

VOYAGE OF WELLNESS PVT. LTD.

Site: Artemis Hospital Sector 51 Gurugram 122001

(Reg. Address: 713, 7th Floor, Devika Tower, Nehru Place, South Delhi, New Delhi-

110019

(CIN: U74999DL0202PTC359917 Phone: +91-9871978693 Email ID: accounts@voyageofwellness.co.in GSTIN: 06AAHCV2539H1Z8

Proforma Invoice

Invoice No: 13
Invoice Date: 18/09/2025
Reverse Charge (Y/N): N
State: Gurugram

Payment Terms: Immediate
Period of Supply: September 2025
Place of Supply: Gurugram
Event Date: 19th September 2025

Code 06

Bill to Party

Name: PERCEPT LIMITED

Address: 3rd Floor, 10/76, Apte Chawl Committee, LR Papan marg, Parijat House, Worli, Mumbai,

Mumbai, Maharashtra, 400018

GSTIN: 27AACCP5602Q1Z2 State: Maharashtra

1. Subject to Delhi NCR Jurisdiction only

3. E. & O.E.

2. Payment must be made by account payee cheque/RTGS only

4.Require 50–70% advance payment to initiate operations or confirm the event

Venue: Pre-auditorium Contact Person: Mr. Jitendra Contact No. +91 9761580164

Authorised signatory

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