

SURYA MEDICAL OXYGEN No. **2558** Date.....
 Shop No.3, B-20, Kiran Garden
 Main Hanuman Mandir Road
 Uttam Nagar, New Delhi-110059
 Challan No.....Date **14/8/24**

To, **Kabra Diagnostics**
 Your Order Number.....
Moti nagar
 Customer GSTIN.....
 Payment..... **By cheque**

FILLED **EMPTY**

S.No.	CYLINDER NO.	S.No.	CYLINDER NO.
1		1	
2	2 D-726	2	1000
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	

1. Risk And Responsibility Ceases When The Goods Leave Our Godown.
2. Payment Stirectly To Be Made Within 15 Days Otherwise 18% Interest Will Be Changed.
3. All Disputes Are Subject To Delhi Jurisdiction Only.
4. V. Payment To be Made In Favour Of Surya Medical Oxygen.

For SURYA MEDICAL OXYGEN:

Signature