

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 : Nov 2024
Invoice No. IPMS/114/24-25
Date: 30.11.2024 ✓

SERVICE PROVIDER

M/S. Ideal Pest Management Service

112, Om Satyam CHS,
Virat Nagar,
Virar (West),
Maharashtra : 401 303

Contact No: 9867824242/9967315828

GSTIN: 27BDTPD1097F1ZD

E-Mail : manager.ipms1@gmail.com

SERVICE RECEIVER

M/s.SIMOLINA KITCHENS PRIVATE LIMITED

Shiv Sagar Estate, Block A, 1st Floor, Dr. Annie Besent Road, Mumbai,
Maharashtra 400 018.

State : Maharashtra

State Code: 27

GSTIN : 27ABICS8699F1ZJ

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 Novober 2024.	998531		83,500
		CGST	9%	7,515
		SGST	9%	7,515
		Total Rs.		98,530

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 2. Delay in payment of invoice beyond the mutually agree period will be liable for interest.	998531	83,500.00	9%	7,515.00	9%	7,515.00
	Total	83,500.00		7,515.00		7,515.00

PAN : BDTPD1097F

Bank Details : The Shamrao Vithal Co-op Bank Ltd.
A2-A6, Ganesh Prasad Bldg,
Sleater Road, Grant Road (W), Mumbai - 400007
A/c. No : 100904180003342
IFSC Code : SVCB0000009

For Ideal Pest Management Service



Authorized Signatory

Head Office: 112, Satyam CHS, Virat Nagar, Virar (West), Maharashtra: 401 303

Contact No. +91 9967315828/98678 24242

Mail on: pestmanagement.ipm@gmail.com, manager.ipms1@gmail.com.

Branch Office: Andheri, Mahalaxmi & Navi Mumbai.



IDEAL PEST MANAGEMENT SERVICES

Name of Client : Cafeccino - 1B			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	4/11/24	Cafeccino - 1B	SPRAYS	<i>[Signature]</i>	
2	5/11/24	- 11 -	GCY	<i>[Signature]</i>	
3	11/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
4	12/11/24	- 11 -	GCY	<i>[Signature]</i>	
5	18/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
6	25/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
7	26/11/24	Cafeccino - 1B	GCY	<i>[Signature]</i>	
8					
9	02/12/24	cafeccino	SPRAY	<i>[Signature]</i>	
10	31/12/24	- 11 -	GCY	<i>[Signature]</i>	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Ultra Bar			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	4/11/24	ULTRA BAR & SALAR	SPRAYS	<i>[Signature]</i>	<i>[Signature]</i>
2	5/11/24	- 11 -	GEI	<i>[Signature]</i>	
3	11/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
4	12/11/24	- 11 -	GEI	<i>[Signature]</i>	
5	18/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
6	19/11/24	- 11 -	GEI	<i>[Signature]</i>	<i>[Signature]</i>
7	25/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
8	26/11/24	ULTRA BAR	GEI	<i>[Signature]</i>	
9					
10	2/12/24	- 11 -	SPRAY	<i>[Signature]</i>	
11	3/12/24	- 11 -	GEI	<i>[Signature]</i>	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	4/11/24	CCD A7-A8	SPRAY	<i>[Signature]</i>	
2	5/11/24	- 11 -	GRE	<i>[Signature]</i>	
3	11/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
4	12/11/24	- 11 -	GRE	<i>[Signature]</i>	
5	18/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
6	19/11/24	- 11 -	GRE	<i>[Signature]</i>	
7	25/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
8	26/11/24	CCD A7-A8	GRE	<i>[Signature]</i>	
9					
10	2/12/24	- 11 -	SPRAY	<i>[Signature]</i>	
11	3/12/24	- 11 -	GRE	<i>[Signature]</i>	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : CBTL			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sigg Incharge	Remark
1	4/11/24	G.B.T.L	SPRAYS	<i>[Signature]</i>	
2	6/11/24	-11-	GR	<i>[Signature]</i>	
3	11/11/24	-11-	SPRAY	<i>[Signature]</i>	
4	12/11/24	-11-	GR	<i>[Signature]</i>	
5	18/11/24	-11-	SPRAY	<i>[Signature]</i>	
6	19/11/24	-11-	GR	<i>[Signature]</i>	
7	25/11/24	-11-	SPRAY	<i>[Signature]</i>	
8	26/11/24	G.B.T.L	GR	<i>[Signature]</i>	
9					
10	2/12/24	-11-	SPRAY	<i>[Signature]</i>	
11	3/12/24	-11-	GR	<i>[Signature]</i>	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Shawarma Snacks			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	4/11/24	SHAWARMA, SNACKS	SPRAYS	<i>[Signature]</i>	
2	5/11/24	- 11 -	GEI	<i>[Signature]</i>	
3	11/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
4	12/11/24	- 11 -	GEI	<i>[Signature]</i>	
5	18/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
6	19/11/24	- 11 -	GEI	<i>[Signature]</i>	
7	25/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
8	26/11/24	SHAWARMA SNACKS	GEI	<i>[Signature]</i>	
9					
10	2/12/24	- 11 -	SPRAY	<i>[Signature]</i>	
11	3/12/24	- 11 -	GEI	<i>[Signature]</i>	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Burger Tacos			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	4/11/24	Burger Tacos	SPRAY	Phion	
2	5/11/24	-11-	GA	SUNO	
3	11/11/24	-11-	SPRAY	J	
4	12/11/24	-11-	GA	Phion	
5	18/11/24	-11-	SPRAY	Phion	
6	19/11/24	-11-	GA	Phion	
7	25/11/24	-11-	SPRAY	B	
8	26/11/24	Burger Tacos	GA	J	
9					
10	2/12/24	-11-	SPRAY	SUNO	
11	3/12/24	-11-	GA	SUNO	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					



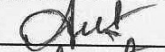
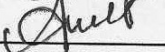






IDEAL PEST MANAGEMENT SERVICES

Name of Client : Dona Italia			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	4/11/24	Dona Italia	SPRAY	[Signature]	
2	5/11/24	-11-	Gel	Nishal	
3	11/11/24	-11-	SPRAY	[Signature]	
4	12/11/24	-11-	Gel	[Signature]	
5	18/11/24	-11-	SPRAY	Jalabre	
6	19/11/24	-11-	Gel	Jalabre	
7	25/11/24	-11-	SPRAY	[Signature]	
8	26/11/24	Dona Italia	Gel	[Signature]	
9					
10	21/12/24	-11-	SPRAY	Dabshata	
11	31/12/24	-11-	Gel	Dabshata	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : IDLI.COM B1			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	5/11/24	IDLI.COM B1	Spray	Vignay	
2	7/11/24	- -	Gel	Vignay	
3	12/11/24	- -	Spray	Vignay	
4	19/11/24	IDLI.COM B1	Sprays	Vignay	
5	20/11/24	IDLI.COM B1	Gel	Vignay	
6	26/11/24	- -	Spray	Kewal	
7	28/11/24	- -	Gel	Vignay	
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	5/11/24	T.C.L	Spray		
2	6/11/24	T.C.L	GC		
3	7/11/24	T.C.L	Spray		
4	8/11/24	T.C.L	GC		
5	12/11/24	-11-	Spray		
6	13/11/24	-11-	GC		
7	19/11/24	T.G.L	SPRACE		
8	20/11/24	T.C.L	GC		
9	26/11/24	-11-	SPRAY		
10	27/11/24	-11-	GC		
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Raju Omlct			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	5/11/24	Raju Omlct	spray	<i>[Signature]</i>	
2	6/11/24	-11-	gel	<i>[Signature]</i>	
3	12/11/24	-11-	spray	<i>[Signature]</i>	
4	13/11/24	-11-	gel	<i>[Signature]</i>	
5	18/11/24	Raju Omlct	SPRACE	<i>[Signature]</i>	
6	20/11/24	Raju Omlct	gel	<i>[Signature]</i>	
7	26/11/24	-11-	SPRAY	<i>[Signature]</i>	
8	27/11/24	-11-	gel	<i>[Signature]</i>	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	5/11/24	Natural Ice Cream	Spray	Ziaul H.	
2	6/11/24	- 11 -	gel	Vandana	
3	12/11/24	- 11 -	Spray	Ziaul	
4	13/11/24	- 11 -	gel	Vandana	
5	19/11/24	- 11 -	Spray	Ziaul	
6	20/11/24	- 11 -	gel	Ziaul	
7	26/11/24	- 11 -	Spray	Ziaul	
8	27/11/24	- 11 -	gel	Vandana	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Joshh			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	5/11/24	JosHH	SPRAY		
2	6/11/24	-11-	GA		
3	12/11/24	-211-	SPRAY		
4	13/11/24	-11-	GA		
5	19/11/24	208HN	SPRAYS		
6	20/11/24	208HN	GA		
7	26/11/24	-11-	SPRAY		
8	27/11/24	-11-	GA		
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Masala Kitchen			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	5/11/24	Masala Kitchen	spay	(P)	
2	6/11/24	- 11 -	spay	Wishal	
3	12/11/24	- 11 -	spay	Jarret	
4	13/11/24	- 11 -	spay	mol	
5	16/11/24	- 11 -	spay		
6	18/11/24	- 11 -	spay		
7	20/11/24	MASALA kitchen	cel	Jarret	
8	26/11/24	- 11 -	spay	Wishal	
9	27/11/24	- 11 -	spay	Wishal	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	6/11/24	Madras.coffee	SPRAY	<i>[Signature]</i>	
2	7/11/24	- 11 -	901	Kajal	
3	13/11/24	- 211 -	SPRAY	<i>[Signature]</i>	
4	14/11/24	- 11 -	901	<i>[Signature]</i>	
5	20/11/24	MADRAS COFFEE	SPRAYS	<i>[Signature]</i>	
6	21/11/24	- 11 -	901	<i>[Signature]</i>	
7	27/11/24	MADRAS COFFEE	SPRAYS	<i>[Signature]</i>	
8	28/11/24	- 11 -	901	<i>[Signature]</i>	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Nourish Outlet			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	6/11/24	Nourish	SPRAY	Paij	
2	7/11/24	- 11 -	GEL	Paij	
3	12/11/24	- 11 -	SPRAY	Paij	
4	13/11/24	- 11 -	GEL	Paij	
5	20/11/24	Nourish	SPRAYS	Paij	
6	21/11/24	- 11 -	GEL	Vandana	
7	27/11/24	Nourish	SPRAYS	Paij	
8	28/11/24	- 11 -	GEL	Paij	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Aamcha Katta B)			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	6/11/24	Aamcha Katta B)	SPRAY	SANDAR	
2	7/11/24	- 11 -	951	Mohseen	
3	12/11/24	- 11 -	SPRAY	SP	
4	14/11/24	- 11 -	951	SP	
5	20/11/24	Aamcha Katta	SPRAY	SANDAR	
6	21/11/24	- 11 -	951	SP	
7	27/11/24	Aamcha Katta	SPRAY	SP	
8	28/11/24	- 11 -	951	SP	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	6/11/24	IDLL.COM 1C	SPRAY	<i>[Signature]</i>	
2	7/11/24	- 11 -	901	<i>[Signature]</i>	
3	12/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
4	14/11/24	- 11 -	901	<i>[Signature]</i>	
5	20/11/24	IDLL.COM 1C	SPRAYS	<i>[Signature]</i>	
6	21/11/24	- 11 -	901	<i>[Signature]</i>	
7	27/11/24	IDLL.COM -10	SPRAYS	<i>[Signature]</i>	
8	28/11/24	- 11 -	901	<i>[Signature]</i>	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Dominos			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	6/11/24	Dominos	Spray	ARai	
2	7/11/24	- 11 -	Gel	ARai	
3	12/11/24	- 11 -	Spray	ARai	
4	18/11/24	- 11 -	Gel	ARai	
5	20/11/24	Dominos	Spray	ARai	
6	21/11/24	- 11 -	Gel	ARai	
7	27/11/24	Dominos - 1G	Spray	ARai	
8	28/11/24	- 11 -	Gel	ARai	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Dominos			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	6/11/24	Dominos	Spray	AKR	
2	7/11/24	- 11 -	gel	PKA	
3	12/11/24	- 11 -	Spray	AKR	
4	14/11/24	- 11 -	gel	AKR	
5	20/11/24	Dominos	Spray	AKR	
6	21/11/24	- 11 -	gel	PKA	
7	27/11/24	Dominos - 1G	Spray	AKR	
8	28/11/24	- 11 -	gel	AKR	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Curry Kitchen

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/11/24	Curry Kitchen	SPRAY	Bh...	
2	8/11/24	- 11 -	901	S...	
3	14/11/24	Curry Kitchen	SPRAY	Bh...	
4	15/11/24	- 11 -	901	S...	
5	20/11/24	Curry Kitchen	SPRAY	Bh...	
6	22/11/24	- 11 -	901	S...	
7	28/11/24	Curry Kitchen	SPRAY	Bh...	
8	29/11/24	- 11 -	901	S...	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Cafecchino IC			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/11/24	cafecchino IC	Spray	<i>[Signature]</i>	
2	8/11/24	- 11 -	gel	<i>[Signature]</i>	
3	14/11/24	Cafecchino - IC	sprays	<i>[Signature]</i>	
4	15/11/24	- 11 -	gel	M.D	
5	20/11/24	Cafecchino - IC	sprays	M.D	
6	22/11/24	- 11 -	gel	IC/med	
7	28/11/24	Cafecchino - IC	sprays	MO	
8	29/11/24	- 11 -	gel	<i>[Signature]</i>	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Pasta Station			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/11/24	Pasta Station	SPRAY	<i>[Signature]</i>	
2	8/11/24	- 11 -	GET	<i>[Signature]</i>	
3	10/11/24	PASTA STATION	SPRAYS	<i>[Signature]</i>	
4	15/11/24	- 11 -	GET	<i>[Signature]</i>	
5	20/11/24	PASTA STATION	SPRAYS	M.D.	
6	22/11/24	- 11 -	GET	<i>[Signature]</i>	
7	28/11/24	PASTA STATION	SPRAYS	M.D.	
8	29/11/24	- 11 -	GET	<i>[Signature]</i>	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Food Court Festival			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/11/24	Food Court	SPRAX	BKZ	
2	8/11/24	- 11 -	gas		
3	14/11/24	Food Court	SPRAX	MJD	
4	15/11/24	Food Court	cel	MJD	
5	20/11/24	Food Court	SPRAX	BKZ	
6	22/11/24	- 11 -	gas		
7	28/11/24	Food Court	SPRAX	MJD	
8	29/11/24	- 11 -	gas		
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	7/11/24	- 11 -	SPRAY	<i>[Signature]</i>	
2	8/11/24	- 11 -	Gel	<i>[Signature]</i>	
3	14/11/24	Mumbai se	SPRAY	<i>[Signature]</i>	
4	15/11/24	Mumbai se	SPRAY		
5	16/11/24	- 11 -	Gel	S. Rodrigues.	
6	20/11/24	Mumbai se	SPRAY	<i>[Signature]</i>	
7	23/11/24	- 11 -	Gel	S. Rodrigues.	
8	28/11/24	Mumbai - se	SPRAY	<i>[Signature]</i>	
9	29/11/24	- 11 -	Gel	S. Rodrigues.	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Staff Cafeteria			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/11/24	Staff Cafeteria	Spray	<i>[Signature]</i>	
2	8/11/24	- 11 -	gcy	<i>[Signature]</i>	
3	14/11/24	- 11 -	Spray	<i>[Signature]</i>	
4	15/11/24	- 11 -	gcy	<i>[Signature]</i>	
5	21/11/24	- 11 -	Spray	<i>[Signature]</i>	
6	22/11/24	- 11 -	gcy	<i>[Signature]</i>	
7	28/11/24	Staff Cafeteria	Spray	<i>[Signature]</i>	
8	29/11/24	- 11 -	gcy	<i>[Signature]</i>	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : ~~Flying Dite~~ **C.C.D Jet**

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	2/11/24	C.C.D Jet	Spray	<i>[Signature]</i>	
2	4/11/24	-11-	94	<i>[Signature]</i>	
3	9/11/24	-11-	Spray	<i>[Signature]</i>	
4	11/11/24	-11-	94	<i>[Signature]</i>	
5	16/11/24	-11-	Spray	<i>[Signature]</i>	
6	18/11/24	-11-	94	<i>[Signature]</i>	
7	23/11/24	C.C.D. det	Spray	<i>[Signature]</i>	
8	25/11/24	C.C.D. det	94	<i>[Signature]</i>	
9	30/11/24	C.C.D. det	Spray	<i>[Signature]</i>	
10	2/12/24	-11-	94	<i>[Signature]</i>	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Mumbai Snacks			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	8/11/24	Mumbai Snacks	Spray	Kajal	
2	2/11/24	- 11 -	GC	Kajal	
3	8/11/24	- 11 -	Spray	Kajal	
4	11/11/24	- 11 -	GC	Kajal	
5	15/11/24	MUMBAI SNACKS	SPRAY	Shree	
6	18/11/24	- 11 -	GC	Shree	
7	22/11/24	Mumbai Snacks	SPRAY	Shree	
8	23/11/24	- 11 -	GC	(Kajal)	
9	29/11/24	- 11 -	Spray	MJ	
10	30/11/24	- 11 -	GC	Kajal	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : CAF. Express

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	8/11/24	-11-	Spray	<i>[Signature]</i>	
2	21/11/24	-11-	Gel	<i>[Signature]</i>	
3	8/11/24	-11-	Spray	<i>[Signature]</i>	
4	11/11/24	-11-	Gel	<i>[Signature]</i>	
5	15/11/24	CAF. EXPRESS	Spray	<i>[Signature]</i>	
6	16/11/24	-11-	Gel	<i>[Signature]</i>	
7	20/11/24	CAF. EXPRESS	Spray	<i>[Signature]</i>	
8	23/11/24	-11-	Gel	<i>[Signature]</i>	
9	29/11/24	-11-	Spray.	<i>[Signature]</i>	
10	30/11/24	-11-	Gel	<i>[Signature]</i>	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Black Dog

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	08/11/24	Black Dog	Spray	<i>[Signature]</i>	
2	21/11/24	- 11 -	901	<i>[Signature]</i>	
3	08/11/24	- 11 -	Spray	<i>[Signature]</i>	
4	11/11/24	- 11 -	901	<i>[Signature]</i>	
5	10/11/24	BLACK DOG BAR	SPRAY	<i>[Signature]</i>	
6	16/11/24	- 11 -	901	<i>[Signature]</i>	
7	22/11/24	BLACK DOG BAR	SPRAY	<i>[Signature]</i>	
8	23/11/24	- 11 -	901	<i>[Signature]</i>	
9	29/11/24	- 11 -	Spray X	<i>[Signature]</i>	
10	30/11/24	- 11 -	901	<i>[Signature]</i>	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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	10/11/24	Coffee N more	Spray		
2	20/11/24	Coffee N more	Cool		
3	31/11/24	Coffee N more	Sprays		
4	4/11/24	Coffee N more	Cool		
5	15/11/24	Coffee N more	Sprays		
6	16/11/24	- 11 -	901		
7	22/11/24	Coffee N more	Sprays		
8	23/11/24	- 11 -	901		
9	29/11/24	Coffee N more	Sprays		
10	30/11/24	- 11 -	901		
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : MOD

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	8/11/24	M.O.D	SPRAY	M.D.K	
2	21/11/24	-11-	GC	M.D.K	
3	8/11/24	-11-	SPRAY	M.D.K	
4	11/11/24	-11-	GC	M.D.K	
5	18/11/24	-11-	SPRAY	M.D.K	
6	18/11/24	-11-	GC	M.D.K	
7	22/11/24	M.O.D	SPRAY	M.D.K	
8	29/11/24	-11-	GC	M.D.K	
9	29/11/24	M.O.D	SPRAY	M.D.K	
10	30/11/24	-11-	GC	M.D.K	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Mumbai Se

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	8/11/24	Mumbai se	Spray	<i>[Signature]</i>	
2	2/11/24	-/-	GC	<i>[Signature]</i>	
3	8/11/24	-/-	Spray	<i>[Signature]</i>	
4	11/11/24	-/-	GC	<i>[Signature]</i>	
5	15/11/24	-/-	Spray	<i>[Signature]</i>	
6	18/11/24	-/-	GC	M.D.K	
7	22/11/24	Mumbai se	Spray	M.D.K	
8	23/11/24	-/-	GC	<i>[Signature]</i>	
9	29/11/24	Mumbai se	Spray	M.D.K	
10	30/11/24	-/-	GC	<i>[Signature]</i>	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Main Kitchen			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	21/11/24	Main kitchen	Spray		
2	23/11/24	Main kitchen	Sprayer		
3	25/11/24	Main kitchen	Sprayer		
4	17/11/24	- 1 1 -	galy		
5	23/11/24	- 1 1 -	Sprayer		
6	29/11/24	- 1 1 -	galy		
7	30/11/24	- 1 1 -	Sprayer x		
8					
9	21/12/24	- 1 1 -	galy		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Store			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	21/11/24	Store	Spray	<i>[Signature]</i>	
2	28/11/24	Store	Spray	<i>[Signature]</i>	
3	16/11/24	Store	Coil	<i>[Signature]</i>	
4	17/11/24	- 11 -	GA	<i>[Signature]</i>	
5	23/11/24	- 11 -	Spray	<i>[Signature]</i>	
6	24/11/24	- 11 -	GA	<i>[Signature]</i>	
7	30/11/24	- 11 -	Spray	<i>[Signature]</i>	
8					
9	2/12/24	- 11 -	GA + Rat Tray	<i>[Signature]</i>	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Good Times Bar


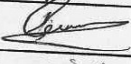
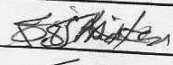

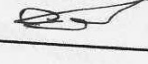
SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	8/11/24	-11-	SPRAY	<i>[Signature]</i>	
2	4/11/24	-11-	GC	<i>[Signature]</i>	
3	9/11/24	-11-	SPRAY	<i>[Signature]</i>	
4	11/11/24	-11-	GC	<i>[Signature]</i>	
5	16/11/24	Good Times Bar	SPRAYS	<i>[Signature]</i>	
6	18/11/24	-11-	GC	<i>[Signature]</i>	
7	23/11/24	Good Times Bar	SPRAYS	<i>[Signature]</i>	
8	25/11/24	Good Times Bar	GC	<i>[Signature]</i>	
9	30/11/24	Good Times Bar	SPRAYS	<i>[Signature]</i>	
10					
11	2/12/24	-11-	GC	<i>[Signature]</i>	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

IDEAL PEST MANAGEMENT SERVICES

Name of Client : RC Bar

SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	9/11/24	R.C Bar	SPRAY		
2	16/11/24	R.C BAR	SPRAY		
3	23/11/24 17/11/24	R.C Bar	SPRAY		
4	24/11/24	-11-	SPRAY		
5	30/11/24	-11-	SPRAY		
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					