

Contract For " Sopra India Pvt. Ltd."
Contract No - CO/LSHPL/2017/190792

This Contract, effective as of **19th July, 2017** is by and between Life Strategies Humancare Private Limited, a Private Limited Company, Incorporated under the Companies act 1956 having a place of business at 26A, Chelmsford Country Club, Mehrauli Gurgaon Road, Ghitorni, New Delhi - 110030(hereinafter "Service Provider"), and Sopra India Pvt. Ltd. , having a place of business at A 67, Sector -64, Noida, Gautam Budhnagar, UP 201306 (Hereinafter "Client").

Scope of the Contract:

	Particulars	Dates	Participants	Units	Rates	Total
Design	1. Design Half a day(Book)	7th -8th July, 2017	4	4	46,000	1,84,000
Delivery	1. Workshop Full Day(Campus to Corporate)	27th -28th July, 2017	75	6	47,250	2,83,500
	2. Learning Material / Handout & Folders(Campus to Corporate)	27th -28th July, 2017	75	75	150	11,250
	3. Campus to sopra(Book)	27th -28th July, 2017	75	75	200	15,000
Total Cost						4,93,750

Incidental Costs:

1. Relevant official communication expenses, if any.
2. Incidental expenses (travel) for the consultants to do pre-work and/or meetings at client site.
3. Travel for Delivery: For programs outside Delhi & NCR, Suitable Air Travel, accommodation, all meals and pick-up & drop-off facilities to be provided by client. Also, airport transfers in Delhi will be charged at Rs 12 per Km* actual kms if not provided by client.
4. For programs within Delhi NCR travel client will be charged at Rs 12 per Km* actual kms if not provided by client.
5. If any of the bookings related to workshop like Air travel, Accommodation, all meals & cab for the consultant & Venue for the workshop will be booked by Life Strategies Humancare Private Limited, then the same will be reimbursed by client on actuals without any TDS deduction.
6. Additional to the above cost, 15% of the total value of re-imbursement will be charged extra if the bookings are done by Life Strategies Humncare Private Limited as mentioned above.
7. GST @ 18% will be charged extra on the total cost including travel.

Payment Terms

1. The payment will be payable within "" of the program date.
2. In case of cancellation/rescheduling fees will be charged as follows -
 1. Nothing Selected
3. Any one of the following methods may be considered as date confirmation: email notification from Client confirming delivery dates, a Purchase Order or a signed contract with specific dates.
4. The session cannot be recorded without a prior written consent from Maynardleigh Associates.
5. The above commercials are valid till the , after which there will be a 10% hike in the investment.

Other arrangements that Client will take care of:

1. Hotel for consultants stay if workshop is outside Delhi NCR (minimum 4 star hotel)
2. Venue for the training programs (with a back-up generator) should have **natural lighting, enough space** to do exercise and **comfortable temperature** for the participants & consultant.
3. Conference facilities including meals.
4. Audio visual equipment - (LCD projector, flip chart board stand, 8*10 ft screen).




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A Maynard Leigh Associates business operated
under franchise and independently owned by
Life Strategies Humancare Pvt. Ltd.
26A, Chelmsford Country Club, Club Drive,
Mehrauli, Gurgaon Road, Ghitorni, Delhi - 30
Tel: 011-41062441 Tel: 011-41062442

A Non-Disclosure Agreement for the scope of this contract is included as an annexure

Life Strategies Humancare Pvt Ltd.

By : 

Name : Steeve Gupta

Title : Director

Witness : 

Sopra India Pvt. Ltd.

By : _____

Name : _____

Title : _____

Witness : _____



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Accounting Details

Life Strategies Humancare Pvt. Ltd.

PAN No : AABCL5885G

Service Tax Code : AABCL5885GST001

Cheque in favour of "Life Strategies Humancare Pvt. Ltd."

Please deliver cheques and documents to the following address :

Life Strategies Humancare Pvt. Ltd.

26A, Chelmsford Country Club,

MG Road, Ghitorni, New Delhi 110030

For Direct Transfer:

Bank Name : HDFC Bank Limited., A - 24, Hauz Khas, New Delhi 110016.

Bank A/c No. : 04672560000537

RTGS/ NEFT : HDFC0000467

Please fill in below

Invoice to be sent to the attention of

Address:

Telephone:

Accounts Fax:

E-mail to Accounts Payable :

Payment Cycle Details: (If any):
