

Name Of Company (Supplier)						
TAX INVOICE						
GSTIN of Supplier				NA		
Name of the Suppliiier				Shalini Mathur		
Address of the Supplier				K-71-H Shiekh Sarai Phase II, New Delhi 110017		
Serial No. of Invoice				2024/375		
Date of Invoice				02.03.2025		
PAN of the Supplier				AMKPM1739N		
CIN of the Supplier (Company only)						
Details of receiver				Job Name:		Kids Nutrition
Name		Maket Xcel Datamatrix Pvt Ltd		Job Number:		Q2Q24-145
Address						
GSTIN / Unique ID						
PAN of the Receiver						
CIN of the Receiver (Company only)						
Sr. No	Description of Goods or Services	HSN/SAC	Qty.	Rate (per item)	Amount	
1	Moderation	NA	3	7,000	21,000	
2						
3						
	CGST			9%	NA	
	SGST			9%	NA	
	IGST			18%	NA	
	Total Invoice Value (In figure)	Total			21000	
	Total Invoice Value (In Words)	Twenty One Thousand Only				
		Beneficiary Name:			Shalini Mathur	
		Bank Name:			Canara Bank	
		A/c no.			110027010087	
		IFSC Code no.			CNRB0001768	
	Name & Sign of Signatory	PAN:			AMKPM1739N	
		GST Number:			NA	