

SURYA MEDICAL OXYGEN No. **2557** Date.....
 Shop No.3, B-20, Kiran Garden
 Main Hanuman Mandir Road
 Uttam Nagar, New Delhi-110059
 Challan No.....Date **3/18/24**

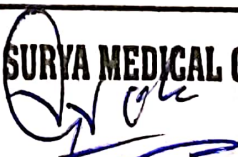
To, **Kaba Diagnostics**
Motinaran
 Your Order Number.....
 Customer GSTIN.....
 Payment..... **By cheque**

FILLED **EMPTY**

S.No.	CYLINDER NO.	S.No.	CYLINDER NO.
1		1	
2		2	
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	

B-Tube-1200
2D-Tube 1000
2200

1. Risk And Responsibility Ceases When The Goods Leave Our Coldown.
 2. Payment Stircly 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