

BILL OF SUPPLY

SRL Limited,
New avadi Road, Sreerosh Renaissance,,New no:52,Old
no:76,,CHENNAI600010India
State: TAMIL NADU State Code:33
Phone:044-42630424 Fax:
Website: www.srl.in
GST No: 33AAACS2809J171

ORIGINAL FOR RECEIPT

Details of Recipient (Bill to)	Details of Recipient (Ship to)
AARTHI SCANS & LABS 100-FEET ROAD, NO-60, VADAPALANI CHENNAI 600026 44-66007700 India Tamil Nadu State: TAMIL NADU State Code:33 GST No:	AARTHI SCANS & LABS 100-FEET ROAD, NO-60, VADAPALANI CHENNAI 600026 44-66007700 India Tamil Nadu State: TAMIL NADU State Code:33 GST No:

Client Code C000079413	17/12/20
Bill of Supply No 330020210588	Bill of Supply Date 31.12.2019
Bill of Supply Amount 5557.50	Page No. 1 of 1
Place CHENNAI	State TAMIL NADU

Date	Accession #	Client Code	Patient Name	HSN Code	Service Rendered	Basic Rate	Fees	Net Amt
Client - C000079413 AARTHI SCANS & LABS								
17/12	0020SL002695	C000079413	DR. JOSIKA	9993	1739E - SCRUB TYPHUS	1050.00	367.50	682.50
17/12	0020SL002701	C000079413	MR. PRATAP	9993	IGM, SERUM			
					1000	- 4700.00	1645.00	3055.00
					ANTI-AQUAPORIN-4			
					(NMO-IGG) ANTIBODIES			
24/12	0020SL003773	C000079413	SULOCHANA POTTI	9993	9980 - FECAL	2800.00	980.00	1820.00
					CALPROTECTIN, STOOL			
CLNT WISE TOTAL:						8550.00	2992.50	5557.50

(Figures in :INR)

Contact Person:
JAYAVEL

TOTAL: 8550.00 2992.50 5557.50
GRAND TOTAL: 5557.5

TOTAL: 5550
TDS 2-1-111
5447
Bill Verified
Raj N.

5447
Rechecked by
Sanyas 4/1/20

D.Ruby
6.1.2020
ACCOUNTED

(Rs in Words)

Amount of tax to be paid under reverse charge

NIL

Payment through Demand Draft/Cheque to be drawn in favour of "SRL Limited - HDFC Bank A/c No: 00600330000523"
If Payment is done through RTGS/NEFT, then Bank details of SRL Limited are as under :-

Beneficiary Name	SRL Limited
Bank Account Number	00600330000523
Bank Name	HDFC BANK
Branch Code	0000060
Branch Name	FORT, MUMBAI - 400023
MICR No of Bank	400240015
IFSC No	HDFC0000060

PAN: "AAA CS 2809 J"
STC No: AAACS2809JST001
REGN.No: ST/MUM/D-III/TIC/179
CIN: U74899PB1995PLC045956

Contents of the Invoice will be considered correct if no errors are reported within 15 days of receipt of Invoice.
To assure proper credit to your account please mention Client Code & Invoice No. on your Remittance.

SUBJECT TO PUNJAB JURISDICTION

E.&O.E

REGD.OFFICE: Fortis Hospital, Sector 62, Phase # VIII, Mohali-160062

ASM Name: K.SIVARAJ

Signature of authorised representative

[Signature]