



**PHANTOM HEALTHCARE IND PRIVATE LIMITED**  
(formerly know as Phantom Healthcare Pvt Ltd.)

**Address** PLOT NO. 51, SECTOR 27C, NEAR NHPC CHOWK,  
FARIDABAD, HARYANA - 121 003, INDIA

**Phone** +91 9899112423 +91 9999336202  
+91-129-4312423 Fax : 0129-4312423

**PROFORMA INVOICE**

| <b>Supplier:</b><br><b>PHANTOM HEALTHCARE IND PRIVATE LIMITED</b><br>(FORMERLY KNOW AS PHANTOM HEALTHCARE PVT. LTD.)<br>PLOT NO.51, SECTOR-27 C, NEAR NHPC CHOWK, FARIDABAD - 121003 HARYANA, INDIA GST: 06AAFCP8618K1Z1                                                                                                                                                                                                                                                                                                                |                                            | PI No.                |               | Dated                                                                                                              |         |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------|---------------|--------------------------------------------------------------------------------------------------------------------|---------|----------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | 012/21-22             |               | 09-SEP-2021                                                                                                        |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Delivery Note         |               | Mode/Terms of Payment                                                                                              |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                       |               | CHEQUE/RTGS                                                                                                        |         |                      |
| <b>Buyer:</b><br>UBER INC<br>SONIGARA LANDMARK, KASPATE WAST, WAKAD, TAL MULSHI, PUNE 411057, MAHARASHTRA, INDIA GST: 27ALEPK9129M1ZL                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | Supplier's Ref.       |               | 012 Other Reference(s)                                                                                             |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Letter No.            |               | Dated                                                                                                              |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Despatch Document No. |               | Dated                                                                                                              |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Despatch through      |               | Destination                                                                                                        |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | BY ROAD               |               | PUNE                                                                                                               |         |                      |
| S.N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Description                                | Quantity              | Rate          | Per                                                                                                                | Disc. % | Amount               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GE Pre-Owned 3.0T MR Discovery MRI Scanner | 1                     | 45,000,000.00 | set                                                                                                                |         | 45,000,000.00        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>Sub Total</i>                           |                       |               |                                                                                                                    |         | 45,000,000.00        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>IGST @ 12%</i>                          |                       |               | 12 %                                                                                                               |         | 5,400,000.00         |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | <b>1</b>              |               | <b>Set</b>                                                                                                         |         | <b>50,400,000.00</b> |
| Amount Chargeable in words:<br>Indian Rupees Five Crore Four Lac Only.<br><br><b>Bank Details:</b><br>Account Name : Phantom Healthcare Pvt Ltd.<br>Bank Name - AXIS Bank Ltd.<br>Branch - Greenfield Colony, Faridabad, Haryana<br>IFSC Code - UTIB0002693<br>CC A/c No. -916030041750978<br><br>Company's GST No. : 06AAFCP8618K1Z1<br>Buyer GSTIN : 27ALEPK9129M1ZL<br><br><b>Declaration:</b><br>We declare that this Proforma Invoice shows the actual price of the goods described and that all particulars are true and correct. |                                            |                       |               |                                                                                                                    |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                       |               | For Phantom Healthcare Ind Private Limited<br>For Phantom Healthcare India Private Limited<br>Authorized Signatory |         |                      |

This is a computer Generated Proforma Invoice