

I.P.M.S.

# IDEAL PEST MANAGEMENT SERVICE

(Offering Pest Control, Fumigation, Bird Solutions & Cleaning services for Apartments, Offices & Buildings)

## TAX INVOICE

Reverse Charge: NA  
 Period : June 24 - May 25.  
 Services : Pest Control

Invoice for the Month : Oct 2024  
 Invoice No. IPMS/098/24-25  
 Date: 31.10.2024

**SERVICE PROVIDER**  
 M/S. Ideal Pest Management Service  
 112, Om Satyam CHS,  
 Virat Nagar,  
 Virar (West),  
 Maharashtra : 401 303  
 Contact No: 9867824242/9967315828  
 GSTIN: 27B0TP01097F1ED  
 E-Mail : [manager.ipms1@gmail.com](mailto:manager.ipms1@gmail.com)

**SERVICE RECEIVER**  
 M/s.SIMOLINA KITCHENS PRIVATE LIMITED  
 Shiv Sagar Estate, Block A, 1st Floor, Dr. Annie Besant Road, Mumbai,  
 Maharashtra 400 019.  
 State : Maharashtra State Code: 27  
 GSTIN : 27AUCS1699F1ZJ  
 Place of Supply : Mumbai

Sr. No.	Particulars	SAC	GST Rate	Amount
1	Towards : Pest control services at the Terminal 1 : Vileparle for the month of October 2024.	998511		83,500
		CGST	9%	7,515
		SGST	9%	7,515
	<b>Total Rs.</b>			<b>98,530</b>

Amount Chargeable (in words) E. & O.E

Rupees: Ninety Eight Thousand Five Hundred & Thirty only.

Terms and Conditions	SAC	Taxable Value	Central Tax		State Tax	
			Rate	AMOUNT	Rate	Amount
1. Please issue Cheque in the name of Ideal Pest Management Service or NEFT/IMPS/RTGS on the below Bank details	998531	83,500.00	9%	7,515.00	9%	7,515.00
2. Delay in payment of invoices beyond the mutually agreed period will be liable for interest.	<b>Total</b>	<b>83,500.00</b>		<b>7,515.00</b>		<b>7,515.00</b>

PAN : B0TP01097F

Bank Details : The Shamrao Vitthal Co-op Bank Ltd.  
 A2-A6, Ganesh Pravid Bldg  
 Srester Road, Grant Road (W), Mumbai - 400007  
 A/c. No : 100904180003342  
 IFSC Code : SVC0000009

For Ideal Pest Management Service



Authorised Signatory

*Handwritten signature*



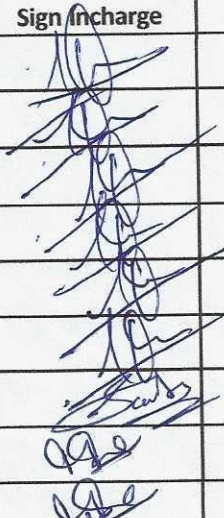
Head Office: 112, Satyam CHS, Virat Nagar, Virar (West), Maharashtra: 401 303  
 Contact No. +91 9967315828/98678 24242  
 Mail on: [pestmanagement.ipm@gmail.com](mailto:pestmanagement.ipm@gmail.com), [manager.ipms1@gmail.com](mailto:manager.ipms1@gmail.com).  
 Branch Office: Andheri, Mahalaxmi & Navi Mumbai.

# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Cafeccino			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/10/24	cafeccino	SPRAY	<i>[Signature]</i>	
2	8/10/24	-11-	Gel	<i>[Signature]</i>	
3	14/10/24	-11-	SPRAY	<i>[Signature]</i>	
4	15/10/24	-11-	Gel	<i>[Signature]</i>	
5	21/10/24	Cafeccino - 1B	SPRAYS	<i>[Signature]</i>	
6	22/10/24	-11-	Gel	<i>[Signature]</i>	
7	28/10/24	Cafeccino-1B	SPRAYS		
8	29/10/24	Cafeccino-1B	Gel		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Ultra Bar			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/10/24	Ultra Bar	Spray		
2	10/10/24	- 11 -	GM		
3	08/10/24	- 11 -	SPRAY		
4	14/10/24	- 11 -	GM		
5	15/10/24	CITRABAR & SALAD BAR SPARKS			
6	21/10/24	ULTRA BAR & SALAD BAR SPARKS			
7	22/10/24	- 11 -	GM		
8	28/10/24	- 11 -	SPRAY		
9	29/10/24	- 11 -	GM		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : CCD A7-A8			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/10/24	CCD A7 to A8	<del>SPRAY</del> Gel	<i>[Signature]</i>	
2	07/10/24	-11-	<del>SPRAY</del>	<i>[Signature]</i>	
3	08/10/24	CCD 7 TO 8	Gel	<i>[Signature]</i>	
4	14/10/24	CCD 7 TO 8	SPRAY	<i>[Signature]</i>	
5	15/10/24	CCD 7 TO 8	Gel	<i>[Signature]</i>	
6	21/10/24	CCD 7 TO 8	SPRAY	<i>[Signature]</i>	
7	22/10/24	-11-	Gel	<i>[Signature]</i>	
8	28/10/24	-11-	SPRAY	<i>[Signature]</i>	
9	29/10/24	-11-	Gel	<i>[Signature]</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : CBTL			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/10/24	CBTL	Spray	Raif	
2	8/10/24	-11-	Gel	Raif	
3	8/10/24	CBTL	Gel	Raif	
4	14/10/24	CBTL	SPACE	Raif	
5	15/10/24	CBTL	Gel	Raif	
6	21/10/24	CBTL	SPACE	Raif	
7	22/10/24	-11-	Gel	Raif	
8	28/10/24	-11-	Spray	Raif	
9	29/10/24	-11-	Gel	Raif	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Shawarma Snacks			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	17/10/24	- 11 -	SPRAY	SUNZ	
27	21/10/24	Shawarma Snacks	SPRAY	SUNZ	
3	8/10/24	_____	COIL	SUNZ	
4	14/10/24	_____	SPRAY	SUNZ	
5	15/10/24	_____	COIL	SUNZ	
6	21/10/24	_____	SPRAY	SUNZ	
7	22/10/24	- 11 -	COIL	SUNZ	
8	28/10/24	- 11 -	SPRAY	SUNZ	
9	29/10/24	- 11 -	COIL	SUNZ	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Burger Tacos			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	BURGER TACOS	SPRAY GEL	SUNZ	
2	01/10/24	- 11 -	SPRAY	SUNZ	
3	08/10/24	- 11 -	GEL	SUNZ	
4	10/10/24	- 11 -	SPRAY	SUNZ	
5	15/10/24	- 11 -	GEL	SUNZ	
6	21/10/24	- 11 -	SPRAY	SUNZ	
7	22/10/24	- 11 -	GEL	SUNZ	
8	28/10/24	- 11 -	SPRAY	SUNZ	
9	29/10/24	- 11 -	GEL	SUNZ	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Dona Italia			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	17/10/24	Dona Italia	<del>Spray</del> Ute1	<del>Shub</del>	
2	7/10/24	- 11 -	<del>60</del> SPRAY	Shub	
3	8/10/24	Dona Italia	Ute1	Shub	
4	14/10/24	DONA ITALIA	SPRAY	Shub	
5	15/10/24	DONA ITALIA	Ute1	Shub	
6	21/10/24	DONA ITALIA	SPRAY	Shub	
7	22/10/24	- 11 -	GBI	Nisha	
8	28/10/24	- 11 -	SPRAY	Nisha	
9	28/10/24	- 11 -	GBI	<u>Nisha</u>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : IDLI.COM


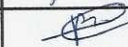

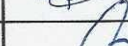
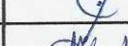




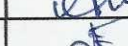
SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	IDLI.COM	SPRAYS	<del>Final</del>	
2	03/10/24	IDLI.COM	GEL	<del>Final</del>	
3	08/10/24	IDLI.COM	SPRAYS	<del>Final</del>	
4	09/10/24	- 11 -	GEL	<del>SR</del>	
5	15/10/24	IDLI.COM	SPRAYS	<del>Final</del>	
6	16/10/24	- 11 -	GEL	<del>SR</del>	
7	22/10/24	IDLI.COM - 1B	SPRAYS	<del>Final</del>	
8	23/10/24	- 11 -	GEL	<del>SR</del>	
9	29/10/24	IDLI.COM - 1B	SPRAYS	<del>Final</del>	
10	31/10/24	- 11 -	GEL	<del>SR</del>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Travel Club Lounge

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	TRAVEL CLUB LOUNGE	SPRAYS		
2	02/10/24	T.O.L	GR		
3	08/10/24	T.O.L	SPRAYS		
4	9/10/24	T.C.L	GR		
5	15/10/24	T.O.L	SPRAYS		
6	16/10/24	-11-	GR		
7	22/10/24	T.O.L	SPRAYS		
8	23/10/24	T.C.L	GR		
9	20/10/24	T.O.L	SPRAYS		
10	30/10/24	T.C.L	GR		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Raju Omlet

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	Raju omlet	SPRAC	[Signature]	
2	02/10/24	Raju omlet	Gravel	[Signature]	
3	08/10/24	Raju omlet	SPRAC	[Signature]	
4	09/10/24	- 11 -	Gravel	[Signature]	
5	15/10/24	Raju omlet	SPRAC	[Signature]	
6	16/10/24	- 11 -	Gravel	[Signature]	
7	22/10/24	Raju omlet	SPRAC	[Signature]	
8	23/10/24	- 11 -	Gravel	[Signature]	
9	29/10/24	Raju omlet	SPRAC	[Signature]	
10	30/10/24	- 11 -	Gravel	[Signature]	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Natural Ice Cream			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	NATURAL ICE	SPRAYS	Vandana	
2	08/10/24	NATURAL ICE	SPRAYS	Vandana	
3	09/10/24	- 11 -	GE	P.	
4	15/10/24	NATURAL ICE	SPRAYS	Ziaulhaq	
5	16/10/24	- 11 -	GE	Gad	
6	22/10/24	NATURAL ICE	SPRAYS	Vandana	
7	23/10/24	- 11 -	GE	Gad	
8	29/10/24	NATURAL ICE	SPRAYS	Vandana	
9	30/10/24	- 11 -	GE	Madh	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Joshh			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	Joshh	SPRAYS	Laxmi	
2	02/10/24	Joshh	GREY	Laxmi	
3	08/10/24	Joshh	SPRAYS	Laxmi	
4	09/10/24	- 11 -	GREY	Shubh	
5	10/10/24	Joshh	SPRAYS	Shubh	
6	16/10/24	- 11 -	GREY	Shubh	
7	22/10/24	Joshh	SPRAYS	Shubh	
8	23/10/24	- 11 -	GREY	Shubh	
9	29/10/24	Joshh	SPRAYS	Tooju	
10	30/10/24	- 11 -	GREY	Shubh	
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# IDEAL PEST MANAGEMENT SERVICES






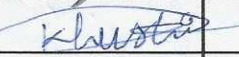




Name of Client : Masala Kitchen

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	01/10/24	MASALA kitchen	SPRAY	B	
2	02/10/24	- 11 -	gel	B	
3	08/10/24	- 11 -	SPRAY	B	
4	09/10/24	- 11 -	gel	Wisha	
5	15/10/24	MASALA kitchen	SPRAY	Wisha	
6	16/10/24	- 11 -	gel	Wisha	
7	22/10/24	MASALA kitchen	SPRAY	Wisha	
8	23/10/24	- 11 -	gel	Wisha	
9	28/10/24	MASALA kitchen	SPRAY	B	
10	30/10/24	- 11 -	gel	Wisha	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Madras Coffee House			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	02/10/24	MADRAS Coffee	SPRAY		
2	03/10/24	MADRAS Coffee	Gel		
3	08/10/24	MADRAS Coffee	SPRAY		
4	10/10/24	- 11 -	Gel		
5	17/10/24	- 11 -	Gel		
6	20/10/24	MADRAS Coffee	SPRAY		
7	23/10/24	MADRAS Coffee	SPRAY		
8	24/10/24	- 11 -	Gel		
9	30/10/24	MADRAS Coffee	SPRAY		
10	31/10/24	- 11 -	Gel		
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# IDEAL PEST MANAGEMENT SERVICES

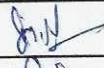


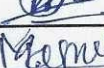

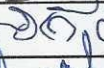


Name of Client : Nourish Outlet			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	02/10/24	Nourish outlet	SPRAYS	<i>[Signature]</i>	
2	03/10/24	Nourish outlet	GEL	<i>[Signature]</i>	
3	09/10/24	Nourish outlet	SPRAYS	<i>[Signature]</i>	
4	10/10/24	- 11 -	GEL	<i>[Signature]</i>	
5	<del>15/10/24</del>	<del>NO</del>			
6	17/10/24	- 11 -	GEL	<i>[Signature]</i>	
7	20/10/24	Nourish outlet	SPRAYS	<i>[Signature]</i>	
8	23/10/24	Nourish outlet	SPRAYS	<i>[Signature]</i>	
9	24/10/24	- 11 -	GEL	<i>[Signature]</i>	
10	30/10/24	Nourish outlet	SPRAYS	<i>[Signature]</i>	
11	31/10/24	- 11 -	GEL	<i>[Signature]</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Aamcha Katta			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	02/10/24	AAMCHA KATTA	SPRAYS	<del>Small</del>	
2	03/10/24	AAMCHA KATTA	Gel	<del>Small</del>	
3	09/10/24	AAMCHA KATTA	SPRAYS	<del>Small</del>	
4	10/10/24	- 11 -	Gel	<del>Small</del>	
5	17/10/24	- 11 -	Gel	<del>Small</del>	
6	20/10/24	AAMCHA KATTA	SPRAYS	<del>Small</del>	
7	21/10/24	AAMCHA KATTA	<del>SPRAYS</del> Gel	<del>Small</del>	
8	23/10/24	AAMCHA KATTA	SPRAYS	<del>Small</del>	
9	29/10/24	- 11 -	Gel	<del>Small</del>	
10	30/10/24	AAMCHA KATTA	SPRAYS	<del>Small</del>	
11	31/10/24	- 11 -	Gel	<del>Small</del>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : IDLL.COM 1C			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	02/10/24	IDLI.COM - 1C	SPRAYS		
2	03/10/24	IDLI.COM - 1C	LYE		
3	09/10/24	IDLI.COM - 1C	SPRAYS		
4	10/10/24	- 11 -	GEI		
5	17/10/24	- 11 -	GEI	Mamee:	
6	20/10/24	IDLI.COM - 1C	SPRAYS		
7	23/10/24	IDLI.COM - 1C	SPRAYS		
8	24/10/24	- 11 -	GEI		
9	30/10/24	IDLI.COM - 1C	SPRAYS		
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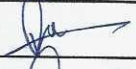



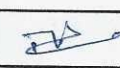

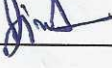

# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Dominos

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	02/10/24	Dominos IG	SPRAY	AKA	
2	03/10/24	Dominos IG	GEL	AKA	
3	09/10/24	Dominos IG	SPRAYS	AKA	
4	10/10/24	-11- IG	GEL	AKA	
5	18/10/24	-11- IG	GEL	AKA	
6	20/10/24	Dominos IG	SPRAYS	AKA	
7	<del>20</del> 21/10/24	Dominos - IG	GEL	AKA	
8	<del>22/10/24</del>				
9	24/10/24	-11-	GEL	AKA	
10	30/10/24	Dominos - IG	SPRAYS	AKA	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Curry Kitchen			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	03/10/24	Curry Kitchen	SPRACE		
2	04/10/24	Curry Kitchen	Gel		
3	10/10/24	Curry Kitchen	SPRACE		
4	11/10/24	- 11 -	Gel		
5	17/10/24	Curry Kitchen	SPRACE		
6	18/10/24	- 11 -	Gel		
7	24/10/24	- 11 -	SPRAY		
8	25/10/24	- 11 -	Gel		
9	30/10/24	Curry Kitchen	SPRACE		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Cafeccino 1C			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	03/10/24	Cafeccino 1C	SPRAYS	<del>Signature</del>	
2	04/10/24	Cafeccino 1C	GC	<del>Signature</del>	
3	10/10/24	Cafeccino 1C	SPRAYS	<del>Signature</del>	
4	11/10/24	- 11 -	GC	<del>Signature</del>	
5	17/10/24	Cafeccino - 1C	SPRAYS	Yash	
6	18/10/24	- 11 -	GC	MJ	
7	29/10/24	- 11 -	SPRAY	NO	
8	25/10/24	- 11 -	GC	NO	
9	27/10/24	- 11 -	SPRAY	rejoice	
10	28/10/24	- 11 -	GC	rejoice	
11	31/10/24	Cafeccino - 1C	SPRAYS	MJ	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Pasta Station

SIMOLINA T1




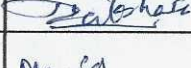
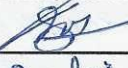
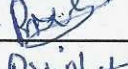
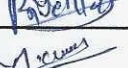
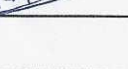
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	03/10/24	PASTA station	SPRAYS	<i>[Signature]</i>	
2	04/10/24	PASTA station	Gel	<i>[Signature]</i>	
3	10/10/24	PASTA station	SPRAYS	<i>[Signature]</i>	
4	11/10/24	- 11 -	Gel	<i>[Signature]</i>	
5	17/10/24	PASTA station	SPRAYS	<i>[Signature]</i>	
6	18/10/24	- 11 -	Gel	<i>[Signature]</i>	
7	24/10/24	- 11 -	SPRAY	S.M	
8	25/10/24	- 11 -	Gel	S.M	
9	30/10/24	PASTA station	SPRAYS	<i>[Signature]</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Food Court Festival -10

SIMOLINA T1


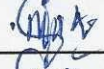
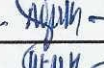
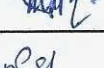
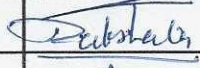


Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	03/10/24	Food Court 10	SPRAY		
2	04/10/24	Food Court 10	OTI		
3	10/10/24	Food Court 10	SPRAY		
4	11/10/24	- 11 -	961		
5	17/10/24	Food Court 10	SPRAY	Manish	
6	18/10/24	- 11 -	961		
7	24/10/24	- 11 -	SPRAY		
8	25/10/24	- 11 -	961		
9	30/10/24	Food Court -10	SPRAY		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Mumbai Se Arrival			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	03/10/24	MUMBAI SE	SPRAYS	Prisya	
2	04/10/24	MUMBAI SE	GREY	Prisya	
3	10/10/24	MUMBAI SE	SPRAYS	Prisya	
4	11/10/24	MUMBAI SE	GREY	(Signature)	
5	17/10/24	MUMBAI SE	SPRAYS	(Signature)	
6	18/10/24	- 11 -	GREY	D. Rodrigues	
7	24/10/24	MUMBAI SE	SPRAYS	(Signature)	
8	25/10/24	- 11 -	GREY	D. Rodrigues	
9	31/10/24	MUMBAI - SE	SPRAYS	(Signature)	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Staff Cafeteria			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	03/10/24	Staff cafeteria	SPRAY		
2	09/10/24	- 11 -	Gel		
3	10/10/24	- 11 -	SPRAY		
4	11/10/24	- 11 -	Gel		
5	17/10/24	STAFF CAFETERIA	SPRAYS	Manish	
6	18/10/24	- 11 -	Gel		
7	24/10/24	- 11 -	SPRAY		
8	25/10/24	- 11 -	Gel		
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# IDEAL PEST MANAGEMENT SERVICES










Name of Client : Flying Bite

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	Flying Bite	SPSALG	Alley	
2	10/10/24	Flying Bite	SPSALG	Alley	
3	12/10/24	-11-	GEI	Dabshet's	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Mumbai Snacks			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	MUMBAI SNACKS	SPRAYS		
2	05/10/24	MUMBAI SNACKS	MEL		
3	11/10/24	MUMBAI SNACKS	SPRAYS		
4	12/10/24	- 11 -	GEL		
5	18/10/24	MUMBAI SNACKS	SPRAYS		
6	19/10/24	- 11 -	GEL	K. Bhatti	
7	25/10/24	MUMBAI SNACKS	SPRAYS		
8	26/10/24	- 11 -	GEL		
9					
10	01/11/24	MUMBAI SNACKS	SPRAYS		
11	04/11/24	- 11 -	GEL		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : CAF. Express			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	CAF. Express	SPRAYS	<i>M. Arav</i>	
2	05/10/24	CAF. Express	SPRAYS	<i>M. Arav</i>	
3	11/10/24	- 11 -	SPRAY	<i>P. S.</i>	
4	12/10/24	- 11 -	GM	<i>P. S.</i>	
5	18/10/24	CAF. Express	SPRAYS	<i>K. S.</i>	
6	19/10/24	- 11 -	GEI	<i>Radhar</i>	
7	25/10/24	CAF. Express	SPRAYS	<i>P. S.</i>	
8	26/10/24	- 11 -	GEI	<i>Radhar</i>	
9					
10	01/11/24	CAF. Express	SPRAYS	<i>P. S.</i>	
11	02/11/24	- 11 -	GEI	<i>Radhar</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Black Dog			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	Black Dog	SPYAC	<i>Abhine</i>	
2	11/10/24	Black Dog	SPYAC	<i>Abhale</i>	
3	12/10/24	- 11 -	401	<i>Abhale</i>	
4	18/10/24	BLACK DOG	SPYAC	<i>Abhale</i>	
5	19/10/24	- 11 -	401	<i>Abhale</i>	
6	25/10/24	BLACK DOG	SPYAC	<i>Abhale</i>	
7	26/10/24	- 11 -	401	<i>Abhale</i>	
8	-----				
9	<del>01/10/24</del> 01/11/24	BLACK DOG	SPYAC	<i>Abhale</i>	
10	21/10/24	- 11 -	401	<i>Abhale</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Coffee N more Arrival			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	Coffee N more	<del>SPRAYS</del>	<i>Prin</i>	
2	05/10/24	Coffee N more	UTEI	<i>Prin</i>	
3	11/10/24	Coffee N more	SPRAY	<i>Prin</i>	
4	12/10/24	- 11 -	GEI	<i>Prin</i>	
5	18/10/24	Coffee N more	SPRAYS	<i>Prin</i>	
6	19/10/24	- 11 -	GEI	<i>Prin</i>	
7	25/10/24	Coffee N more	SPRAYS	<i>Prin</i>	
8	26/10/24	- 11 -	GEI	<i>Prin</i>	
9					
10	01/11/24	Coffee N more	SPRAYS	<i>Prin</i>	
11	02/11/24	- 11 -	GEI	<i>Prin</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : MOD


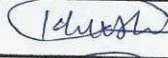

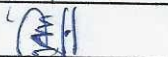
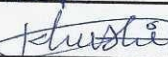



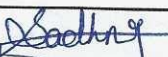
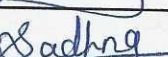
SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	M. O. D	SPRAYS	Devidiya	
2	05/10/24	M. O. D	UTEL	Devidiya	
3	11/10/24	M. O. D	SPRAYS	Devidiya	
4	12/10/24	- 11 -	94	Devidiya	
5	18/10/24	M. O. D	SPRAYS	Devidiya	
6	19/10/24	- 11 -	94	Devidiya	
7	25/10/24	M. O. D	SPRAYS	Devidiya	
8	26/10/24	- 11 -	94	Devidiya	
9					
10	01/11/24	M. O. D	SPRAYS	Devidiya	
11	21/11/24	- 11 -	94	Devidiya	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Mumbai Se

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	04/10/24	Mumbai se	SPRAYS		
2	05/10/24	Mumbai se	LTel		
3	11/10/24	Mumbai se	SPRAYS		
4	12/10/24	- 11 -	GC		
5	18/10/24	Mumbai se	SPRAYS		
6	19/10/24	- 11 -	GC		
7	25/10/24	Mumbai se --	<del>SPRAYS</del>		
8	26/10/24	- 11 -	GC		
9					
10	01/11/24	Mumbai - se	SPRAYS		
11	21/11/24	- 11 -	GC		
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Main Kitchen

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	05/10/24	Main kitchen	SPRAY	T. Jabang	
2	06/10/24	Main kitchen	Gel		
3	06/10/24	Main kitchen	SPRAY	T. Jabang	
4	07/10/24	Main kitchen	Gel	T. Jabang	
5	12/10/24	Main kitchen	SPRAY	T	
6	14/10/24	- 11 -	Gel	<del>T</del>	
7	19/10/24	- 11 -	SPRAY	<del>T</del>	
8	21/10/24	- 11 -	Gel	<del>T</del>	
9	26/10/24	- 11 -	SPRAY	<del>T</del>	
10	28/10/24	- 11 -	Gel	<del>T</del>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Store			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	05/10/24	Store	SPRAYS	(Signature)	
2	06/10/24	store	GC	(Signature)	
3	06/10/24	store	SPRAYS	(Signature)	
4	07/10/24	store	GC	(Signature)	
5	12/10/24	store	SPRAYS	(Signature)	
6	14/10/24	- 11 -	GC	(Signature)	
7	19/10/24	- 11 -	SPRAY	(Signature)	
8	21/10/24	- 11 -	GC	(Signature)	
9	26/10/24	- 11 -	SPRAY	(Signature)	
10	28/10/24	- 11 -	GC	(Signature)	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : Good Times Bar			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	05/10/24	Good Times	SPDAG	<i>[Signature]</i>	
2	12/10/24	Good Times	SPDAG	<i>[Signature]</i>	
3	19/10/24	Good Times	SPDAG	Gulal	
4	20/10/24	- 11 -	GEI SPAY	<i>[Signature]</i>	
5	21/10/24	- 11 -	GEI	<i>[Signature]</i>	
6	26/10/24	Good Times	SPDAGS	<i>[Signature]</i>	
7	28/10/24	- 11 -	GEI	<i>[Signature]</i>	
8					
9	02/11/24	- 11 -	SPAY	<i>[Signature]</i>	
10	04/11/24	- 11 -	GEI	<i>[Signature]</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : RC Bar			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	05/10/24	R.C BAR	SPRAYS	<i>Schmitt</i>	
2	12/10/24	R.C BAR	SPRAYS	<i>Mr. ...</i>	
3	19/10/24	R.C BAR	SPRAYS	<i>Chand</i>	
4	26/10/24	R.C BAR	SPRAYS	<i>Srinivas</i>	
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# IDEAL PEST MANAGEMENT SERVICES

Name of Client : CCD JET			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	05/10/24	CCD JET	Spray	<i>[Signature]</i>	
2	12/10/24	CCD JET	SPRAYS	<i>[Signature]</i>	
3	14/10/24	CCD JET	GA	<i>[Signature]</i>	
4	19/10/24	- 11 -	SPRAY	<i>[Signature]</i>	
5	21/10/24	- 11 -	GA	<i>[Signature]</i>	
6	26/10/24	CCD JET	SPRAYS	<i>[Signature]</i>	
7	28/10/24	- 11 -	GA	<i>[Signature]</i>	
8					
9	2/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
10	4/11/24		GA	<i>[Signature]</i>	
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