APMC BRANCH NANDED & SBIN0				
	UPI Virtual ID : 942217100@OKBIZAXIS				