

PURCHASE ORDER																					
<b>Regd Office:</b> OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND 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, <b>ASMITA PAPER PACKS PVT.LTD.</b> W-28/A,Additional M.I.D.C., Anand Nagar, Near DNS Bank, Ambernath (E), Thane - 421506 <b>Contact Person :-</b> Mr. Anil Nanaware <b>Contact No:-</b> +91 9323119629 / +91 9158060856 <b>Email Add:-</b> asmita415@gmail.com				<b>Order No: PUR/25-26/041</b> <b>Date :-</b> 21.05.25 <b>Reference :-</b> By Mail <b>Date :-</b> 23.07.24 <b>GSTIN No of Party :-</b> 27AAWCA6766C1Z7 <b>PAN No :-</b> AAWCA6766C <b>Other Reference :-</b> 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											
SA006	1 kg NOELAVITASOLE JAR SHIPPER OD Size :- L-560 x W-230 x H-260mm Specification :- Top Layer 180 GSM 20BF 4 Layer x 140GSM - 18BF	Shipper	48191010	200	65	13000	12%	1,560.00	14,560.00	Immediately											
SA022	100ml Vial 300x300x255mm OD 5Ply Bopp Laminated Shipper Specification :- Top Layer 180 GSM 20BF 4 Layer x 140GSM - 20BF	Shipper	48191010	100	39	3900	18%	702.00	4,602.00	Immediately											
IA003	100ml Inner 288x288x115mm OD 3 Ply With Out Lamination & Printing Specification :- Top Layer 180GSM 20BF 2 Layer x 140GSM - 20BF	Inner	48191010	200	14.5	2900	18%	522.00	3,422.00	Immediately											
SA018	1ltr Caltiaria Forte-L, Modusel Forte-L Shipper OD 445x186x260mm Specification :- Top Layer 180GSM 20BF 2Layer x 140GSM - 18BF	Shipper	48191010	400	41	16400	18%	2,952.00	19,352.00	Immediately											
SA002	ZOEBEN G 300 BLISTER WITH PLATE OD 547X412X177mm Specification :- Top Layer 180 GSM 20BF 4 Layer x 140GSM - 18BF	SHIPPER	48191010	60	89	5340	18%	961.20	6,301.20	Immediately											
						13,000.00		1,560.00	14,560.00												
							Adjustment														
<b>Value in Words :- Two Thousand Two Hundred Sevety Six Only.</b>						<b>Grand Total Value:</b>		<b>14,560.00</b>													
<b>PAYMENT TERMS:</b> - 30 days PDC from the date of TAX INVOICE		<b>TRANSPORT:</b> Road Transport charge add in final tax invoice	<b>Bill To :</b> OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064			<b>Ship To :</b> PATCO HEALTHCARE PVT.LTD H-104, MIDC,Gokulshingrao, Kolhapur-416234 Contact Person:Abhishek Gadvi/Sunil Desai Contact No :- +91 7218664486/0231 2672900 GSTIN No :- 27AABC8222K1ZZ															
<b>TERMS &amp; CONDITIONS:</b>																					
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 Dispatching the shipper LR Copy send by mail and responsibility of manufacturer.																				
5	The Inner carton should be in white colour and 3ply and 120GSM size as given in description of goods.																				
6	Take approval before print entire job.																				
IEC No.: 5017501282 Range: -- Division: -- GSTIN: 27AAFBY8698R1ZS	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										
<b>Regd Office:</b> OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND 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,										
GREIF INDIA PLASTICS PRIVATE LIMITED										
362/2,3 & 4 Shree Ganesh Industrial Estate										
Kachigam Village, Nani Daman - 396210										
Contact Person:- Mr. Sunil menon / Anita										
Contact No: - +91 222883 5401/2882 5401/2228820362.										
Email Add :- mullackalsales@mullackal.com										
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
PM0109	1000ml Co-ex PE/EVOH Round 50mm Euro Neck Bottle in Milky White Color With 50mm Euro Cap With Induction Sealing Wad & grey Colour Cap YORS Embossing	PCS	3923	4000	36.55	146,200.00	18%	26,316.00	172,516.00	Immediately
						146,200.00		26,316.00	172,516.00	
							Adjustment			
Value in Words :- Two Thousand Two Hundred Sevty Six Only.								Grand Total Value:		172,516.00

<b>PAYMENT TERMS:</b> - 40% Against PO within 10-15 working days - 60% Against Original TAX INVOICE within 30 -45 days	<b>TRANSPORT:</b> Road transport Kindly add bill of road transport in our final invoice	<b>Bill To :</b> <b>JOLLY NUTRIENTS</b> OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064	<b>Ship To :</b> <b>JOLLY NUTRIENTS</b> 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
<b>TERMS &amp; CONDITIONS:</b>			
1	Goods 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 in a manner to receive the goods by road transport in good condition.		
4	The Cap of the Bottle should be as per sample provided to us.		
5	The required Bottle Should be transported in such way that it should be free from all kind of dents, scratches and black spots.		
6	All material use for manufacturing pack should be of Food Graded.		
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	