

DRAFT PURCHASE ORDER



HITACHI SYSTEMS MICRO CLINIC PVT.LTD

Billing Address:- 802, 8th Floor, Ackruti Star, MIDC Central Road, MIDC, Andheri (E), MUMBAI, 400093, GST No:- 27AAACM6396E1ZB

| | | | | |
|---|-------------------------------|-----------------|---------|-----------------|
| GSTIN Number | : | 27AAACM6396E1ZB | Po. No. | MUM202021PO0474 |
| Tax Is Payable On Reverse Charge: (Yes/No): | | | Date | 12/03/2021 |
| Your SI/DN/CN Serial Number | : | | SO NO. | 9999 |
| Payment Term :- | 30-days from date of delivery | | BID No. | NA |

| Distributor Name | | Shipping Details | | | | | | | | | |
|---|----------------|--|----------------|--|--|--|--|--|--|--|--|
| Name: CONNECTIVITY IT SOLUTIONS PRIVATE LIMITED | | Name: HITACHI SYSTEMS MICRO CLINIC PVT.LTD | | | | | | | | | |
| Address: NO1877, 3RD FLOOR, GANGOTHR 31ST CROSS, 10TH MAIN, BANASHANKARI Bangalore 560070 | | Address: 802, 8th Floor, Ackruti Star, MIDC Central Road, MIDC, Andheri (E)-400093MUMBAI | | | | | | | | | |
| State: KTK | State Code: 29 | State: MAH | State Code: 27 | | | | | | | | |
| GSTIN/Unique ID: 29AAGCC1283L1ZC | | GSTIN/Unique ID: 27AAACM6396E1ZB | | | | | | | | | |
| | | Contact : Sunil Kumar Jha , 8291989315 / 9619105570 | | | | | | | | | |

| S. No. | Item Code With Description | HSN Code | QTY | Unit Price | Disc. % | Amt | Tax Amt | CGST | | SGST | | IGST | |
|------------------|--|----------|-----|------------|---------|-----------|---------|-----------------------|------|------|------|-----------|----------|
| | | | | | | | | Rate | Amt. | Rate | Amt. | Rate | Amt. |
| 1 | 220031 Rental Charges for Cisco Nexus N3K-C3048TP-1GE Nexus 3048TP-1GE 1RU 48 x 10/100/1000 and 4x10GE Ports (30K per for each month) Period - 15-March-2021 to 14-April-2021 Period - 15-April-2021 to 14-May-2021 Period - 15-May-2021 to 14-Jun-2021 | 9973 | 4 | 30000 | | 120000 | | | | | | 18.00 | 21600 |
| 2 | 220031 Rental Charges for 10G-SR Module | 9973 | 6 | 500 | | 3000 | | | | | | 18.00 | 540 |
| | | | | 10 | | 123000.00 | 0.00 | | 0.00 | | 0.00 | | 22140.00 |
| | | | | | | | | Invoice Total | | | | 123000.00 | |
| Value (In Words) | | | | | | | | Total(Incl. of Taxes) | | | | 145140.00 | |

**** ONE LAKH FORTY FIVE THOUSAND ONE HUNDRED FORTY RUPEES AND ZERO PAISA ONLY

| TERMS AND CONDITIONS OF PURCHASE | | HITACHI SYSTEMS MICRO CLINIC PVT.LTD | |
|--|--|---|--|
| * No Partial Billing / Delivery Acceptable. | | () | |
| * Single Road entry form will be Provided for Multiple Invoices. | | Phone No | |
| * Request for Road Permit should be send in same Days of Invoice Date. If any Request for Road Permit comes beyond the time frame, Fresh Invoice Required. | | This is computer generated Purchase Order need no signature | |
| * GST / HSN as per Government rules. | | Registered office | |
| * Delivery Within 2-3 Weeks for B2B Orders. | | E-44/2,OKHLA | |
| * Order Acceptance and B2B order Loading Confirmation should come within 2 Days. | | INDUSTRIAL AREA,PHASE-II NEW DELHI 110020 | |
| * LD is transfer Back to Back to Vendor on Late Delivery of goods / Services. | | CIN NO:U74899DL1993PTC056168 | |
| * Warranty on Goods as per OEM / RFP. | | | |
| * All Specification of Goods / Services Should be as per Compliance. | | | |
| * Payment terms on invoice should be as per Hitachi PO payment term. | | 1 of 1 | |