

PURCHASE ORDER										
Regd Office: OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064										
Branch Office: YORS Pharmaceuticals, P. O. Box No. 14, Ghatanji - 445 301 Dist - Yavatmal, Maharashtra, India.										
To, SONA PRINTS 7 KHUSHALI NIWAS RAM BAUG LANE, OPP MOOLJI NAGAR ,S.V ROAD, BORIVALI (W) Contact Person: Mr. Jay Solanki Contact No: - +91-9664312251 Email Add:- sonaprints@rediffmail.com	Order No: PUR/25-26/DRAFT	Date :- 14.10.2025	Reference :- N.A	Date :- N.A	GSTIN No of Party :- 27AORPS1563B1ZR	PAN No :- AORPS1563B	Other Reference :- N.A			

Invoice to be Prepared against our Registered Office Address mentioned at the Top Above
Send Original Invoice to our Malad Branch Office mentioned at the Top Above

CODE	DESCRIPTION OF GOODS	UNIT	HSN CODE	QUANTITY	RATE PER UNIT(Rs)	VALUE	GST(Rate)	GST AMT	Total Amount(Rs)	DELIVERY SCHEDULE
PM0254	MODUSEL FORTE LIQUID- LABEL	1 LTR	4821	4100	4.5	18,450.00	18%	3,321.00	21,771.00	
PM0409	MODUSEL FORTE LIQUID- PACK INSERT	PACK INSERT	4820	2050	0.7	1,435.00	18%	258.30	1,693.30	
						19,885.00		3,579.30	23,464.30	
							Adjustment	(0.30)		
							Grand Total		23,464.00	

Value in Words :-

PAYMENT TERMS: - 100% against TAX INVOICE within 60 days	TRANSPORT: Road Transport	Bill To : OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064	Ship To : JOLLY NUTRIENTS 64/65/68 Vasai Techno Center, Phase 2 , Parmar Ind.Estate,Vasai East Contact person- Mr.Purav Shah Contact No- +91-9769498883 GSTIN No of Party :27AADFJ9755A1ZC
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TERMS & CONDITIONS:

- All monocartons must be printed on approved GSM and type of board (e.g., 350 GSM ITC/ equivalent FBB).
- All designs, artworks, and printing content are the property of the client and must not be shared with third parties.
- Any material found defective or not conforming to specifications shall be rejected.
- Replacement shall be done within 7 working days at no additional cost.
- The printer must ensure safe and damage-free packaging.
- Goods must be delivered to the designated warehouse or plant location.
- Delivery must be made within the agreed time frame (typically 7–10 working days from artwork approval).
- Delays beyond the agreed period may result in penalties or cancellation of the order.
- A tolerance of ±2% on the total ordered quantity is acceptable.
- Short supply beyond permissible limits will lead to deduction or re-supply at no extra cost.
- Printing must match approved sample/artwork with strict color matching.
- Cartons must be free from printing errors, smudges, and physical defects.
- Die-cutting, folding, and pasting must meet industry quality standards.
- No variation in dimensions will be accepted beyond ±0.5 mm.

IEC No.: 0017501282 Range: -- Division: -- GSTIN: 27AABFY8698R1ZS	CIN: --- Tel: +91-9930422272/7083111222 Fax: --- Email: -pavan.sureka@yorspharmaceuticals.com -vivek.rungta@yorspharmaceuticals.com Website: ---www.yorspharmaceuticals.com	For YORS Pharmaceuticals Authorized Signatory
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PURCHASE ORDER

Regd Office: OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064	Branch Office: YORS Pharmaceuticals, P. O. Box No. 14, Ghatanji - 445 301 Dist - Yavatmal, Maharashtra, India.
To, Metco Creations sales Office A2/334, Shah & Haha Ind. Estate. Lower Parel (W) Mumbai - 400 013 Contact Person: Rajesh Desai Contact No: - 9619246766 Email Add:- metcorajesh@rediffmail.com	Order No: PUR/25-26/033 Date :- 09.05.25 Reference :- By Mail Date:- 08.11.24 GSTIN No of Party :- 27AADPM0421G1Z7 PAN No :- AADPM0421G Other Reference :- N.A

Invoice to be Prepared against our Registered Office Address mentioned at the Top Above
Send Original Invoice to our Malad Branch Office mentioned at the Top Above

CODE	DESCRIPTION OF GOODS	UNIT	HSN CODE	QUANTITY	RATE PER UNIT(Rs)	VALUE	GST(Rate)	GST AMT	Total Amount(Rs)	DELIVERY SCHEDULE
PM0404	VETRESS GUI/DRUGS/G/28/1879	100ml Label	48211020	5500	1.6	8,800.00	18%	1,584.00	10,384.00	Immediately
-	VETRESS PLATE MAKING CHARGES	NOS.	48211020	1	800	800.00	18%	144.00	944.00	Immediately
						9,600.00		1,728.00	11,328.00	
							Adjustment			
							Grand Total		11,328.00	

Value in Words :-

PAYMENT TERMS: - 40% against PO within 8-10 working days - 60% against TAX INVOICE within 45-60 days	TRANSPORT: Road transport Kindly add bill of road transport in our final Invoice Delivery Charg's as per actual	Bill To : OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI 400064	Ship To : LEXENE PHARMA PVT LTD PLOT NO. 497, BEHIND OIL MILL, MODHERA ROADAT: KANODA, TAL: BECHRRAJ, DIST: MEHSANA, Contact Person : Mr.KINCHIT PATEL Contact Details : +91 9879582477/+91 6351040897 GSTIN No of Party : 24AAECL2231M1ZN
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TERMS & CONDITIONS

- 1 Article to be provided as per agreed specification
- 2 The invoice to be prepared against our Registered Office address and to couriered to our Malad Office. Both addresses mentioned at the Top of this P.O.
- 3 The Packing should be Export Worthy Packing in Min 5 or 7 ply Box in a manner to receive the goods by road transport in good condition.
- 4 After Old or New job confirmation Per plate making charges 800 Rs.
- 5 A4 Size Leaflet F/B printing 130 gsm art paper.
- 6 Packing : 250 LBLs packed in shrink sleeves.
- 7 Take approval before print entire job.

IEC No.: 5017501282 Range: -- Division: -- GSTIN: 27AABFY8698R1ZS	CIN: --- Tel: +91-9930422272/7083111222 Fax: --- Email: -pavan.sureka@yorspharmaceuticals.com -vivek.rungta@yorspharmaceuticals.com Website: ---www.yorspharmaceuticals.com	For YORS Pharmaceuticals
		Authorized Signatory

PURCHASE ORDER**Regd Office:** OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064**Branch Office:** YORS Pharmaceuticals, P. O. Box No. 14, Ghatanji - 445 301 Dist - Yavatmal, Maharashtra, India.

To, IMPACT PACKAGING Unit No. 16,17,18, Kembross Ind. Est., B/h Asian Paints, Off Sonapur Lane,LBS Rd., Bhandup (W), Mumbai - 400078 Contact Person :- Mr. Vaibhav Contact No :- 9223293068/8450902929 Email Add :- info@impactpackaging.in	Order No: PUR/25-26/DRAFT Date :- 29.10.2025 Reference :- N.A Date :- N.A GSTIN No of Party :- 27AORPS1563B1ZR PAN No :- AORPS1563B Other Reference :- N.A
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Invoice to be Prepared against our Registered Office Address mentioned at the Top Above
Send Original Invoice to our Malad Branch Office mentioned at the Top Above

CODE	DESCRIPTION OF GOODS	UNIT	HSN CODE	QUANTITY	RATE PER UNIT(Rs)	VALUE	GST(Rate)	GST AMT	Total Amount(Rs)	DELIVERY SCHEDULE
PM0087	VETRESS - MONOCARTON	100 ML MONOCARTON	48192020	5100	3.90	19,890.00	12%	2,386.80	22,276.80	
						19,890.00		2,386.80	22,276.80	
Adjustment										
Grand Total										

Value in Words :-

PAYMENT TERMS: - Payment shall be made within [45/60] days from the date of delivery and acceptance.	TRANSPORT: Road Transport	Bill To : OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI 400064	Ship To : LEXENE PHARMA PVT LTD PLOT NO. 497, BEHIND OIL MILL, MODHERA ROADAT: KANODA, TAL: BECHRRAJ, DIST: MEHSANA, Contact Person : Mr.KINCHIT PATEL Contact Details : +91 9879582477/+91 6351040897 GSTIN No of Party : 24AAECL2231M1ZN
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TERMS & CONDITIONS:

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- 10 Short supply beyond permissible limits will lead to deduction or re-supply at no extra cost.
- 11 Printing must match approved sample/artwork with strict color matching.
- 12 Cartons must be free from printing errors, smudges, and physical defects.
- 13 Die-cutting, folding, and pasting must meet industry quality standards.
- 14 No variation in dimensions will be accepted beyond ±0.5 mm.

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