

**INVOICE FOR LEGAL FEES**

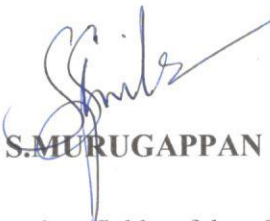
**S.MURUGAPPAN**

No.1, 4<sup>th</sup> Floor, Ceebros Centre, New No.39, Old No.45, Red Cross Road, Egmore, Chennai – 600 008.  
Phone: 42122660, 42122661, 28521223 Fax: 28521398 Email: [smurugappan53@yahoo.com](mailto:smurugappan53@yahoo.com)

<p>To: <b>M/s.Swastika Health Center,</b> Old No.36, New No.70, Mahadevan Street, West Mambalam, Chennai – 600 033.</p> <p><b><u>GSTIN.: 33ABXFS3075K1ZI</u></b></p> <p><b><u>Attn.: Mr. Subramaniya Sarma, Partner</u></b></p>	<p>Bill No.: <b>271/2020-21</b></p> <p>Date : <b>28.12.2020</b></p>
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PARTICULARS	AMOUNT (Rs.)
<p>Towards fees for giving opinion on clarifications relating to claiming of ITC.</p> <p><b>Our File No.:- 301/2020-Opinion</b> Dept. File Ref.:- ---</p> <p>Less: Advance Balance</p>	3,000.00
<b>Total</b>	<b>3,000.00</b>

**(Rupees In Words): Rupees Three Thousand Only.**

  
for **S.MURUGAPPAN**

**Notes:-**

- 1.Type of Service: Legal advisory and representation services concerning other fields of law.Category Code:998212.
2. GST payable under reverse charge by service recipient under relevant CGST/SGST/IGST Notifications.

**Terms:-**

- 1.Payment is to be made in the name of “S.MURUGAPPAN” within 15 days from the date of invoice.
- 2.PAN NO. AAEPM5073H (Subject to Chennai Jurisdiction)

**Axis Bank Details for Remittance:**

Name : S.MURUGAPPAN  
Account No. : 910010013878460  
Account Type : Savings Account  
Branch : T.Nagar, Chennai [TN]  
Bank Address : 113, G.N.Chetty Road, T.Nagar, Chennai – 600 017  
Branch Code : 000014  
MICR Code : 600211003  
IFSC Code : UTIB0000014  
SWIFT CODE : AXISINBB014