



BILL OF SUPPLY

ORIGINAL/DUPLICATE

ADROIT IBS F-114, INDRALOK ARCADE , TALAV GATE , JUNAGADH , GUJARAT. PIN - 362001			TERMS OF PAYMENT	
PH : 97126 77357 , 98242 64564 , 99255 89279 GSTIN : 24ADWPT6824C1Z6 PAN No. : ADWPT6824C UAM NO. : GJ11A0006926 e-Mail : info@adroit-ibs.com,adroitibsjnd@gmail.com			INVOICE NO.	
M/S : MOTHER CARE HOSPITAL AND IVF CENTER Add. : VAN PARK SOCIETY , B/H VRUNDAVAN COMPLEX			JGSS-49	
City: KESHOD State & Code 24-Gujarat GSTIN:			DATED 10/06/2025	
No Particulars	Qty.	Rate		Amount
1 LIC.KEY FOR UPGRADE VERSION SOFTWARE HSN : 85238020 Type : AIBS_HOSPITAL Version : FY 2025-26 Remarks :	1		4000.00	4000.00
Brand : "ADROIT"				
In Words : Rs. Four Thousand Only.	s. Four Thousand Only. Net A		nount	4000.00
Bank Detail : Scan for pay : Notes : Name : STATE BANK OF INDIA Image: State Bank of india A/C No : 31553484139 UPI ID IFSCode : SBIN0060386 9824264564@SBI				
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