



BILL OF SUPPLY				ORIGINAL/DUPLICATE		
ADROIT IBS F-114, INDRALOK ARCADE , TALAV GATE , JUNAGADH , GUJARAT. PIN - 362001 PH : 97126 77357 , 98242 64564 , 99255 89279				TERMS OF PAYMENT DEBIT MEMO		
GSTIN : 24ADWPT6824C1Z6 PAN No. : ADWPT6824C UAM NO. : GJ11A0006926 e-Mail : info@adroit-ibs.com,adroitibsjnd@gmail.com				INVOICE NO.		
M/S :KRISHNA HOSPITALAdd. :SIDDHARDH COMPLEX, B/H GODHIYA HOSPITAL, UNIVERSITY ROADCity :RAJKOTState & Code24-GujaratGSTIN :				DATED 16/06/2025		
No	Particulars	Qty.	R	late	Amount	
1	LIC.KEY FOR UPGRADE VERSION SOFTWARE HSN : 85238020 Type : AIBS_HOSPITAL Version : FY 2025-26 Remarks : Brand : "ADROIT"	1		7000.00	7000.00	
In Words : Rs. Seven Thousand Only. Bank Detail : Scan for pay : Notes : Name : STATE BANK OF INDIA Notes : A/C No : 31553484139 UPI ID IFSCode : SBIN0060386 9824264564@SBI						
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