

| 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, LEXENE PHARMA PVT. LTD. PLOT NO. 497, BEHIND OIL MILL, MODHERA ROAD AT: KANODA, TAL: BECHRAJI, DIST: MEHSANA, Contact Person : Mr.KINCHIT PATEL Contact Details :- +91 9879582477/+91 6351040897 Email Add:- lexenepharma@gmail.com, enquiry@lexenepharma.com | | | | | Order No: PUR/25-26/159 Date :- 11.11.2025 Reference :- By Mail Date :- 31.10.24 GSTIN No of Party : 24AAECL2231M1ZN PAN No. : AAEC L2231M 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.2001/Z194JZ733/O2/000 | | Bill To : OFFICE NO 1314, 13TH FLOOR, 9 BUSINESS BAY, OFF LINK ROAD, BEHIND EVERSHINE MALL, MALAD WEST, MUMBAI- 400064 | | | Ship To : MAHARASHTRAA ROADWAYS,NEAR CARAVAA N WAREHOUSE. VILLAGE KHOPTA ,NAVASHEVA URAN, PIN CODE .400702. CONTACTS PERSON :-RO HIT SIR MOB NO. 9819654105 / 9594992105. | | | |
| TERMS & CONDITIONS :- | | | | | | | | | | |
| 1 | The Raw materials shall comply with the specified Pharmacopoeial 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 pharmacopoeial 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-MZE 261860 21B ~ MH-MZE 261861 GSTIN: 27AABFY869R12S | | | | | CIN: --- Tel: +91-8928515256 /9930422272 Email: admin@yorspharmaceuticals.com -pavan.sureka@yorspharmaceuticals.com Website: ---www.yorspharmaceuticals.com | | | For YORS Pharmaceuticals Authorized Signatory | | |

