



**ATRIA CONVERGENCE
TECHNOLOGIES LIMITED,**
8-2-618/1/2, Road No 11,
Banjara Hills, Hyderabad, Telangana
500034.
Ph.No : 9121212121, 7288999999
www.actcorp.in
E-mail : support@actcorp.in
GSTIN : 36AACC8907B1ZZ

Name : DUBE ROHAN KUMAR

Address : P.No.104, Jai Bharthi apts. V.V Nagar, Chaitanyapuri
Hyderabad
Telangana
India
Zip Code: 500060
Home : 7093123447
Mobile : 9849325735
GSTIN : 0

User Id : satyaenterprises999@gmail.com

Account No : 101010436174

Invoice No. : TG-B1-16053329

Invoice Date : 01/12/2019

Invoice Period : Dec/2019

Due Date : 16/12/2019

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ if paid after due date
0	0	0	3,009	3,009	3,009	3,034

Invoice Charges

Account No: 101010436174

User Name: satyaenterprises999@gmail.com

Txn No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
TG-B1-16053329.6	01/12/2019	16/12/2019 - 15/06/2020	Internet telecommunications services	9984	A-MAX Swift FT 6M	2550	Per SemiAnnual	183 days	0	2,550	9	229.5	9	229.5	3,009
Sub Total:										2,550		229.5		229.5	3,009
Invoice Amount:										2,550		229.5		229.5	3,009

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.

CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200

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Terms and Conditions

- Cheques to be in favour of "M/s ATRIA CONVERGENCE TECHNOLOGIES LIMITED".
- In case of cheque bounce, Rs.100/- penalty will be levied.
- 18% interest will be levied on overdue payments
- Late Payment fee of Rs. 25/- shall be applicable if bill is paid post due date

5. In case of overdue/ defaults, the right to deactivate your services, is reserved.
6. All disputes are subject to Telangana jurisdiction.
7. Unless otherwise stated, tax on this invoice is not payable under reverse charge.
8. This Invoice is system generated hence signature and stamp is not required



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Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	Subscriber Name	:	UserName	:
Bill Number	:				