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| **ANNEXURE-2A ( Physics Department )** | | | | | | | | | |
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| **VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY** | | | | | | | | | |
| **Accounts office, Administration Building, South Ambazari road,  Nagpur, Maharashtra (India) - 440010 Contact No: +91 712-2801366, Email ID:** [**dr\_acct@vnit.ac.in**](mailto:dr_acct@vnit.ac.in) **(of Coordinator)  GSTIN: 27AAATV9885C1ZZ PAN No: AAATV9885C** | | | | | | | | | **VNIT Nagpur.png** |
| **Proforma Invoice ( Ledger Name “Analysis Charges FIST/Physics”)** | | | | | | | | | |
| **Proforma Invoice No:Phy/XRD/ 01** | | | | | **Proforma Invoice Date: / /2022** | | | | |
| **Testing Service: Yes** | |  | | | **Consultancy Service:No** | | | |  |
| **S. No.** | **Service/item Description** | **SAC/HSN code** | | **Qty** | **Rate** | | **Amount** | **Discount** | **Taxable Value** |
| 1 | XRD Normal Scan: For Powder/Thin Films  A/C Head : “Analysis Charges FIST/Physics” | 998346 | |  |  | |  |  |  |
| **Bank Details** | | **Total Amount before Tax** | | | | | | |  |
| **Bank A/C:10259420798** | | **Add: CGST (9%)** | | | | | | |  |
| **Bank IFSC: SBIN0006702** | | **Add: SGST (9%)** | | | | | | |  |
| **Terms and Conditions: 1. Income of the Institute is exempt under Section 10 (23C) (iiiab) of Income Tax Act, 1961. 2. GST TDS not applicable in terms of nofn 73/2018 dated 31 Dec 2018 since VNIT is also deductor under GST Act. 3. All disputes are subject to Nagpur Jurisdiction** | | **Add: IGST (18%)** | | | | | | |  |
| **Total Tax Amount + TDS @ 10%** | | | | | | |  |
| **Total Amount after Tax:** | | | | | | |  |
| **Details to be filled By client** | | | | | | | | | |
| **Details of Receiver (Billing Details)** | | | | | | **Place of Supply along with Complete address where service is received:**  Physics Department, VNIT, Nagpur | | | |
| **Name:** | | | | | |
| **Address:** | | | | | |
| **GSTIN:**  Student of VNIT | | | | | | **State (Place of Supply):** Maharashtra | | | |
| **State:** Maharashtra | | **Code** | 440010 | | | **State Code (Place of Supply):** 440010 | | | |
| **Email Id:** | | | | | | **Contact No.:** | | | |
| **Note: This is Proforma invoice. Final Tax invoice shall be issued from Accounts Section at the time of deposit of Funds.** | | | | | | | | | |

**Head**

**Department of Physics**