

Tax Invoice

(Original for the Receipt)



**ATRIA CONVERGENCE
TECHNOLOGIES LIMITED,**
A-25, Part of Ground Floor,
Mohan Co-op Industrial Area,
Delhi - 110044.
Ph.No : 9121212121,7288999999
E-mail : helpdesk.ncr@actcorp.in
GSTIN : 07AACA8907B1Z0

Name : Sahil jagga

Address : J-8/98 G/F Rajouri Garden.

Delhi

Delhi

India

Zip Code: 110027

Home : 9999229776

Mobile :

GSTIN :

User Id : 110483063326

Account No : 110483063326

Invoice No. : DL-B1-13993687

Invoice Date : 01/11/2019

Invoice Period : Nov/2019

Due Date : 15/11/2019

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date
-22.51	0	0	5,302.92	5,280.41	5,280.41	5,430.41

Invoice Charges

Account No: 110483063326

User Name:110483063326

Txn No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
DL-B1-13993687,7	01/11/2019	12/11/2019 - 11/06/2020	Internet telecommunications services	9984	DELACTION Silver Promo 6M + 1M	4494	Per 7 Months	213 days	0	4,494	9	404.46	9	404.46	5,302.92
Sub Total:										4,494		404.46		404.46	5,302.92
Invoice Amount:										4,494		404.46		404.46	5,302.92

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.

CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200

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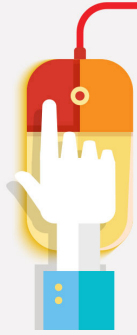
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Terms and Conditions

1. Cheques to be in favour of "M/s ATRIA CONVERGENCE TECHNOLOGIES LIMITED".
2. In case of cheque bounce, Rs.100/- penalty will be levied.
3. 18% interest will be levied on overdue payments
4. ACT Shall levy late fee charge in case the bill is paid after the due date
5. In case of overdue/ defaults, the right to deactivate your services, is reserved.

6. All disputes are subject to Delhi jurisdiction.
7. Unless otherwise stated, tax on this invoice is not payable under reverse charge.
8. This Invoice is system generated hence signature and stamp is not required



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Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	110483063326	Subscriber Name	:	Sahil jagga
Bill Number	:	DL-B1-13993687	UserName	:	110483063326