

VAPI CARE PHARMA PVT LTD.

ADMIN OFF.: PLOT NO.225/3, NR.MORARJI CIRCLE,GIDC VAPI
City : VAPI-396195 District : VALSAD State : GUJARAT
Phone : (0260)2401492,2401595 Fax : Email : purchase@vapicare.com

C.I.No. : U24231GJ1996PTC029124

An ISO 14001-2004 and OHSAS 18001-2007 Compliant Organization

PURCHASE ORDER (RM)

Supplier Copy / Account Copy / Purchase Copy

To, NOVO EXCIPIENTS PVT.LTD 5/C, LAXMI INDUSTRIAL ESTATE, NEW LINK ROAD ANDHERI (WEST) MUMBAI - 400053 , INDIA		Order No. : VCP250019 Date : 17-04-2025					
GSTIN : 27AACCC3785B1ZU, Registered State : Maharashtra, 27 Mobile : 9702439654 EMail : coordi@novoexcipients.com Contact Person : VIDYA PRASOON		Delivery Address : VAPI CARE PHARMA PVT. LTD PLOT NO.225/3, NR.MORARJI CIRCLE GIDC VAPI VAPI-396195 GSTIN : 24AAACV8291M1ZT, Registered State : Gujarat, 24 PAN : AAACV8291M					
Location : VAPI PAN : AACCC3785B		Book At :					
Kindly Supply The Following Items							
Sr. No.	Code & Name of Materials and Description	Mfg. By	Order Qty.	Rate in Rs..	Per Dis.	Dis. Value	Amount in Rs..
1	1NOVO01 NOVOMIX MR(AQ)-57064 IH HSN / SAC : 32050000		180.0000 KG	1040.0000	KG	0.00 + IGS 18.00%	187200.00 33696.00
Delivery Schedule : 17/04/2025				180.000 KG	Total Value :		220896.00
Country Currency is not define				Total Order Value :		220896.00	
Remark : TO PAY BASIC TRANSPORTATION CHARGE AND OTHER COST EXTRA							
Note : Packing must be intact & of original manufacturer.							
Document Through : MATERIAL WITH DOCUMENT ONLY Payment : 45 DAYS Terms		Mode of Despatch : KALPTARU ROADLINES Book At : Delivery At : VAPI Book On :					
Invoicing Address : PLOT NO.225/3, NR.MORARJI CIRCLE,GIDC VAPI,,VAPI-396195. Ph. :							
Documents Required : (1) Tax Invoice in Duplicate (2) E-way Bill (3) Packing Slip (4) Test Report of each Batch / Material, & COA if applicable.							
Our Licence Details : D.L. No. : G/1392,G/1024		GSTIN : 24AAACV8291M1ZT, Registered PAN : AAACV8291M		State : Gujarat, 24 FSSAI No. : VAPI - II			
Terms & Conditions : (1) MENTION PURCHASE ORDER NO IN INVOICE OTHER WISE PAYMENT WILL BE DELAYED. (2) CREDIT PERIOD SHOULD BE CONSIDER FROM DATE OF RECEIPT OF COA, GST INVOICE, E-WAY BILL. (3) POUCHASE ORDER & COA SHOULD BE ATTACHED WITH CONSIGNMENT. (4) BANK DETAILS SHOULD BE MENTION AT YOUR TAX INVOICE. (5) PLEASE SEND MATERIAL AS PER SCHEDUL DATE ONLY. (6) PLEASE MAIL DISPATCH DETAILS AT PURCHASE@VAPICARE.COM & STORE@VAPICARE.COM (7) UNSIGNED PO ONLY FOR PLANNING NOT FOR DELIVERY.							
Prepared By		Checked By		For VAPI CARE PHARMA PVT LTD.			

Subject to VAPI. Jurisdiction.

Note : This Purchase Order is Computer Generated document and it does not require a signature.

Page 1 of 1

GPORDER