

# PROFORMA INVOICE

INVOICE #LL/23-24/0002  
DATE: JANUARY 8TH, 2025

To:

Company Name: Dr. Vasavi's Hospital  
Client Name: Dr. Ram Prasad Pokala  
Address Line 1: 2-2-112A, Nayeem Nagar, Main Road  
Address Line 2: Hanamkonda, Telangana- 506001  
Contact Number (s): +91 9000277722  
Email ID: drvasavishospital@gmail.com

SERIAL NUMBER	SERVICE NAME	DESCRIPTION	COSTING	TOTAL
1)	Subscription Fee	7 Users Subscription – Annual (Recurring Cost)	1,500 Per User Per Month	1,26,000 INR
2)	Data Migration	Existing Data Migration from previous software to LifeLinkr	00.00 INR	00.00 INR
3)	Software Customization	Customization Based on Clinic Needs	00.00 INR	00.00 INR
4)	Regular Updates	Any Regular or Major Updates	00.00 INR	00.00 INR
5)	Dedicated Support	7 Days a Week Dedicated Support	00.00 INR	00.00 INR
6)	Set up & configuration cost	Set up of the software on the Clinic Premise	00.00 INR	00.00 INR

**Subtotal: 1,26,000 INR**  
**Tax (18% GST): 22,680 INR**  
**Total Amount: 1,48,680 INR**

Invoice for the Year of 2025 (Advance Payment Cycle for 12 months from the date of invoice)  
Due Date to Make the Payment:

**Make all payable to the name of (LifeLinkr NxtGen).**  
**If you have any questions concerning this invoice, please contact (Gaurav Chauhan, +91 888 245 9136)**

**Bank Details**

Name: TG3 SERVICES  
Bank Name: Kotak Mahindra  
IFSC: KKBK0004606  
Account Number: 1548449252  
CRN Number: 815280642  
Address: 194 - First Floor, Church Mission Road,  
Khari Baoli, Fatehpuri, New Delhi, Delhi, India - 110064

**Terms and Notes:**

- Payment is due by
- Please reference Invoice ##LL/23-24/0002 when making the payment.
- For any questions regarding this invoice, please contact us at [finance@lifelinkr.com](mailto:finance@lifelinkr.com).