

[illegible]

PURCHASE ORDER

Regd Office: OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHIND EVERSHERE 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 & Hahar 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 GUJ/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	
Value in Words :-							Adjustment			
							Grand Total			11,328.00

[illegible]

PURCHASE ORDER

Regd Office: OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064

To:	Order No: PUR/25-
-----	-------------------

IMPACT PACKAGING

Unit NO. 16, 17, 18, KENNEDY BROS. LTD. Est., B/T Asian Pacific,

Contributors: M. A. M. J. L.

Contact No : - 9223293068/84

--

--	--

Witness	Witness

PAYMENT TERMS:

the date of delivery and acceptance.

TERMS & CONDITIONS:

2	All designs, artworks, and printing
---	-------------------------------------

3	Any material found defective or not conforming to specifications shall be rejected
---	--

4	Replacement shall be done within 7 working days at no additional cost.
---	--

6	Goods must be delivered to the designated warehouse or plant location
---	---

8	Delays beyond the agreed period may result in penalties or cancellation of the order.
---	---

9	A tolerance of $\pm 2\%$ on the total ordered quantity is acceptable.

11	Printing must match approved sample/artwork with strict color
----	---

13	Die-cutting, folding, and pasting must meet industry quality standards.
----	---

14	No variation in dimensions will be accepted beyond 0.05 mm
IEC No. : 5017E01383	CIN:

Division: -- Fax: ---

-pavan.sureka@yorspharmaceuticals
-vishal.sureka@yorspharmaceuticals

[illegible]

Regd Office: OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHIND EVERSHERE 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: <u>PUR/25-26/104</u> Date :- 22.08.2025 Reference :- N.A Date :- N.A GSTIN No of Party :- 27AORPS1563B1ZR PAN No :- AORPS1563B Other Reference :- N.A					
<p align="center">Invoice to be Prepared against our Registered Office Address mentioned at the Top Above</p> <p align="center">Send Original Invoice to our Malad Branch Office mentioned at the Top Above</p>										
CODE	DESCRIPTION OF GOODS	UNIT	HSN CODE	QUANTITY	RATE PER UNIT(Rs)	VALUE	GST(Rate)	GST AMT	Total Amount(Rs)	DELIVERY SCHEDULE
PM0418	ZOEEN G 300 - MONOCARTON	50 BOLUS Monocarton	48192020	1400	8.6	12,040.00	12%	1,444.80	13,484.80	Immediately
						12,040.00		1,444.80	13,484.80	
								Adjustment	0.20	
Value in Words :- Thirteen Thousand Four Hundred Eighty Five Only.								Grand Total	13,485.00	
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 EVERSHERE MALL, MALAD WEST, MUMBAI-400064			Ship To : M/S. EMPREE MEDICAMENTS(I) PVT.LTD. 99, C & D, KIADB INDL. ESTATE,HONAGA-BELGAVI-591 156 Contact Person : Mrs. Sheela/+91-9480842801 Tel: 0831-2414111 (GSTIN No of Party : 29AAACE8057E1ZL)			
TERMS & CONDITIONS:										
1	All monocartons must be printed on approved GSM and type of board (e.g., 350 GSM ITC/ equivalent FBB).									
2	All designs, artworks, and printing content are the property of the client and must not be shared with third parties.									
3	Any material found defective or not conforming to specifications shall be rejected.									
4	Replacement shall be done within 7 working days at no additional cost.									
5	The printer must ensure safe and damage-free packaging.									
6	Goods must be delivered to the designated warehouse or plant location.									
7	Delivery must be made within the agreed time frame (typically 7–10 working days from artwork approval).									
8	Delays beyond the agreed period may result in penalties or cancellation of the order.									
9	A tolerance of ±2% on the total ordered quantity is acceptable.									
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.									
IEC No.: 5017501282 Range: -- Division: -- GSTIN: 27AABFY8698R12S		CIN: --- Tel: +91-9930422272/7083111222 Fax: --- Email: -pavan.sureka@yorspharmaceuticals.com -vivek.rungta@yorspharmaceuticals.com Website: ---www.yorspharmaceuticals.com			<p align="center">For YORS Pharmaceuticals</p> <p align="center">Authorized Signatory</p>					