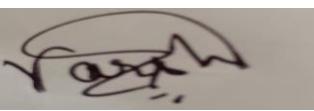


INVOICE: Nov 2025

From : Name : Varshitha M B Emp ID: C000614 Designation: Technical Lead User Experience Mobile: 9743014933 Email: varshitha.mb@sagilityhealth.com		Invoice No. Nov 2025 Invoice Date 30 th Nov 2025 Ref. P.O. No. UnifiedPAT		
To : Sagility India Private Limited No 23&24, AMR Tech Park, Building 2A, First Floor, Hongasandra Village, Off Hosur Road, Bommanahalli, Bengaluru – 560068 GSTIN: 29AAKCB0226C2Z2		NA Ref. P.O. Date NA Project Name UnifiedPAT		
SLNO.	PARTICULARS	QTY.	RATE	AMOUNT
1	Retainer Fee Charges: (per month)	30	85000	
	Net Amount Payable:			85000
		Total		
EightyFive Thousand Rupee/- Cheque/DD to be issued in the name of _____				
Wire Transfer:				
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.				
For :				
 Employee Signature:	<i>Authorised Signatory:</i>			