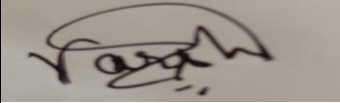


INVOICE: Nov 2025				
From : Name : Varshitha M B Emp ID: C000614 Designation: Technical Lead User Experience Mobile: 9 7 4 3 0 1 4 9 3 3 Email: varshitha.mb@sagilityhealth.com			Invoice No.	
			Nov 2025	
			Invoice Date	
			30 th Nov 2025	
To : Sagility India Private Limited No 23&24, AMR Tech Park, Building 2A, First Floor, Hongasandra Village, Off Hosur Road, Bommanahalli, Bengaluru – 560068 GSTIN: 29AAKCB0226C2Z2			Ref. P.O. No.	
			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 :				
		<i>Authorised Signatory:</i>		
Employee Signature:				