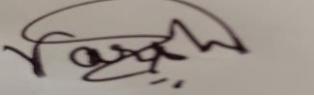


### INVOICE: Oct 2025

<b>From :</b> Name : Varshitha M B Emp ID: C000614 Designation: Technical Lead User Experience Mobile: 9743014933 Email: varshitha.mb@sagilityhealth.com		<b>Invoice No.</b> 1 <sup>st</sup> Oct 2025 <b>Invoice Date</b> 31 <sup>st</sup> Oct 2025 <b>Ref. P.O. No.</b> UnifiedPAT		
<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		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)	31	<b>85000</b>	<b>85000</b>
	<b>Net Amount Payable:</b>			<b>Total</b>
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.				
<b>For :</b>				
 Employee Signature:	<i>Authorised Signatory:</i>			