

Dr. B.L. Kapur Memorial Hospital (A Unit Of Lahore Hospital Society) BLK Super Speciality Hospital Pusa Road New Delhi-110045 GSTIN No. 07AAATL0242R2ZE PAN No. AAATL0242R

per Speciality Hospital Phone :91-11-30403040 Fax:+91-11 2575 2885 Email:purchase@blkhospital.com, www.blkhospital.com

Service Order (SO)

Page 1 of 2

Supplier Name : Supplier Address : Supplier Phone : ROCHASOFT (V11955)

C-526, G.FLOOR, JVTS GARDEN, CHHATTARPUR

SONo.: SO Date: PO/19-20/156

SO Status:

09-07-19 Open

GSTIN No.:

07BCCPS8809L1Z0

Contact Person : E-Mail ID :

Location:

Dr. BL Kapur Memorial Hospital

S#.	Description	HSN/SAC	QTY	UOM	From Date	To Date	GST %	Discount	Unit Cost	Amount
	Installation-Software Application for	or Travel Desk:,	Table 18		mr Twacfyle			And series		
1	Installation Charges Traveller Track		1	JOB			18	0	11,000.00	11,000.00
	Software,									
2	One Time Server Charges ,		1	Nos.			18	0	35,000.00	35,000.00
3	Monthly Rental Charges,		12	Month	15-07-19	14-07-	18	0	5,000.00	60,000.00
	monthly north of the graph					20				
									1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
									Total INR	106,000.00
					CGST Amount					9540
					SGST Amount					9540
					3031 Amount					
									Total INR In	125,080.00

Amount in Words: **** ONE LAKH TWENTY FIVE THOUSAND EIGHTY RUPEES AND ZERO PAISA ONLY

Sr	Description
-	
	Payment-
1	Payment for Installation & One Time Server Charges will be 100% after completion
2	Payment for Monthly Rental will 100% after monthly completion
	Completion Time-
1	With in 15 Days from the date of order.

Sr	Description
	GENERAL TERMS AND CONDITIONS
ı	All items should be strictly as per specifications and quality norms defined by Dr. B.L. Kapur Memorial Hospital.
2	All documents must be signed individually by authorized signatory on all copies.
3	All correspondence must have reference to this W.O. and should be directed at the above address only
4	Bill should be in the name of "Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-5
5	Tax will be deducted as per applicable.

Supplier's Acceptance

We acknowledge the receipt of the SO and have read & unerstood the terms and condition of the supply of Services we confirm that supply of Services will be made accordingly.

Vendor:

Buyer

Dr. B L Kapur Memorial Hospital

urchase)

(FC)

(V.P Admin)

Director

(O & P)