Purchase Order NEW INDIA 25, GANDHI ROAD,, CHENNAI, Tamil Nadu - 456321 Tel: 9653214783 Fax: Email: kesavmedical@gmail.com Order No: PSOR1500003 Delivery Date: Order Date: 23-04-2015 To: Anandha Krishnan Ship To: Delivery Mode: Parcel Services S.No **Product Name Company Name** Qty **Unit Price** Tax **Total Amt** SAAZ_500mg IPC Authorized Signature : **Sub Total** Tax Total Shipping Grand Total

If you are unable to deliver by the date shown, please call