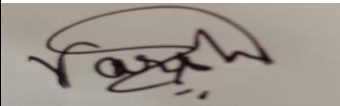


INVOICE: June 2025				
<b>From :</b> Name : Varshitha M B Emp ID: C000614 Designation: Technical Lead User Experience Mobile: 9 7 4 3 0 1 4 9 3 3 Email: varshitha.mb@sagilityhealth.com			<b>Invoice No.</b>	
			June 2025	
			<b>Invoice Date</b>	
			30 <sup>th</sup> June 2025	
<b>To :</b> Sagility India Private Limited No 23&24, AMR Tech Park, Building 2A, First Floor, Hongasandra Village, Off Hosur Road, Bommanahalli, Bengaluru – 560068  GSTIN: 29AAKCB0226C2Z2			<b>Ref. P.O. No.</b>	
			NA	
			<b>Ref. P.O. Date</b>	
			NA	
			<b>Project Name</b>	
			UnifiedPAT	
<b>SLNO.</b>	<b>PARTICULARS</b>	<b>QTY.</b>	<b>RATE</b>	<b>AMOUNT</b>
1	Retainer Fee Charges: (per month)	30		85000
	<b>Net Amount Payable:</b>			85000
			<b>Total</b>	
EightyFive Thousand Rupee/-				
Cheque/DD to be issued in the name of		-		
<b>Wire Transfer:</b>				
Bank Name:		HDFC Bank		
Account Name:		VARSHITHA M B		
Account No:		50100776531356		
IFSC CODE:		HDFC0008709		
TIN:				
PAN:		CTNPB9624H		
HSN/SAC CODE:				
Service Tax No. / GSTIN:				
Certified that the particulars given above are true & correct and the amount represents the price actually charged.				
<b>For :</b>				
		<i>Authorised Signatory:</i>		
Employee Signature:				