


PERFORMA INVOICE							
Name:-CORONA REMEDIES LIMITED			PERFORMA INVOICE		JAN202531		
Survey no. 4/1/1/3, 4/3, godown no. 2, Shri Niwas , Lasudia Mori, Dewas naka, Indore, Indore,			DATE		31/01/2025		
			RESERVATION DATE		21/03/2025		
GST: 23AACCC5173F2ZZ			HOTEL		Indore International Convention Center		
Rooms							
Date	Occupancy	Room Nigh	Price	Taxes (12%)	otal Exc. T	Total GST	Total Inc. Tax
20-23 MAR 2025	Single	30	4000	480	120,000	14,400	134400
20-23 MAR 2025	DOUBLE	69	5000	600	345,000	41,400	386400
Total Room					465,000	55,800	520,800
Food							
Meal	Pax	Days	Rate	Total Inc. Tax			
Lunch	50	3	1000	150000			
Dinner	50	3	1000	150000			
Hightea	50	3	200	30000			
Total Food				330000			
Total Room +Food						850800	
Advance Received						0	
Balance						850,800	
Amount: EightLakh Fiftey thousand eight hundred only							
TERMS & CONDITIONS:							
1	The above payable amount is taken on the basis of minimum No. of rooms counts given.						
2	Actual billing will be done at the time of checkout.						
3	100% advance Before Check-in.						
4	In case of any damage to the hotel property, the guest will have to pay for it.						
5	All rooms are on EP plan.						
6	Each Guest To give Their Photo Id Proof At the time of checkin (Mandatory).						
7	Extras Will be direct by the guest.						
8	Smoking is prohibited in hotel premises.						
9	Early check-in and late check-out will be subject to availability apart from the promised timing.						
Bank Details							
Bank Name	HDFC BANK						
Account Holder	SRI AUROBINDO INSTITUTE OF MEDICAL SCIENCE						
Account No.	50200030062482						
IFSC Code	HDFC0003660						
GSTIN	23AAATA9340H1Z0						
Duty Manager							
				Guest Signature			