


## INVOICES



**CUBE**  
DENTAL EQUIPMENTS

cubedentalequipments@gmail.com  
Mob : 87545 75856

**Tax Invoice**

**Cube Dental Equipments**  
Plot No.3, Ekambaram 1st Street,  
Udhaya Nagar Extension,  
Porur, Chennai - 600 116  
GST No. 33CTOP5572A 121  
Drug License No. TN/204/2008/0035 & TN/2042/11/0035  
Dated - 18.08.2022  
DESTINATION: 33CTOP5572A 121  
State Name : Tamil Nadu, Code : 33  
E-Mail : cubedentalequipments@gmail.com  
Consignee (Ship to)  
**Dr.Murali Krishna.Chekka.N.V. MDS**  
Surya Speciality Dental Clinic,  
6-8-14, 1st Floor, Shivalayam Street,  
Adjacent Floor Ex Restaurant,  
Near Koti Palli Bus Stand, T - Nagar,  
Rajahmundry- 533 101  
State Name : Andhra Pradesh, Code : 37  
Buyer (Bill to)  
**Dr.Murali Krishna.Chekka.N.V. MDS**  
Surya Speciality Dental Clinic,  
6-8-14, 1st Floor, Shivalayam Street,  
Adjacent Floor Ex Restaurant,  
Near Koti Palli Bus Stand, T - Nagar,  
Rajahmundry- 533 101  
State Name : Andhra Pradesh, Code : 37

Invoice No. <b>CDE/23-24/196</b>	Dated <b>28-Jun-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>EzSensor Classic 1.5 IOS</b> S/N - S1520HCC423-70977 Warranty : One Year	90221420	1 Nos	79,464.00	Nos	<b>79,464.00</b>
<b>Output IGST @ 12% Rounding Off</b>						<b>9,535.68</b> <b>0.32</b>
<b>Total</b>						<b>1 Nos</b> <b>89,000.00</b>

Amount Chargeable (in words) **INR Eighty Nine Thousand Only** E & O E

HSN/SAC	Taxable Value	Integrated Tax Rate	Amount	Total Tax Amount
90221420	79,464.00	12%	9,535.68	9,535.68
<b>Total</b>	<b>79,464.00</b>		<b>9,535.68</b>	<b>9,535.68</b>

Tax Amount (in words) : **INR Nine Thousand Five Hundred Thirty Five and Sixty Eight paise Only**







Company's PAN : **CTOP5572A**

Declaration  
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details  
A/c Holder's Name: **Cube Dental Equipments**  
Bank Name: **HDFC Bank- 60200072017632**  
A/c No: **60200072017632**  
Branch & IFS Code: **Mugaliyakkam & HDFC0009129**  
SWIFT Code

Authorized Signatory  
[Signature]  
[Stamp: CUBE DENTAL EQUIPMENTS]

Plot No.3, Ekambaram Street, Udhaya Nagar Extn., Near PIN Mark Porur Chennai - 600 116.  
This is a Computer Generated Invoice.

TIN : 37720373976

Cell : 98480 10293

Ph : 0891-6064006



## VIZAG DENTAL DEPOT

Door No. 47-10-37, Shop No. SF-3, Second Floor, Ratnadham Arcade,  
Diamond Park Road, Visakhapatnam - 530 016. E-mail : vizagdental@gmail.com

Ref:  
Ref:

Date: 04.04.2016

To  
THE CHAIRMAN  
LENORA INSTITUTE OF DENTAL SCIENCES  
RAJAHMUNDRY - 533294.

SUB: STATEMENT FOR OPG CBCT

### STATEMENT FOR OPG CBCT

SL.NO.	PARTICULARS		AMOUNT
1	UNIT BOOKING COST	3400000	
2	Add: TAX @ 7%: (3900000*7%):	273000	
3	Add: COURIER CHARGES :	148233	
4	Add : CUSTOMS DUTY :	214319	
5	Add : PRINTER :	280000	
	Add : FILMS :	5000	
6		4320552	4320552
	Add : VDD MARGIN @ 10%: (4320552*10%) :		432055
7			
	TOTAL VALUE :		4752607
	LESS : ADVANCE PAID TO SHARIFF :		3900000
	TOTAL DUE :		852607

for VIZAG DENTAL DEPOT





cubedentalequipments@gmail.com

Mob : 87545 75856

CDE/SM/CHE/2022-23/163

Date : 15.09.2022

TO,  
Lenora Institute of Dental Sciences  
NH-16  
Rajanagaram  
Rajahmundry  
Andhrapradesh

PROFORMA INVOICE									
SL. NO	QTY	DESCRIPTION	BRAND	UNIT PRICE (INR)	Tax %	Tax Amount	Net	TOTAL PRICE (INR)	
1	1	SATELEC DIGITAL IMAGING SYSTEM MODEL--SOPIX RVG CONSISTING OF : SENSOR WITH CONTROL BOX TOTAL LENGTH OF 3.5 MTRS SOPRO IMAGING SOFTWARE WITH LICENSE  <b>OLD SOPIX BUY BACK AT COST OF 10000/-</b>	SATELEC	1,29,464	12	15,536	1,45,000	1,45,000	
PRICE		INCL OF IGST						1,45,000	
GST		12% IGST						15,536	
TOTAL PRICE ( IN WORDS)		ONE LAKH FOURTY FIVE THOUSANDS ONLY						1,45,000	
PAYMENT TERMS		70% Advance(101500) along with PO in favour of " Cube Dental Equipments" Payable at Chennai AND Balance(43500) against installation							
WARRANTY		2 YEARS WARRANTY + 3YEARS SERVICE WARRANTY							
DELIVERY PERIOD		With in 7 Days from Date of PO received.							
VALIDITY		15 DAYS							

Accepted  
For CUSTOMER

For CUBE DENTAL EQUIPMENTS

AUTHORISED SIGNATORY  
Account Details:  
Name : Cube Dental Equipments  
A/C.No: 023205004650  
Bank : ICICI  
IFSC : ICIC0000232  
Branch: Alwarthirunagar



Plot No.3, Ekambaram Street, Udhaya Nagar Extn., (Near PJN Mahal), Porur, Chennai - 600 116.





# LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)  
Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: [www.lids.ac.in](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH:0883-2484492.Fax: 0883 2484493



**Carestream Dental India Pvt. Ltd.**  
Registered Office  
Lotus Corporate Park Office  
Unit No F-1501 & F-1502  
Goregaon(East), Mumbai-400063  
Maharashtra  
India

ORIGINAL  
Tax Invoice

Page 1 of 2  
Original For Recipient

Customer No	Invoice Number	Invoice Date
1083004	TI22MH00132614	08.06.2022

**Invoice Inquiries:**

**Deliver To:**  
LENORA INSTITUTE OF DENTAL SCIENCES  
BOON EDUC. ENVR & RURAL DEVL. SOC  
RAJANAGARAM, NR HP PETROL PUMP  
EAST- GODAVARI DIST., RAJAHMUNDRY  
533294  
Andra Pradesh

Due Date:	Total Amount Due:
08.06.2022	1,500,000.00
	Currency INR

**Delivery From / Send Payments To:**

CARESTREAM DENTAL INDIA PVT LTD  
c/o Future Supplychains Sol. Ltd  
Plot C-1, Praithamesh Dream Complex  
LYAN BYPASS, BHIWANDI THANE 421302  
Maharashtra

**Payment Terms:**

Up to 06/08/2022 without deduction

System Reference Number: 183275085  
Refer terms & Conditions of sale mentioned overleaf

Customer Information			Order Information		
<b>Sold to: 1083004</b>	<b>Bill To: 1083004</b>	<b>Payer: 1083004</b>	Order Number	53194419	
LENORA INSTITUTE OF DENTAL SCIENCES BOON EDUC ENVR & RURAL DEVL SOC RAJANAGARAM, NR HP PETROL PUMP EAST- GODAVARI DIST., RAJAHMUNDRY 533294 Andra Pradesh	LENORA INSTITUTE OF DENTAL SCIENCES BOON EDUC ENVR & RURAL DEVL SOC RAJANAGARAM, NR HP PETROL PUMP EAST- GODAVARI DIST., RAJAHMUNDRY 533294 Andra Pradesh	LENORA INSTITUTE OF DENTAL SCIENCES BOON EDUC ENVR & RURAL DEVL SOC RAJANAGARAM, NR HP PETROL PUMP EAST- GODAVARI DIST., RAJAHMUNDRY 533294 Andra Pradesh	Tax number	SEE BELOW	
			Delivery Note No.	216060376	
			Shipment No	10716	
			Ship date	08.06.2022	
			Customer Purchase Order Number:	PA ZDSC/LIDS/053122	
Tax Details for Carestream			Pan & Tax Details for "Bill To" Customer		
GSTIN # 27AAHCC2465K1ZF			Pan & Tax Details for "Ship To" Customer		
PAN # AAHCC2465K					

**Message to Customer**

Cust. Tel. No: 8832454493  
STANDARD WARRANTY: 24 MONTHS FROM THE DATE OF INSTALLATION OR 25 MONTHS FROM THE DATE OF SHIPMENT WHICHEVER IS EARLIER  
EXTENDED WARRANTY: 3 YEARS  
Contact: 8832454493, [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com)  
Remittance Information:  
Beneficiary Name: Carestream Dental India Private Limited  
Beneficiary Bank: HSBC  
Account Number: 006-257414-001  
MICR Code: 400031002

**Invoice Detail**

Quantity	Description	Price Gross Sale	Disc % Disc Amt	Tax % Tax Amt	Net No Tax Net with Tax
1	CS 810050	1,218,750.00	0.00	12.00	1,218,750.00
	EA Catalog No: 5314349	1,218,750.00	0.00	146,250.00	1,365,000.00
	Serial No: KDIG452				
	HSN/SAC: 90222100				
	IN Integrated GST: 12.00				
1	CMC CS 81005C 3Y	114,406.78	0.00	18.00	114,406.78
	EA Catalog No: 4990618	114,406.78	0.00	20,593.22	135,000.00
	Serial No: 49906180000000019				
	HSN/SAC: 966719				
	IN Integrated GST: 18.00				
1	License server 20 users CS18	0.00	0.00	0.00	0.00
	EA Catalog No: 5842941	0.00	0.00	0.00	0.00
	Serial No: KDWR0854				
	HSN/SAC: 46970030				

CIN: U52605MH2017FTC300998



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Web: [www.lids.ac.in](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH:0883-2484492.Fax: 0883 2484493

ORIGINAL BUYERS COPY SELLERS COPY TRANSPORTERS COPY									
<b>Medicals</b> 1ST MAIN ROAD 1ST CROSS ROAD RAJANAGARAM RAJAHMUNDRY AP-533204 INDIA PH: 0883-2484492 FAX: 0883-2484493 E-MAIL: <a href="mailto:lidsrajahmundry@gmail.com">lidsrajahmundry@gmail.com</a>		<b>BILL OF SALE</b>		INVOICE NO: A-229 DATE: 23-Dec-2012 at 17:17		INVOICE NO: RAHMG0018V012172 DATE: 23-12-2012		41135 2320F 2333F	
<b>INVOICE TO:</b> Lenora Institute of Dental Sciences Rajanagaram, Rajahmundry-533204, Andhra Pradesh, India. GST NO: RAHMG0018V012172									
PRODUCT	MS	PACK	BATCH	EXPIRY DATE	QTY	UNIT AMT	DISC	TAX	AMOUNT
Dental Operating X-ray Microscope		1 no			1	3,20,000.00	0	5.50	3,37,600.00
<b>DED TAX CERTIFICATE</b> We hereby certify that the four signatures for the purchase of Value Added Tax Act, 2005 is for paper or any one side of the goods specified under section 17(1) of the Act that the invoice is issued by the supplier to the purchaser of goods and the tax is not payable on the sale as per section 17(1) of the Act.						<b>TOTAL</b> 3,37,600.00 <b>Discount</b> <b>Taxes</b> 17,600.00 <b>Grand total</b> 3,55,200.00 <b>For</b> <i>[Signature]</i> Medicals 12-13			
<b>NET AMOUNT BREAKUP</b> TAX @ 5.5% - 3,20,000.00 17,600.00 <b>Total</b> 3,37,600.00 17,600.00 <b>CST</b> <b>WITH OUT CST</b>						<b>Words:</b> Indian Rupees Three Lakh Thirty Seven Thousand Six Hundred only			
<b>ACKNOWLEDGEMENT:</b>									
Medicals 12-13 1ST MAIN ROAD RAJANAGARAM RAJAHMUNDRY AP-533204 INDIA PH: 0883-2484492 FAX: 0883-2484493 E-MAIL: <a href="mailto:lidsrajahmundry@gmail.com">lidsrajahmundry@gmail.com</a>		P: Lenora Institute of Dental Sciences NH-5, Rajanagaram, Rajahmundry-533204, Andhra Pradesh, India.				Invoice No: A-229 Date: 23-Dec-2012 Amount: 3,55,200.00			



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TIN: 28720373976  
Wef (1st Feb 2011)

**TAX INVOICE**

Call: 08499 10293  
Fax: 0891-2550332

## VIZAG DENTAL DEPOT

D.No. 49-34-13, Shop No. 107, First Floor, Abhinagar, Akhyyapalem, VISAKHAPATNAM - 530 015.  
E-mail: vizagdental@gmail.com

Mr <u>Lenora Dental College</u> <u>Rajahmundry</u> Phone: _____ Fax: _____ TIN No. _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PO No</td> <td>INVOICE No <b>129</b></td> </tr> <tr> <td>PO Date</td> <td>Invoice Date <b>06/01/2013</b></td> </tr> <tr> <td>DC No</td> <td>Vendor Code No.</td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td colspan="2">Date of Delivery of Goods _____</td> </tr> <tr> <td colspan="2">Terms of Sales _____</td> </tr> </table>	PO No	INVOICE No <b>129</b>	PO Date	Invoice Date <b>06/01/2013</b>	DC No	Vendor Code No.	Date		Date of Delivery of Goods _____		Terms of Sales _____	
PO No	INVOICE No <b>129</b>												
PO Date	Invoice Date <b>06/01/2013</b>												
DC No	Vendor Code No.												
Date													
Date of Delivery of Goods _____													
Terms of Sales _____													

S.No	PARTICULARS	Packing	QTY.	RATE		AMOUNT	
				Rs.	Ps.	Rs.	Ps.
①	Dentase Dental Dial LASER 980/7 with Bleaching & Photostimulation W/P	1set	1			3,05,000	00
<b>TOTAL</b>						3,05,000	00
<b>TAX @</b>						15.25%	46,437.50
<b>Gross TOTAL</b>						3,20,250	00

Ruppes: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Despatched through Lorry / Courier / Hand Delivery

R. No. / Doc No.	Date:	Freight TO PAY/PAID Rs.	No. of Packages:
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**NOTE**

Please read the conditions of sale on the reverse side of this invoice.

Each invoice is valid for 12 months from the date of issue.

All payments are subject to the terms and conditions of sale.

Amount @ 20% per month will be charged if payments are not received on due date.

Customer's Signature  
with Rubber Stamp

Checked by  
Authorised Signatory

**For VIZAG DENTAL DEPOT**

**ORIGINAL : To be retained by the buyer to provide evidence for an input tax claim.**



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Lab Systems

Tax Invoice      PERSONAL CONFIDENTIAL

<b>Lab Systems</b> B-102, 1st Floor, Behind the Police Station, 4th Main Road, Dharmaapuri, RAJAHMUNDRY - 520008, Contact : 0883 2484492 / 0883 2484493 E-MAIL: <a href="mailto:lidsrajahmundry@gmail.com">lidsrajahmundry@gmail.com</a> Website: <a href="http://www.lids.ac.in">www.lids.ac.in</a>	Invoice No: 0712021540 Delivery Date: 31-May-2019 Order/Invoice No: 0712021540 Invoice Date: 31-May-2019 Dispatch Document No: Delivery Note Dispatched through: VRL Logistics Ltd Bill of Lading: 01441704 001210201540-31-May-2019 Terms of Delivery: No of Box 12, Freight PAID
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Recipient Women Education Emp & Rural Development Society LENORA INSTITUTE OF DENTAL SCIENCES Nonagada Road, Rajanagaram, RAJAHMUNDRY - 523204, PS : 0883-2484492 PIN/ST No : AAAAB2487M State Name : Andhra Pradesh, Code : 37	Recipient Women Education Emp & Rural Development Society K.L.S. Prashasti College Campus, 8th Crossroads Colony PALAMANERU - 507113, PIN/ST No : AAAAB2487M State Name : Andhra Pradesh, Code : 37
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Sl. No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	TAX	Amount	
1	Prime DNE, Dental Operating Microscope LABOMED	90104000	12%	2 nos	4,18,200.00	not	8,20,400.00	
	Output 1037 @ 12%					12%	98,400.00	
<b>Total</b>								<b>₹ 9,18,800.00</b>

Amount in words: **₹ 9,18,800.00**  
 INR Nine Lakh Eighteen Thousand Four Hundred Only

Taxable Value	GST	Input Tax	Output Tax	Total
8,20,400.00	12%	98,400.00	91,880.00	9,18,800.00
<b>Total</b>				<b>₹ 9,18,800.00</b>

Tax Amount (in words): **₹ 91,880.00**  
 INR Ninety One Thousand Eight Hundred Only

Company's PAN : AAAAB27084H Declaration: We declare that the invoice shows the actual price of the goods described and that all particulars are true and correct.	Company's Bank Details: Bank Name : IDFC Bank (Current A/c) A/c No. : 0000200000000000 Branch & IFSC Code: Keshava Road & 163 PG 0000000
--	--

SUBJECT TO REGISTRATION AND PROVISION  
This is a Computer Generated Invoice



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**Planatec Lab Solutions**  
Dealers : Glassware, Instruments and General Items  
24 Sri Dattatal Complex, Opp. Saptagiri Theatre, R.T.C. 'W' Roads, Hyderabad-500 523  
Phones : 27676970, 27677225, 27631398 Fax: 91-40-27600102  
email: info@planateclabsolutions.com

<b>Bill To:</b> Dr. Jacob, Department of Oral Pathology, KLR's Lenora Dental College, Rajanagaram, Rajahmundry-533 294. Party's TIN No:	<b>Ship To:</b> Dr. Jacob, Department of Oral Pathology, KLR's Lenora Dental College, Rajanagaram, Rajahmundry.	<b>INVOICE No :</b> 1141 <b>D.C No :</b> <b>ORDER No :</b> <b>DATE :</b> <b>PAYMENT :</b>	<b>DATE :</b> 23/09/2014 <b>DATE :</b> <b>THRU :</b> NRT <b>UR No &amp; DT :</b> URTN/17/2 23/09/2014
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QTY	DESCRIPTION OF GOODS	UNIT PRICE	GROSS TOTAL	DISCOUNT		TAXABLE AMOUNT		CST		NET AMOUNT
				L	AMT	R	AMT	R	AMT	
3	Unocular Microscope, LABOMED	2216.00	6714.00	0.00	0.00	6714.00	0.00	3357.00	0.00	7071.00
<b>TOTAL</b>		3	6714.00	0.00	0.00	6714.00	0.00	3357.00	0.00	7071.00

**TOTAL IN WORDS : Seventy Thousand Four Hundred And Ninety Seven Only**

Customer's signature on which invoice has been charged and not been paid under the State Sales Tax Act. If it is not made for words but the charge on original Sales Tax on your goods are correct under the Provision as in the State Sales Tax Act. Amount of 2% sales tax will be charged on your bill payable. Goods are sold as in which bill.

Subject to Hyderabad Justification only

VA/171 & URT NO : 277203032 - Date: 02-09-2014	Cst @ 2% Applied C Amt = 134.28 Cst Amt = 0.00
DL No: 707/2014/NTW/008	Cst @ 5% on Pa = 335.70 Cst Amt = 3357.00
TL No: 2014/NTW/008/010 DT: 18-09-2014	Cst @ 14.2% on = 0.00 Cst Amt = 0.00
PN No: 10000000000000000000	

Our Bank Details : Indian Overseas Bank, Branch : Chikkadapally, Hyderabad-600 420 (T.S.)  
Ac No: 100 06702380001794, IFSC Code: IOBA000M78, MICR Code: 500020008

For Planatec Lab Solutions



**NOVEL TECH INC.,**  
For Relentless Support...


#01, UNDAJULI 1<sup>st</sup> Floor,  
Elegant West Wood, 11<sup>th</sup> Main,  
Maddurwaram, Bangalore-560063  
Phone: 080-32314511, 36321623  
Tele Fax: 089-23560656  
Credit: [rajahmundry@noveltech.com](mailto:rajahmundry@noveltech.com)

## TAX INVOICE

KARNATAKA VAT NUMBER: 29141120091  
PARTY TIN NUMBER:

<b>NAME &amp; ADDRESS OF THE CONSIGNEE</b>  To, The Principal, Lenora Institute of Dental Sciences, NH-16, Rajanagaram, Rajahmundry-533294 East Godavari, Andhra Pradesh.  Dept: Oral Pathology		<b>INVOICE NUMBER: NTI 095</b>  DATE OF INVOICE: 21/12/2015 ORDER DETAILS: PG/LIDS/2015/006 DATED: 11/10/2015 SHIPMENT DETAILS: SURFACE DELIVERED ON: 22/12/2015 MODE OF DELIVERY: BY PERSON PLACE OF DELIVERY: RAJAHMUNDY		
S.NO	EQUIPMENT DETAILS	RATE/UNIT	QTY	TOTAL
01.	Olympus Trinocular Research Multi Head/ Penta Head Microscope Model CX41TR	701422.00	01	701422.00
				<b>701422.00</b>
<b>TOTAL</b>				<b>58575.00</b>
<b>VAT @ 05.5% EXTRA</b>				<b>740000.00</b>
<b>GRAND TOTAL IN INR</b>				<b>740000.00</b>
<b>RUPES SEVEN LAKHS FORTY THOUSAND ONLY.</b>				


**TERMS AND CONDITIONS OF SALE**  
 NOTE: GOODS ONCE SOLD WILL NOT BE TAKEN BACK UNLESS ANY MANUFACTURING DEFECTS NOTICED  
 AT THE TIME OF DELIVERY AND INSTALLATION  
 BILLS UNSETTLED FOR MORE THAN 30 DAYS WILL ATTRACT INTEREST @24%P.A.  
 RATE PREVAILING AT THE TIME OF DELIVERY WILL BE APPLICABLE.



NOVEL TECH INC.  
BANGALORE  
FORWARDING & EXPORTING  
AUTHORIZED EXPORTATORY

*At Hand*  
*V. Shankar*

GOODS RECEIVED IN GOOD CONDITION



OLYMPUS  
CORPORATION, JAPAN

2022-2-16



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Web: [www.lids.ac.in](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH:0883-2484492, Fax: 0883 2484493

## Lab Systems


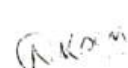
Tax Invoice

EXTRA COPY

<b>Lab Systems</b> e-108, 1st Floor, 1st Cross, 1st Stage, 1st Block, 1st Phase, 1st Colony, 1st Locality, 1st Area, 1st Zone, 1st District, 1st State, 1st Country, 1st Continent, 1st Planet, 1st Galaxy, 1st Universe, 1st Multiverse, 1st Omniverse, 1st Everything, 1st Nothing, 1st Somewhere, 1st Anywhere, 1st Everywhere, 1st Sometime, 1st Anytime, 1st Everytime, 1st Somewhere, 1st Anywhere, 1st Everywhere, 1st Sometime, 1st Anytime, 1st Everytime.		Invoice No. : 1100001111 Date : 25-Jan-2018 Delivery To : Rajanagaram					
<b>LENORA INSTITUTE OF DENTAL SCIENCES</b> (Non Educational Org & Rural Development Society) Plot No. 16, Rajanagaram, Rajahmundry - 520024 Phone : 0883 - 2484492 PAN No. : AAAPF0328H		Invoice Date : 25-Jan-2018 Invoice Time : 10:00 AM Invoice Status : Delivery To : Rajanagaram					
State Name : Andhra Pradesh, Code : 37 Supp. Of other than supplies Non Educational Org & Rural Development Society Plot No. 16, Rajanagaram, Rajahmundry - 520024 PAN No. : AAAPF0328H State Name : Andhra Pradesh, Code : 37		Dispatched through : VRL Logistics Ltd Bill of Lading / B/L No. : 1100001111 Date of Bill : 25-Jan-2018 Terms of Delivery : No of Box 14, Freight PAID					
Sr	Description	HSN Code	Qty	Unit	Rate	Tax	Amount
1	ROBOP, Dental Operating Microscope LABMED	90159000	1	nos	8,40,000.00	69.60	8,48,400.00
2	Palma DNT, Dental Operating Microscope LABMED	90159000	2	nos	4,00,000.00	32.80	8,32,800.00
Output GST @ 12%							1,60,200.00
<b>Total</b>							<b>18,21,400.00</b>
Amount payable (words) : <b>INR Eighteen Lakh Fifty Nine Thousand Two Hundred Only</b>							
HSN Code : 90159000		Taxable Value : 18,21,400.00		Integrated Tax : 1,60,200.00		Total Tax Amount : 1,60,200.00	
Tax Amount (words) : <b>INR One Lakh Ninety Nine Thousand Two Hundred Only</b>							
Company's PAN : AAAPF0328H				Company's Bank Details Bank Name : HDFC Bank (Current) A/c No. : 0002330000000000 Branch & IFSC Code : Kakinada Road & IFSC Code: 000233			
Consumer's Bill and Signature				(Stamp and Signature)			

SUBJECT TO BENGALURU JURISDICTION  
- This is a Computer Generated Invoice

2/2/22, 12:05 PM Tally Shopping Cart - Invoice

TAX INVOICE						
 <b>Tally (India) Private Limited</b> # 331-336, Raheja Arcade, Koramangala Bengaluru Karnataka, India - 560095 CIN :U72200KA2005PTC037716		Invoice No.		Dated		
		1/O/192957/21-22		02-02-2022		
		Payment mode : Net Banking		Amount of Payment		
		Transaction ID: 14652834246		21,240.00		
		Transaction Date: 02-02-2022		12:04:46		
Bill To <b>LENORA INSTITUTE OF DENTAL SCIENCES</b> D.NO 2-226 ,KORUKONDA ROAD, NH 16 AGRAHARAM, RAJANAGARAM, EAST GODAVARI DIST, AP-533294 East Godavari - 533294 Andhra Pradesh, India Place of Supply:Andhra Pradesh phone:9705916666 Email:accounts@lids.ac.in		Terms of Delivery  Online download only. No physical delivery of package / CD.				
No.	Description of Products	HSN/SAC	Quantity	Unit	Rate(Rs.)	Amount(Rs.)
1	<b>TallyPrime Silver</b> Serial No: 737773947 Activation Key : UBGASGLFL  <a href="#">Click here</a> for instructions & to download	85238020	1	No	18,000.00	18,000.00
	<b>IGST</b>				18.00%	3,240.00
<b>TOTAL</b>			1			21,240.00
Amount Chargeable (in words )						
<b>INR Twenty One Thousand Two Hundred Forty Only</b>						
HSN/SAC		Taxable Value		IGST		
				Rate	Amount	
85238020		18000		18.00%	3240.00	
<b>Total</b>		<b>18000</b>			<b>3240.00</b>	
Tax Amount (in words ) : <b>INR Three Thousand Two Hundred Forty Only</b>						
Company's PAN : AACCT3705E Company's GSTIN/UIN : 29AACCT3705E1ZJ Buyer's State GST Code : 37						
Declaration: Pursuant to Notification (Income Tax) No. 21/2012/F.No.142/10/2012-SO(TPL)dated 13.6.2012 : This is a resale of Software without any modification, and tax has been deducted under Sec. 194J. Our PAN number is AACCT3705E .						
Declaration:  We declare that this invoice shows the actual price of the goods/services described and that all particulars are true and correct				For Tally (India) Private Limited   (Anindya Kumar Sen) Authorised Signatory		