

Proforma Invoice

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| JOMED HEALTH CARE No.3/PC-4 , 3rd Block, Sree Sakthi Plaza, 2nd & 3rd Floor, Kambar Salai, Mogappair West, Chennai - 600 037. GSTIN/UIN: 33ADPPJ2958J1Z6 State Name : Tamil Nadu, Code : 33 E-Mail : jomedhealthcare@gmail.com | Voucher No. 149 | Dated 12-Dec-22 |
| | | Mode/Terms of Payment Advance Due : 12-12-2022 |
| | Buyer's Ref./Order No. GWTN/22-23/01603 | Other References |
| | Dispatched through | Destination |
| Consignee (Ship to) Genworks Health Private Limited No.525/1 & 538/1, Vs Mani Nagar, Madhavaram (Puzhal), Thiruvallur District Ch -600060 Ph -6382704562 GSTIN/UIN :33AAFCG8949N1ZX State Name :Tamil Nadu, Code : 33 | Terms of Delivery | |
| Buyer (Bill to) Genworks Health Private Limited No.525/1 & 538/1, Vs Mani Nagar, Madhavaram (Puzhal), Thiruvallur District Ch -600060 Ph -6382704562 GSTIN/UIN :33AAFCG8949N1ZX State Name :Tamil Nadu, Code : 33 | | |

| Sl No. | Description of Goods | HSN/SAC | MRP/ Marginal | Due on | Quantity | Rate | per | Disc. % | Amount |
|--------|--|----------|---------------|-----------|---------------|----------|-----|---------|--------------------|
| 1 | RT 046 - (M) Nivairo Elbow Version MRP : 4,790.00/Pcs | 90192090 | 4,790.00/Pcs | 12-Dec-22 | 5 Pcs | 1,748.00 | Pcs | | 8,740.00 |
| 2 | BC 303 - Bonnett 22-25 MRP : 2,200.00/Pcs | 63079090 | 2,200.00/Pcs | 12-Dec-22 | 5 Pcs | 972.80 | Pcs | | 4,864.00 |
| | | | | | | | | | 13,604.00 |
| | | | | | | | 6 % | | 524.40 |
| | | | | | | | 6 % | | 524.40 |
| | | | | | | | 9 % | | 437.76 |
| | | | | | | | 9 % | | 437.76 |
| | Less : Round Off | | | | | | | | (-)0.32 |
| | Total | | | | 10 Pcs | | | | ₹ 15,528.00 |

Amount Chargeable (in words) E. & O.E

INR Fifteen Thousand Five Hundred Twenty Eight Only

Company's Bank Details

Bank Name : **ICICI Bank Ltd - Mugappair-363 (OD)**
 A/c No. : **190105500363**
 Branch & IFS Code : **Mugappair & ICIC0001901**

for JOMED HEALTH CARE

Authorised Signatory

Print By : jancy