

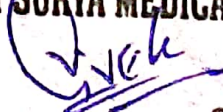
SURYA MEDICAL OXYGEN No. 2340 Date.....
 Shop No.3, B-20, Kiran Garden
 Main Hanuman Mandir Road
 Uttam Nagar, New Delhi-110059
 Challan No.....Date 4/10/24

To, Kalra Diagnostics
Motinaran
 Your Order Number.....
 Customer GSTIN.....
 Payment By Cash

FILLED **EMPTY**

S.No.	CYLINDER NO.	S.No.	CYLINDER NO.
1		1	
<u>2</u>	<u>2 D-type</u>	2	
3		3	
<u>4</u>	<u>4 B-type</u>	4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12	<u>2200/-</u>	12	
13		13	
14		14	
15		15	

1. Risk And Responsibility Ceases When The Goods Leave Our Godown.
2. Payment Strictly To Be Made Within 15 Days Otherwise 18% Interest Will Be Charged.
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