



Seller

Nirvasa Healthcare Pvt. Ltd

Plot No.- 404-405, Phase III, Udyog Vihar III,

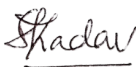
Sector 20, Gurugram, Haryana 122016

Email:info@nirvasa.com | Contact:1244811144

| ORDER ID | Invoice Ref | Order Date |
|----------|-------------|---------------------|
| 12 | 12 | 2024-06-12 07:55:20 |

| | | | |
|---|-----------------------------|--------------------------------|------|
| Buyer/Consignee/To Mohammad Moin 244, Street 22 A,Zakir Nagar,, South West Delhi, Delhi, Ph:9911784754 | Transporter Name | Payment Details | |
| | | Payment method : | COD |
| | | Gross Amount (INR) : | 9000 |
| | | Discount Amount (INR) : | 1800 |
| | | Payable Amount (INR) : | 7200 |
| | | Balance Due (INR) : | 0 |
| | | Box Quantities : | 1 |
| | | | |

| Content Description | Qty | Price |
|---------------------|-----|-------|
| Ashwagandha Tablets | 1 | 2000 |
| Maca Root Tablets | 1 | 5000 |
| Shilajit Resin | 1 | 2000 |

| | | |
|---|--------------------------------|------|
|  Pharmacist DL: 123456789; | Gross Amount (INR) : | 9000 |
| | Discount Amount (INR) : | 1800 |
| | Shipping : | Free |
| | Payable Amount (INR) : | 7200 |

Disclaimer:
Subject to the conditions of carriage, which limit the liability of the Logistics Service Provider for any loss, delay or damage the shipment. Visit to view the conditions of carriage and other terms.
The Seller mentioned above, by way of Seller Agreement signed with undertakes that it will always supply genuine product with adequate Invoice, warranty cards or other paperwork (as applicable) that are required to establish valid proof of purchase by Buyer to Manufacturer of above product. Buyer is advised to retain Seller Invoice for records. assumes no responsibility of genuinity of product, its effectiveness, after-sales service, warranty etc.