## PRO FORMA INVOICE



Bank Account Name: Eminent Multi Services LLP

Bank Account Number: 466605000085

IFSC Code: ICIC0004666

Bank: ICICI Bank Ltd

**Branch:** Eastern Express Highway

City: THANE

**GSTIN:** 27AAEFE2657B1ZR

PAN No. AAEFE2657B



Note: This is Pro Forma Invoice. Once the payment is

done, Company will share TAX invoice.

Pro Forma Invoice No. #MH/23-24/00001

**Invoice Date:** 02-October-2023 **Due Date:** 02-October-2023

## **RECEIVER DETAILS**

Invoice To: PARAMOUNT HEALTHCARE MANAGEMENT PVT LTD.

Address: 401-402, Sumer Plaza, Marol Maroshi Rd, Marol, Andheri East. VAT No:

State: MAHARASHTRA City: MUMBAI Pincode: 400059

GSTIN:- PAN No:- Country: INDIA

Sr.	Particulars	HSN	Rate	Qty/Days	Disc Amt	Amount
1	Fire Mock Drill * Fire Mock Drill Session, Training and Explaination	99831 1	40000	1	0	40000
					Total :	40000

**Invoice Remark:** 

Discount:	0	0.00
Net Amount :		40000
Tax:	0%	0
	UGST 0%	0
		0

Grand Total: 40000

## Terms and Conditions:

## Payment Terms

--50% in Advance and 50% before issuing certificate

**For Eminent Multi Services** 

