

PURCHASE ORDER										
<b>Regd Office:</b> OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHD EVERSHINE MALL, MALAD WEST, MUMBAI- 400064										
<b>Branch Office:</b> YORS Pharmaceuticals, P. O. Box No. 14, Ghatanji - 445 301 Dist - Yavatmal, Maharashtra, India.										
To,	Order No: PUR/25-26/159									
LEXENE PHARMA PVT. LTD.	Date :- 11.11.2025									
PLOT NO. 497, BEHIND OIL MILL, MODHERA ROAD	Reference :- By Mail									
AT: KANODA, TAL: BECHRAJI, DIST: MEHSANA,	Date :- 31.10.24									
Contact Person : Mr.KINCHIT PATEL	GSTIN No of Party : 24AAECL2231M1ZN									
Contact Details : +91 9879582477/+91 6351040897	PAN No. : AAEC12231M									
Email Add:- lexenepharma@gmail.com, enquiry@lexenepharma.com	Other Reference:-NA									
Invoice to be Prepared against our Registered Office Address mentioned at the Top Above Send Original Invoice to our Malad Registered 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
Y0020	VETRESS	100 ML	30049085	5,000	41.12	205,600.00	5%	10,280.00	215,880.00	Immediately
						205,600.00		10,280.00	215,880.00	
							Adjustment			
								Grand Total		215,880.00
Value in Words :- Four Lakh Fifty Four Thousand One Hundred Twenty Five Only.										
PAYMENT TERMS: -30% against PO within 8-10 working days -70% before dispatch 45 days PDC		Transport charge add in Tax Invoice Kindly add Policy no. in Tax Invoice No. <a href="#">2001/219412713/02/000</a>		Bill To : OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHD EVERSHINE MALL, MALAD WEST, MUMBAI- 400064		Ship To : MAHARASHTRA ROADWAYS,NEAR CARAVAAN WAREHOUSE, VILLAGE KHOPTA,NAVASHEVA URAN, PIN CODE 400702. CONTACTS PERSON -ROHIT SIR MOB NO. 9919654105 / 9594992105.				
TERMS & CONDITIONS :-										
1	The Raw materials shall comply with the specified Pharmacopeial Standards.									
2	The finished goods must be Free from black or any foreign particulate matter.									
3	The Product must manufactured from fresh Raw Materials complies with the specified pharmacopeial standards.									
4	Injectable liquid colour, pH and filled volume should be match as per approved specifications.									
5	Injectable should comply as per specified limit of appearance, pH etc.									
6	Batch Manufacturing Record( BMR ) should be provided by manufacturer.									
7	Certificate of Analysis (COA) for RM + PM + FG along with MOA ( if there is any deviation ) shall accompany the Commercial Tax Invoice.									
8	Manufacturing & Packaging of the finised goods to be done as per agreed Specifications. The finished goods Specifications & Packaging Specifications will be send separately.									
9	Accelerated and Long term stability data need to be provided for each batch when ever it is require.									
10	All quantities mentioned in PO are after calculation of 2% yield loss.									
11	Before dispatch 5 samples to be sent to our Malad Off along with COA & Lic Copy for ADC Clearance.									
12	If there is any variation in colour of the solution / final product, printed label pasted on our finish product and mono cartons, we have rights to reject the full batch quantity									
13	Manufacturer will be responsible for quality of product till shelf life. If any deviation in the quality is noticed after its dispatch to overseas, Manufacturer will be fully responsible and has to bear the expenses of production cost, transportation cost and all direct expenses and same will be debited from Manufacturer Account. Terms and Condition as per Mumbai Jurisdiction Only.									
14	All concerned matter regarding DCgI should be handled at manufacturing end .									
15	Printed shippers (with YORS Logo) of 7ply grade should be use for injectables (100ml and 50ml) as per mentioned in packing specification sheet attached with PO.									
16	The delivery schedule must be meet as mutually decided between both the parties									
17	Goods will be accepted on working days till 5 pm at our warehouse.									
IEC No.: 5017501282 20B - MH-M26 261060 21B - MH-M26 261861 GSTIN: 27AAFY8698R1ZS	OIN: --- Tel: +91-892851526 / 9930422272 Email: <a href="mailto:admin@yorspharmaceuticals.com">admin@yorspharmaceuticals.com</a> <a href="mailto:pavan.sureka@yorspharmaceuticals.com">pavan.sureka@yorspharmaceuticals.com</a> Website: ---www.yorspharmaceuticals.com			For YORS Pharmaceuticals  Authorized Signatory						

PURCHASE ORDER										
<b>Regd Office:</b> OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD,BEHD EVERSHINE MALL, MALAD WEST, MUMBAI- 400064										
<b>Branch Office:</b> YORS Pharmaceuticals, P. O. Box No. 14, Ghatanji - 445 301 Dist - Yavatmal, Maharashtra, India.										
To,	Order No: PUR/25-26/050									
Jolly Nutrients	Date :- 30.04.25									
Unit no.64,65,68,phase-II,vasai tecno centre, parmar industrial estate,western express highway,velhar,vasai E	Reference :- By Mail									
Contact Person :- PURAV SHAH	Date :- 28.10.23									
Contact No : 9769498883	GSTIN No of Party : 27AADFJ9755A1ZC									
Email Add: Jollynutri@rediffmail.com, Purav.shah1@gmail.com	PAN No. : AADFJ9755A									
	Other Reference :- N.A									
Invoice to be Prepared against our Registered Office Address mentioned at the Top Above Send Original Invoice to our Malad Registered 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
Y0108	MODUSEL FORTE LIQUID	1 Ltr	23099090	4000	54.08	216,320.00	0%	-	216,320.00	Immediately
						216,320.00		-	216,320.00	
							Adjustment	(0.12)		
								Grand Total		216,319.88
PAYMENT TERMS: -30% advance against PO within a week. -30 % before execution of Order - 40 % within 45-60 days from the date of TAX INVOICE		TRANSPORT: BY ROAD TRANSPORT (NOTE : PLEASE ADD INSURANCE POLICY NO <a href="#">2001/219412713/03/000</a> DURING EVERY TRANSPORT OF FINISH GOODS)		Bill To : OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHD EVERSHINE MALL, MALAD WEST, MUMBAI- 400064		Ship To : MAHARASHTRA ROADWAYS,NEAR CARAVAAN WAREHOUSE, VILLAGE KHOPTA,NAVASHEVA URAN, PIN CODE . 400702. CONTACTS PERSON -RAHUL SIR MOB NO. 9930430845 / 9819654105 / 9594992105.				
TERMS & CONDITIONS:-										
1	The finished product shall comply with the approved specifications.									
2	The product must be free from any foreign particulate matter.									
3	The Product must manufactured from fresh Raw Materials complies with the specified pharmacopeial standards.									
4	Suspension colour should be match as per attached specifications.									
5	Suspension should comply as per specified limit of appearance, pH etc.									
6	Batch Manufacturing Record( BMR ) should be provided by the manufacturer.									
7	Certificate of Analysis (COA) for RM + PM + FG along with MOA ( if there is any deviation ) shall accompany the Commercial Tax Invoice.									
8	Manufacturing & Packaging of the product to be done as per agreed Specifications. The Product Specifications & Packaging Specifications will be send separately.									
9	Accelerated and Long term stability data need to be provided for each batch when ever it is require.									
10	7 PLY A Grade Quality of 140 GSM and 42 BF shall be used for packing of Goods.									

11	Before dispatch 5 samples to be sent to our Malad Off along with COA & Lic Copy for ADC Clearance.
12	All quantities mentioned in PO are after calculation of 2% yield loss.
13	HDPE Bottle/Jar, BOPP Tape, product label will be used as provided by YORS Pharmaceuticals.
14	All concerned matter regarding DCGI should be handled at manufacturing end .
15	If there is any variation in suspension colour, quantity etc. we have rights to reject the full batch quantity.
16	Manufacturer will be responsible for quality of product till the end of shelf life. If any deviation in the quality is noticed after its dispatch to overseas, Manufacturer will be fully responsible and has to bear the expenses of production cost, transportation cost and all direct expenses and same will be debited from Manufacturer Account. Terms and Condition as per Mumbai Jurisdiction Only.
17	The delivery schedule must be meet as mutually decided between both the parties
18	Goods will be accepted on working days till 5 pm at our warehouse.

IEC No.: 5017501282  
20B - MH-M26 261860  
21B - MH-M26 261861  
GSTIN: 27AA8FY8698R1ZS

ON:-  
Tel: +91-8928515256 /9930422272  
Email:  
-admin@yorspharmaceuticals.com  
-pavan.sureka@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, Ghantaji - 445 301 Dist - Yavatmal, Maharashtra, India.

To,  
M/S. EMPREE MEDICAMENTS(I) PVT.LTD.  
99, C & D, KIADB INDL. ESTATE  
HONAGA-BELGAVI- 591 156  
Contact Person : Mrs. Sheela / Mr.Adesh Khoda  
Contact Details : +91-94808 42801  
Email Add :- empreebgm@gmail.com

Order No: PUR/25-26/146  
Date :- 29.09.2025  
Reference :- By Mail  
Date :- 26.07.24  
GSTIN No of Party : 29AAACE8057E1ZL  
PAN No. : AAACE8057E  
Other Reference :- NA

Invoice to be Prepared against our Registered Office Address mentioned at the Top Above  
Send Original Invoice to our Malad Registered 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
Y0031	ZOEBEN G 300	5 X 10 BLISTER	9988	3000	161.21	483,630.00	18%	87,053.40	570,683.40	Immediately
						483,630.00		87,053.40	570,683.40	Adjustment (0.02)

Value in Words :- One Lakh Thirty Six Thousand Nine Hundred Sixty Four Only..

570,683.38

PAYMENT TERMS:  
-30% advance against PO within a week.  
-30 % before execution of Order  
- 40 % within 30-45 days from the date of TAX INVOICE

TRANSPORT:  
BY ROAD TRANSPORT  
(NOTE : PLEASE ADD INSURANCE  
POLICY NO 2001/219412713/03/000  
DURING EVERY TRANSPORT OF FINISH  
GOODS)

Bill To :  
OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK  
ROAD,  
BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI-  
400064  
Ship To :  
MAHARASHTRA ROADWAYS,NEAR CARAVAAN WAREHOUSE,  
VILLAGE KHOPTA,NAVASHENA URAN,  
PIN CODE . 400702.  
CONTACTS PERSON -RAHUL SIR  
MOB NO. 9930430845 / 9819654105 / 9594992105.

#### TERMS & CONDITIONS:

- 1 The finished product shall comply with the approved specifications.
- 2 The product must be free from dust, any dents, black particles as well as free from any foreign particulate matter.
- 3 The Product must manufactured from fresh Raw Materials complies with the specified pharmacopoeial standards.
- 4 Bolus colour and shape should be match as per attached specifications.
- 5 Bolus should comply as per specified limit of hardness, thickness and dissolution test,LOD.
- 6 Batch Manufacturing Record( BMR ) should be provided by the manufacturer.
- 7 Certificate of Analysis (COA) for RM + PM + FG along with MOA (if there is any deviation) should accompany the Commercial Tax Invoice.
- 8 Manufacturing & Packaging of the product to be done per agreed Specifications. The Product Specifications & Packaging Specifications will be send separately.
- 9 Accelerated and Long term stability data need to be provided for each batch when ever it is require.
- 10 Printed shippers (with YORS Logo) of 7ply grade should be use for Bolus as per mentioned in packing specification sheet attached with PO.
- 11 Before dispatch 5 samples to be sent to our Malad Off along with COA & Lic Copy for ADC Clearance.
- 12 All quantities mentioned in PO are after calculation of 2% yield loss.
- 13 HDPE Jar, BOPP Tape, Pouch & Product Label will be used as provided by YORS Pharmaceuticals.
- 14 All concerned matter regarding DCGI should be handled at manufacturing end .
- 15 If there is any variation in bolus colour,shape,size etc. we have rights to reject the full batch quantity.
- 16 Manufacturer will be responsible for quality of product till the end of shelf life. If any deviation in the quality is noticed after its dispatch to overseas, Manufacturer will be fully responsible and has to bear the expenses of production cost, transportation cost and all direct expenses and same will be debited from Manufacturer Account. Terms and Condition as per Mumbai Jurisdiction Only.
- 17 The delivery schedule must be meet as mutually decided between both the parties
- 18 Goods will be accepted on working days till 5 pm at our warehouse.

IEC No.: 5017501282  
20B - MH-M26 261860  
21B - MH-M26 261861  
GSTIN: 27AA8FY8698R1ZS

ON:-  
Tel: +91-8928515256 /9930422272  
Email:  
-admin@yorspharmaceuticals.com  
-pavan.sureka@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, Ghantaji - 445 301 Dist - Yavatmal, Maharashtra, India.

To,  
PATCO HEALTHCARE PVT.LTD  
H-104, MIDC,Gokulshirgaon  
Kolhapur-416234  
Contact Person: Abhishek Gadwi/Sunil Desai  
Contact No: +91 7218664488/0231 2672900/99601 26410  
Email Add :- patco.health@gmail.com

Order No: PUR/25-26/123  
Date :- 04.09.2025  
Reference :- By Mail  
Date:- 06.11.24  
GSTIN No of Party :27AABC8222K1Z  
PAN No :AABC8222K  
Other Reference : N.A

Invoice to be Prepared against our Registered Office Address mentioned at the Top Above  
Send Original Invoice to our Malad Registered 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
Y0334	NOELAVITASOLE POWDER	1 KG	23099090	2000	272.84	545,680.00	18%	98,222.40	643,902.40	Immediately
						545,680.00		98,222.40	643,902.40	Adjustment 0.40

Value in Words :- One Lakh Eighty-Six Thousand Nine Hundred Ninety Five Only.

643,902.80

PAYMENT TERMS:  
-30% advance against PO within a week.  
-30 % before execution of Order  
- 40 % within 30 days from the date of TAX INVOICE

TRANSPORT:  
BY ROAD TRANSPORT  
(NOTE : PLEASE ADD INSURANCE  
POLICY NO 2001/219412713/03/000  
DURING EVERY TRANSPORT OF FINISH  
GOODS)

Bill To :  
OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK  
ROAD,  
BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI-  
400064  
Ship To :  
MAHARASHTRA ROADWAYS,NEAR CARAVAAN WAREHOUSE,  
VILLAGE KHOPTA,NAVASHENA URAN,  
PIN CODE . 400702.  
CONTACTS PERSON -RAHUL SIR  
MOB NO. 9930430845 / 9819654105 / 9594992105.

#### TERMS & CONDITIONS:

- 1 The inputs materials shall comply with applicable Pharmacopoeia Standards.

2	The product must be free from dust, lumps, black particles as well as free from any foreign particulate matter.	
3	The Product must manufactured from fresh Raw Material.	
4	Powder colour should be match as agreed and as per BMR records.	
5	Finished product should comply as per specified limits of appearance, moisture contain etc till the end of shelf life.	
6	Batch Manufacturing Record( BMR) should be provided by the manufacturer.	
7	Certificate of Analysis (COA) for RM + PM + FG along with MOA ( If there is any deviation) should accompany the Commercial Tax Invoice.	
8	Manufacturing & Packaging of the product to be done as per agreed specifications. The Product Specifications & Packaging Specifications will be send separately.	
9	Accelerated and Long term stability data need to be provided for each batch when ever it is require.	
10	7 Ply A Grade Quality of 230 GSM and 42 BF should be used for packing of Goods.	
11	The delivery scheduled must be meet.	
12	Before dispatch 5 samples to be sent to our or Malad Off along with COA & Lic Copy for ADC Clearance.	
13	Goods will be accepted on working days till 5 pm	
14	All quantities mentioned in PO are after calculation of 2% yield loss.	
15	Printed/Aluminium Pouch,BOPP Tape will be used as provided by YORS Pharmaceuticals.	
16	All concerned matter regarding DCGI should be handled at manufacturing end .	
17	If there is any deviation in colour of finis product, we have rights to reject the full batch quantity.	
18	Manufacturer will be responsible for quality of product till shelf life. If any deviation in the quality is noticed after its dispatch to overseas, Manufacturer will be fully responsible and has to bear the expenses of production cost, transportation cost and all direct expenses and same will be debited from Manufacturer Account. Terms and Condition as per Mumbai Jurisdiction Only.	
IEC No.: 5017501282 20B – MH-M26 261860 21B – MH-M26 261861 GSTIN: 27AABFY8698R1ZS	CIN: --- Tel: +91-8928515256 /9930422272 Email: -admin@yorspharmaceuticals.com -pavan.sureka@yorspharmaceuticals.com Website: ---www.yorspharmaceuticals.com	For YORS Pharmaceuticals  Authorized Signatory