

## Express Delivery Services

4/15 Ground Floor , Industrial Area Kirti Nagar, New Delhi 110015

**Telephone:**9818641504-01146695080

**E-Mail:**info@edscargo.in

**Web Site:** www.edscargo.in

**GST No:** 07GJOPS7055E1ZN

### TAX INVOICE

To,

**PENTAWIS INNOVATIONS PRIVATE LIMITED**

HALF GROUND FLOOR, 13-C, NO.63, PVT NO. - 13, NAJAFGARH ROAD, RAMA ROAD, INDURTRIAL AREA, New Delhi, West Delhi, Delhi, 110015

**Gst No :** 07AAPCS2919C1ZB

INVOICE#: JBJ22-23/367

Invoice Period#: 01/05/22 - 31/05/22




Description	P a y a b l e A m o u n t	Total Consignment
Invoice Period: 01/05/22 TO 31/05/22	6 2 3 6	6
Amount in words : RUPEES Six thousand two hundred and thirty six rupees only		
<b>TERMS &amp; CONDITION</b> 1. Payment should made only crossed cheque or DD in favour of <b>Express Delivery Services</b> 2. Payment should be made within 10 days from the invoice date. 3. Late payments are subject to an interest charge of 2% per month. 4. All disputes subject to Delhi Jurisdiction. 5. This is a computer generated invoice signature not required	4 4 1 6	Total Freight Amount
	0 0 0	Other Charges
	0 0 0	Discount
	8 6 9 0 0	Fuel Surcharge Rs.
	4 7 5 6 5	CGST @ 9.00%Rs
	4 7 5 6 5	SGST@ 9 %Rs.

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<div>Bank Account Details</div> <div>EXPRESS DELIVERY SERVICES</div> <div>AXIS BANK LTD,MOTI NAGAR</div> <div>A/C NO : 919020010823540</div> <div>IFSC : UTIB0001102</div> <div>MICR : 400013076</div>	000	IGST@ %Rs.
	6236	Net Amount Rs
	<div>For Express Delivery Services</div> <div></div> <div>Authorised Signatory</div>	

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SINo.	C/N No.	C/N.DATE	DEST.	CONSIGNEE.	MODE	TYPE	PCS	WEIGHT	REMARKS	AMOUNT
1	538410	06/05/22	PATIALA	MANIPAL HOSPITAL	Surface	ND	3	58		2,466
2	538346	09/05/22	JAIPUR	MANIPAL HOSPITAL	Surface	ND	2	24.61		1,062
3	538345	09/05/22	GHAZIABAD	MANIPAL HOSPITAL	Surface	ND	1	5		153
4	537459	16/05/22	CHANDIGARH	KIDS CLINIC INDIAN	Surface	ND	3	18		769
5	537478	19/05/22	GHAZIABAD	MR. ANUJ	Airl	ND	1	0.1		66
6	537477	19/05/22	PANCHKULA	MR. CHAMAN	Surface	ND	3	18		769

For Express Delivery Services



E.&amp; O.E.

Authorised Signatory

\*\* End of the Invoice \*\*

THANKING YOU ASSURING YOU THE BEST OF OUR SERVICES AT ALL TIMES.