


BILL OF SUPPLY

ORIGINAL/DUPLICATE

ADROIT IBS				TERMS OF PAYMENT	
F-114, INDRALOK ARCADE , TALAV GATE , JUNAGADH , GUJARAT. PIN - 362001 PH : 97126 77357 , 98242 64564 , 99255 89279 GSTIN : 24ADWPT6824C1Z6 PAN No. : ADWPT6824C UAM NO. : GJ11A0006926 e-Mail : info@adroit-ibs.com, adroitibsjnd@gmail.com				DEBIT MEMO	
M/S : SHREEJI ORTHOPAEDIC HOSPITAL Add. : 27, LAL BAHADUR SHASTRI SOC., NR. S.T. BUS STATION City : JUNAGADH State & Code 24-Gujarat GSTIN :				INVOICE NO. JGSS-21	
				DATED 20/04/2025	
No	Particulars	Qty.	Rate	Amount	
1	LIC.KEY FOR UPGRADE VERSION SOFTWARE HSN : 85238020 Type : AIBS_HOSPITAL Version : FY 2025-26 Remarks : Brand : "ADROIT"	1	3000.00	3000.00	
In Words : Rs. Three Thousand Only.			Net Amount	3000.00	
Bank Detail : Name : STATE BANK OF INDIA A/C No : 31553484139 IFSCode : SBIN0060386		Scan for pay : UPI ID 9824264564@SBI	Notes : 		
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