

I.P.M.S.

IDEAL PEST MANAGEMENT SERVICE

(Offering Pest Control, Fumigation, Bird Solutions & Cleaning services for apartment, offices & Buildings)

TAX INVOICE							
Reverse Charge: NA Period : June 24 - May 25. Services : Pest Control			Invoice for the Month : September 2024 Invoice No. IPMS/078/24-25 Date: 30.09.2024				
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 September 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 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.		SAC	Taxable	Central Tax		State Tax	
			Value	Rate	Amount	Rate	Amount
		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  Authorised Signatory				










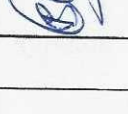
Head Office: 112, Satyam CHS, Virat Nagar, Virar (West), Maharashtra: 401 303
Contact No. +91 9967315828/98678 24242
Mail on: pestmanagement.ipm@gmail.com, manager.ipms1@gmail.com.
Branch Office: Andheri, Mahalaxmi & Navi Mumbai.



Pest Control & Deep Cleaning Schedule for the month of Sept 2024

S.NO.	Outlet Name	Location	Days	1st Service	2nd Service	3rd Service	4th Service
1	CURRY KITCHEN	1C Departure	Thursday	05.09.2024	12.09.2024	19.09.2024	26.09.2024
2	CAFECCINO 1C	1C Departure	Thursday	05.09.2024	12.09.2024	19.09.2024	26.09.2024
3	Pasta Station	1C Departure	Thursday	05.09.2024	12.09.2024	19.09.2024	26.09.2024
4	Food Court Festival	1C Departure	Thursday	05.09.2024	12.09.2024	19.09.2024	26.09.2024
5	MUMBAI SE ARRIVAL	1B ARRIVAL	Thursday	05.09.2024	12.09.2024	19.09.2024	26.09.2024
6	STAFF CAFETERIA	1C Departure	Thursday	05.09.2024	12.09.2024	19.09.2024	26.09.2024
7	FLYING BITE	1C Departure	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
8	MUMBAI SNACKS	1B Departure	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
9	CAF. EXPRESS	1B Departure	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
10	BLACK DOG	1B Departure	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
11	Coffee N more Arrival	1B ARRIVAL	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
12	MOD	1b presha	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
13	MUMBAI SE	1b presha	Friday	06.09.2024	13.09.2024	20.09.2024	27.09.2024
14	MAIN KITCHEN	J B Nagar Andheri	Saturday	07.09.2024	14.09.2024	21.09.2024	28.09.2024
15	Store	1A ARRIVAL	Saturday	07.09.2024	14.09.2024	21.09.2024	28.09.2024
16	CAFECCINO	1B Departure	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
17	ULTRA BAR	1C Departure	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
18	CCD A7-A8	1C Departure	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
19	CBTL	1C Departure	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
20	Shawarma Snacks	Arrival	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
21	Burger Tacos	Arrival	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
22	Dona Italia	Arrival	Monday	02.09.2024	09.09.2024	16.09.2024	23.09.2024
23	IDLI.COM	1b presha	Tuesday	03.09.2024	10.09.2024	17.09.2024	24.09.2024
24	TRAVEL CLUB LOUNGE	1C Departure	Tuesday	03.09.2024	10.09.2024	17.09.2024	24.09.2024
25	Raju Omlet	Arrival	Tuesday	03.09.2024	10.09.2024	17.09.2024	24.09.2024
26	Natural Ice Cream	Arrival	Tuesday	03.09.2024	10.09.2024	17.09.2024	24.09.2024
27	Joshh	Arrival	Tuesday	03.09.2024	10.09.2024	17.09.2024	24.09.2024
28	Masala Kitchen	Arrival	Tuesday	03.09.2024	10.09.2024	17.09.2024	24.09.2024
29	Madras Coffee House	Arrival	Wednesday	04.09.2024	11.09.2024	18.09.2024	25.09.2024
30	Nourish Outlet	Arrival	Wednesday	04.09.2024	11.09.2024	18.09.2024	25.09.2024
31	AAMCHA KATTA	1b presha	Wednesday	04.09.2024	11.09.2024	18.09.2024	25.09.2024
32	IDLI.COM 1C	1C Departure	Wednesday	04.09.2024	11.09.2024	18.09.2024	25.09.2024
33	Dominos	1C Departure	Wednesday	04.09.2024	11.09.2024	18.09.2024	25.09.2024

IDEAL PEST MANAGEMENT SERVICES

Name of Client : Curry Kitchen.			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	5/9/24	Curry kitchen	Spray		
2	6/9/24	CASSY kitchen	Creol		
3	12/9/24	CASSY kitchen	SPRAYS		
4	13/9/24	GARYS kitchen	Creol		
5	19/09/24	CASSY kitchen	SPRAYS		
6	23/09/24	CASSY kitchen	SPRAYS		
7	26/09/24	CASSY kitchen	SPRAYS		
8	27/9/24	- 11 -	GE		
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10	03/10/24	CASSY kitchen	SPRAYS		
11	04/10/24	- 11 -	.		
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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	5/9/24	cafeccino 1c	SPRAY	<i>Yash</i>	
2	6/9/24	cafeccino 1c	COOL	<i>Yash</i>	
3	12/9/24	cafeccino 1c	SPRAY	<i>Yash</i>	
4	18/9/24	cafeccino 1c	COOL	<i>Yash</i>	
5	19/09/24	cafeccino 1c	SPRAYS	<i>Yash</i>	
6	20/9/24	- 11 -	COOL	<i>Yash</i>	
7	26/9/24	cafeccino 1c	SPRAYS	<i>M. an</i>	
8	27/9/24	- 11 -	COOL	<i>Rudra</i>	
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10	03/10/24	cafeccino 1c	SPRAYS	<i>M. an</i>	
11	9/10/24	- 11 -	COOL	<i>Rudra</i>	
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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	5/8/24	Pasta station	Spray	<i>Yan</i>	
2	6/9/24	PASTA STATION	CTE	<i>Yan</i>	
3	12/9/24	PASTA STATION	CTE SPRAY	<i>Yan</i>	
4	13/9/24	PASTA STATION	CTE	<i>Yan</i>	
5	18/9/24	PASTA STATION	SPRAY	<i>Yan</i>	
6	20/9/24	- 11 -	CTE	<i>Hawade</i>	
7	26/9/24	PASTA STATION	SPRAY	<i>Yan</i>	
8	27/9/24	- 11 -	CTE	<i>ASIF</i>	
9	03/10/24	PASTA STATION	SPRAY	<i>Yan</i>	
10	04/10/24	- 11 -	CTE	<i>Yan</i>	
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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	5/9/24	Food Court	Spray	Jash	
2	6/9/24	Food Court	Utel	Jash	
3	12/9/24	Food Court	SPRAYS	Jash	
4	13/9/24	Food Court	Utel	Jash	
5	19/9/24	Food Court	SPRAYS	Jash	
6	20/9/24	- 11 -	Gel	Datshata.	
7	26/9/24	Food Court	SPRAYS	M. mune	
8	27/9/24	- 11 -	Gel	Datshata.	
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10	03/10/24	Food Court	SPRAYS	M. mune	
11	4/10/24	- 11 -	Gel	Datshata.	
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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	5/9/24	Mumbai se Arrival	SPRAY	<i>[Signature]</i>	
2	6/9/24	Mumbai se Arrival	COIL	<i>[Signature]</i>	
3	12/9/24	Mumbai se Arrival	SPRAYS	<i>[Signature]</i>	
4	13/9/24	Mumbai se Arrival	COIL	<i>[Signature]</i>	
5	18/08/24	Mumbai se Arrival	SPRAYS	<i>[Signature]</i>	
6	20/9/24	— 11 —	COIL	<i>[Signature]</i>	
7	26/9/24	Mumbai se Arrival	SPRAYS	<i>[Signature]</i>	
8	27/9/24	— 11 —	COIL	<i>[Signature]</i>	
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10	03/10/24	Mumbai se Arrival	SPRAYS	<i>[Signature]</i>	
11	04/10/24	— 11 —	COIL	<i>[Signature]</i>	
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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	5/9/24	Staff Cafeteria	Spray	<i>[Signature]</i>	
2	6/9/24	Staff Cafeteria	Utel	<i>[Signature]</i>	
3	12/9/24	Staff Cafeteria	Spray	<i>[Signature]</i>	
4	13/9/24	Staff Cafeteria	Utel	<i>[Signature]</i>	
5	19/9/24	Staff Cafeteria	Spray	<i>[Signature]</i>	
6	27/9/24	- 11 -	Utel	<i>[Signature]</i>	
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8	03/10/24	Staff Cafeteria	Spray	<i>[Signature]</i>	
9	9/10/24	- 11 -	Utel	<i>[Signature]</i>	
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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	6/9/24	Flying Bite	SPRAY		
2	13/9/24	==	SPRAY		
3	7/9/24	Flying Bite	CREL		
4	13/9/24	Flying Bite	SPRAY		
5	14/9/24	Flying Bite	CREL		
6	20/9/24	Flying Bite	SPRAY		
7	21/9/24	- 11 -	CREL		
8	27/9/24	Flying Bite	SPRAY	Kajal	
9	28/9/24	- 11 -	CREL	Kajal	
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11	04/10/24	Flying Bite	SPRAY		
12	5/10/24	- 11 -	CREL		
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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	6/9/24	mumbai snacks	SPRAY	Amalix	
2	13/9/24	- 11 -	SPRAY	Amalix	
3	15/9/24	- 11 -	GEI	Amalix	
4	20/9/24	mumbai snacks	SPRAYS	Prin	
5	21/9/24	- 11 -	GEI	AB	
6	27/9/24	mumbai snacks	SPRAYS	A	
7	28/9/24	- 11 -	GEI	Arana	
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9	04/10/24	mumbai snacks	SPRAYS	X	
10	5/10/24	- 11 -	GEI	20	
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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	6/9/24	CAF Express	SPRAX	<i>[Signature]</i>	
2	13/9/24	- 11 -	SPRAX	<i>[Signature]</i>	
3	16/9/24	- 11 -	961	<i>[Signature]</i>	
4	20/9/24	CAF Express	SPRAX	<i>[Signature]</i>	
5	20/9/24	Caf express	SPRAX	<i>[Signature]</i>	
6	27/9/24	CAF Express	SPRAX	<i>[Signature]</i>	
7	28/9/24	- 11 -	94.	<i>[Signature]</i>	
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9	04/10/24	CAF Express	SPRAX	<i>[Signature]</i>	
10	5/10/24	- 11 -	94	<i>[Signature]</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	6/9/24	Black Dog	Spray	Aradh.	
2	13/9/24	-11-	Spray	Aradh.	
3	16/9/24	-11-	GEI	Aradh.	
4	20/9/24	Black Dog	SPRAYS	Aradh.	
5	21/9/24	-11-	GEI	Aradh.	
6	27/9/24	Black Dog	SPRAYS	Aradh.	
7	28/9/24	-11-	GEI	Aradh.	
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9	04/10/24	Black Dog	SPRAYS	Aradh.	
10	5/10/24	-11-	GEI	Aradh.	
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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	6/9/24	Coffee N more Aru	Spray		
2	13/9/24	- 11 -	Spray		
3	16/9/24	- 11 -	Gel		
4	20/9/24	- 11 -	Spray		
5	21/9/24	- 11 -	Gel		
6	27/09/24	Coffee N more	SPRAYS	Priya	
7	28/9/24	- 11 -	Gel		
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9	24/10/24	Coffee N more	SPRAYS	Priya	
10	31/10/24	- 11 -	Gel		
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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	6/9/24	M.O.D	SPRAY	Ankita	AB
2	13/9/24	-11-	SPRAY	Ankita	AB
3	16/9/24	-11-	Gel	Ankita	AB
4	20/09/24	M.O.D	SPRACE	Ankita	AB
5	21/9/24	-11-	Gel	Ankita	24
6	23/9/24	-11-	Gel	Ankita	AB
7	27/9/24	M.O.D	SPRACE	Ankita	
8	28/9/24	-11-	Gel	Ankita	
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10	04/10/24	M.O.D	SPRACE	Ankita	
11	5/10/24	M.O.D	Gel	Ankita	
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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	19/9/24	Mumbai se	Spray -	Pa	
2	18/9/24	-11-	Get spray	Pa	
3	16/9/24	-11-	Get	Pa	
4	20/09/24	MUMBAI SE	Spray	Pa	
5	21/9/24	-11-	Get	Pa	
6	27/9/24	MUMBAI SE	Spray	Pa	
7	28/9/24	-11-	Get	Pa	
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9	04/10/24	MUMBAI SE	Spray	Pa	
10	5/10/24	-11-	Get	Pa	
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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	7/9/24	Main kitchen	SPRAY	<i>[Signature]</i>	
2	8/9/24	Main kitchen	CEI	<i>[Signature]</i>	
3	14/9/24	Main kitchen	SPRACE	<i>[Signature]</i>	
4	18/9/24	- 11 -	SPRAY	<i>[Signature]</i>	
5	19/9/24	- 11 -	GEI	<i>[Signature]</i>	
6	25/9/24	- 11 -	SPRAY	Washali	
7	26/9/24	- 11 -	GEI	<i>[Signature]</i>	
8	1/10/24	- 11 -	SPRAY	Wisha	
9	2/10/24	- 11 -	CEI	Wisha	
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11	05/10/24	Main kitchen	SPRACE	<i>[Signature]</i>	
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IDEAL PEST MANAGEMENT SERVICES

Name of Client : Store



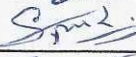


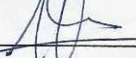




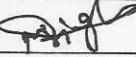
SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	7/9/24	Store	SPRAYS	<i>[Signature]</i>	
2	8/9/24	Store	Gel	<i>[Signature]</i>	
3	14/9/24	Store	SPRAYS	<i>[Signature]</i>	
4	18/9/24	- 11 -	SPRAY	<i>[Signature]</i>	
5	25/9/24	- 11 -	Gel	<i>[Signature]</i>	
6	25/9/24	- 11 -	SPRAY	<i>[Signature]</i>	
7	26/9/24	- 11 -	Gel	<i>[Signature]</i>	
8	01/10/24	- 11 -	SPRAY	<i>[Signature]</i>	
9					
10	05/10/24	Store	SPRAYS	<i>[Signature]</i>	
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

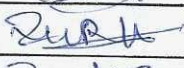
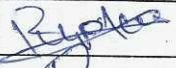
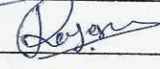





IDEAL PEST MANAGEMENT SERVICES

Name of Client : Cafecchino			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	2/09/24	cafecchino	SPRAY	<i>[Signature]</i>	
2	3/09/24	-11-	Gel	<i>[Signature]</i>	
3	9/9/24	-11-	SPRAY	<i>[Signature]</i>	
4	16/9/24	-11-	SPRAY	<i>[Signature]</i>	
5	17/9/24	-11-	Gel	<i>[Signature]</i>	
6	23/09/24	Cafecchino IB	SPRAY	<i>[Signature]</i>	
7	24/09/24	-11-	Gel	<i>[Signature]</i>	
8	30/09/24	Cafecchino -1B	SPRAY	<i>[Signature]</i>	
9					
10	11/10/24	-11-	Gel	<i>[Signature]</i>	
11	07/10/24	Cafecchino -1B	SPRAY	<i>[Signature]</i>	
12	08/10/24	-11-	Gel	<i>[Signature]</i>	
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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	2/9/24	Ultra Bar	Spray		
2	3/9/24	- 11 -	Gel		
3	9/9/24	- 11 -	Spray		
4	16/9/24	- 11 -	Spray		
5	17/9/24	- 11 -	Gel		
6	23/9/24	Ultra Bar	Sprays		
7	24/9/24	- 11 -	Gel		
8	30/9/24	Ultra Bar	Sprays		
9					
10	5/10/24	- 11 -	Gel		
11	07/10/24	Ultra Bar & Saini Bar	Sprays		
12	8/10/24	- 11 -	Gel		
13					
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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	21/9/24	CCD 7 to 8	Spray		
2	3/9/24	-11-	Gel		
3	10/9/24	-11-	Spray		
4	16/9/24	-11-	Spray		
5	17/9/24	-11-	Gel		
6	18/9/24	CCD 7 TO 8	Spray		
7	24/9/24	-11-	Gel		
8	30/9/24	CCD - 7 TO 8	Spray		
9					
10	01/10/24	-11-	Gel		
11	07/10/24	CCD - 7 TO 8	Spray		
12	08/10/24	-11-	Gel		
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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	2/9/24	CBTL	Spray	<i>Dhah</i>	
2	3/9/24	-11-	Gel	<i>Dhah</i>	
3	9/9/24	-11-	Spray	<i>et</i>	
4	16/9/24	-11-	Spray	<i>et</i>	
5	17/9/24	-11-	Gel	<i>et</i>	
6	28/09/24	-11-	SPRAYS	<i>et</i>	
7	24/9/24	-11-	Gel	<i>et</i>	
8	30/9/24	CBTL	SPRAYS	<i>et</i>	
9					
10	1/10/24	-11-	Gel	<i>et</i>	
11	07/10/24	CBTL -16	SPRAYS	<i>et</i>	
12	8/10/24	-11-	Gel	<i>et</i>	
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14					
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IDEAL PEST MANAGEMENT SERVICES

Name of Client : Shawarma Snacks


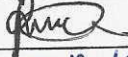
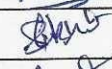
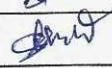
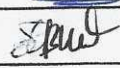

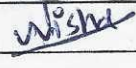
SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	21/9/24	shawarma snacks	SPRAY	<i>[Signature]</i>	
2	31/9/24	- 11 -	GEI	<i>[Signature]</i>	
3	9/9/24	- 11 -	SPRAY	<i>[Signature]</i>	
4	10/9/24	- 11 -	GEI	<i>[Signature]</i>	
5	16/9/24	- 11 -	SPRAY	<i>[Signature]</i>	
6	17/9/24	- 11 -	GEI	<i>[Signature]</i>	
7	7/9/24	- 11 -	SPRAY	<i>[Signature]</i>	
8	23/09/24	- 11 -	SPRAY	<i>[Signature]</i>	
9	24/9/24	- 11 -	GEI	<i>[Signature]</i>	
10	30/09/24	SHAWARMA SNACKS	SPRAY	<i>[Signature]</i>	
11					
12	01/10/24	- 11 -	GEI	<i>[Signature]</i>	
13	07/10/24	SHAWARMA SNACKS	SPRAY	<i>[Signature]</i>	
14	08/10/24	- 11 -	GEI	S. Rodriguez	
15					
16					
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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	21/9/24	Burger Tacos	SPRAY	J. Rodriguez	
2	3/9/24	-11-	Gel	J. Rodriguez	
3	9/9/24	-11-	SPRAY	SUN	
4	10/9/24	-11-	Gel	SUN	
5	16/9/24	-11-	SPRAY	SUN	
6	17/9/24	-11-	Gel	SUN	
7	21/9/24	-11-	SPRAY	SUN	
8	22/9/24	Burger Tacos	SPRAY	SUN	
9	24/9/24	-11-	Gel	SUN	
10	30/9/24	Burger Tacos	SPRAY	SUN	
11					
12	01/10/24	-11-	Gel	Amor	
13	07/10/24	Burger Tacos	SPRAY	SUN	
14	8/10/24	-11-	Gel	SUN	
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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	21/9/24	Dona Italia	Spray		
2	31/9/24	- 11 -	Gel		
3	9/9/24	- 11 -	Spray	M.D.K	
4	10/9/24	- 11 -	Gel	M.D.K	
5	16/9/24	- 11 -	Spray	M.D.K	
6	17/9/24	- 11 -	Gel	M.D.K	
7	7/9/24	- 11 -	Sprays		
8	23/09/24	Dona Italia	Sprays		
9	24/9/24	- 11 -	Gel	M.K	
10	30/09/24	Dona Italia	Sprays		
11	—	—	—	—	—
12					
13	07/10/24	Dona Italia	Sprays		
14	8/10/24	- 11 -	Gel		
15					
16					
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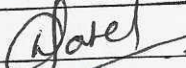



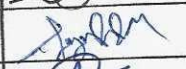


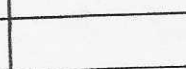
IDEAL PEST MANAGEMENT SERVICES

Name of Client : IDLI.COM			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	3/9/24	IDLI.COM	SPRAY	,	<i>[Signature]</i>
2	4/9/24	- 11 -	Gel	,	<i>[Signature]</i>
3	10/9/24	IDLI.COM	SPRAYS	,	<i>[Signature]</i>
4	18/9/24	- 11 -	SPRAY	,	<i>[Signature]</i>
5	18/9/24	- 11 -	Gel	,	<i>[Signature]</i>
6	19/9/24	- 11 -	SPRAY	,	<i>[Signature]</i>
7	20/9/24	- 11 -	Gel	,	<i>[Signature]</i>
8	21/9/24	- 11 -	SPRAY	,	<i>[Signature]</i>
9	22/9/24	- 11 -	Gel	,	<i>[Signature]</i>
10	23/9/24	- 11 -	Gel	,	<i>[Signature]</i>
11	24/9/24	IDLI.COM	SPRAYS	,	<i>[Signature]</i>
12	25/9/24	- 11 -	Gel	,	<i>[Signature]</i>
13	26/9/24 11/10/24	IDLI.COM	SPRAYS	,	<i>[Signature]</i>
14					
15	31/10/24	- 11 -	Gel	,	<i>[Signature]</i>
16					
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IDEAL PEST MANAGEMENT SERVICES

Name of Client : Travel Club Lounge



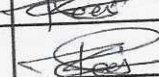
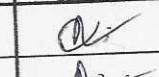



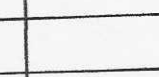
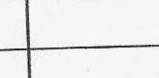
SIMOLINA T1

Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	3/9/24	T.C.L	SPRAY		
2	4/9/24	T.C.L	GEL		
3	10/9/24	T.C.L	SPRAYS		
4	17/9/24	T.C.L	SPRAY		
5	18/9/24	T.C.L	GEL		
6	24/09/24	T.C.L	SPRAYS		
7	25/9/24	T.C.L	GEL		
8	01/10/24	T.C.L	SPRAYS		
9	2/10/24	T.C.L	GEL		
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12					
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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	31/9/24	Raju omlet	Spray		
2	4/9/24	- 11 -	Gel		
3	10/9/24	RAJU Omlet	SPRAYS		
4	11/9/24	- 11 -	Gel		
5	17/9/24	- 11 -	SPRAY		
6	18/9/24	- 11 -	Gel		
7	24/9/24	RAJU Omlet	SPRAYS		
8	26/9/24	- 11 -	Gel		
9	01/10/24	RAJU Omlet	SPRAYS		
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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	3/9/24	Natural ICE	Spray	M. Pathi	
2	4/9/24	-11-	Gel	M. Pathi	
3	10/9/24	NATURAL ICE	SPRAYS	M. Pathi	
4	11/9/24	-11-	Gel	M. Pathi	
5	17/9/24	-11-	Spray	M. Pathi	
6	18/9/24	-11-	Gel	M. Pathi	
7	20/9/24	-11-	SPRAYS	Ziaul	
8	26/9/24	-11-	Gel	M. Pathi	
9					
10	1/10/24	-11-	Gel	M. Pathi	
11	01/10/24	NATURAL ICE	SPRAYS		
12					
13					
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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	3/9/24	Joshh	Spray	<i>(Signature)</i>	
2	4/9/24	- 11 -	Gel	<i>(Signature)</i>	
3	10/9/24	JOSHh	SPRAYS	<i>(Signature)</i>	
4	11/9/24	- 11 -	Gel	<i>(Signature)</i>	
5	17/9/24	- 11 -	SPRAY	<i>(Signature)</i>	
6	18/9/24	- 11 -	Gel	<i>(Signature)</i>	
7	24/9/24	- 11 -	SPRAYS	<i>(Signature)</i>	
8	26/9/24	- 11 -	Gel	<i>(Signature)</i>	
9	01/10/24	JOSHh	SPRAYS	<i>(Signature)</i>	
10	21/10/24	- 11 -	Gel	<i>(Signature)</i>	
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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	3/9/24	Masala Kitchen	SPRAY	A. Singh	
2	4/9/24	- 11 -	Gel	A. Singh	
3	10/10/24	MASALA Kitchen	SPRAYS	A. Singh	
4	11/9/24	- 11 -	Gel	A. Singh	
5	17/9/24	- 11 -	SPRAY	A. Singh	
6	18/9/24	- 11 -	Gel	A. Singh	
7	24/9/24	- 11 -	SPRAYS	A. Singh	
8	26/9/24	- 11 -	Gel	A. Singh	
9	01/10/24	MASALA Kitchen	SPRAYS	A. Singh	
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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	4/9/24	MADRAS Coffee	SPRAY	Umai chef	B
2	5/9/24	MADRAS Coffee	gel	Umai chef	B
3	11/9/24	MADRAS Coffee	SPRAY	Umai chef	B
4	18/9/24	Madras Coffee	SPRAY	Umai chef	B
5	19/9/24	- 11 -	gel	→	Handwritten
6	25/9/24	MADRAS coffee	SPRAY	Umai	
7	26/9/24	- 11 -	gel	Umai	
8	02/10/24	MADRAS coffee	SPRAY	Umai	
9	03/10/24	- 11 -	gel	Umai	
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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	4/9/24	Nourish outlet	SPRAY	<i>[Signature]</i>	
2	5/9/24	Nourish outlet	Gel	<i>[Signature]</i>	
3	11/9/24	Nourish outlet	SPRAY	<i>[Signature]</i>	
4	7/9/24	Nourish outlet	SPRAY	<i>[Signature]</i>	
5	18/9/24	Nourish outlet	SPRAY	<i>[Signature]</i>	
6	19/9/24	- 11 -	gel	<i>[Signature]</i>	
7	25/9/24	Nourish outlet	SPRAY	<i>[Signature]</i>	
8	26/9/24	- 11 -	gel	<i>[Signature]</i>	
9	02/10/24	Nourish outlet	SPRAY	<i>[Signature]</i>	
10	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	4/9/24	Aamcha Katta	Spray	A.S. Kere	
2	5/9/24	Aamcha Katta	Gel	A.S. Kere	
3	11/9/24	AAMCHA KATTA	SPRAY	A.S. Kere	
4	18/9/24	Aamcha Katta	Spray	A.S. Kere	
5	25/9/24	AAMCHA KATTA	SPRAY	A.S. Kere	
6	19/9/24	AAMCHA KATTA	Gel	A.S. Kere	
7	02/10/24	AAMCHA KATTA	SPRAY	A.S. Kere	
8					
9	3/10/24	- 11 -	Gel	Barinder	
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IDEAL PEST MANAGEMENT SERVICES

Name of Client : IDLI.COM 1C			SIMOLINA T1		
Sr. No.	Date	Name of Outlet	Type of Treatment	Sign Incharge	Remark
1	4/9/24	IDLI.COM	SPRAY	Mamane	
2	5/9/24	-11-	GEL	Mamane	
3	11/9/24	IDLI.COM	SPRAY	Rudra	
4	18/9/24	IDLI.COM	SPRAY	Rudra	
5	19/9/24	-11-	GEL	Mamane	
6	25/9/24	IDLI.COM	SPRAY	Asma	
7	27/9/24	-11-	GEL	Jinky	
8	02/10/24	IDLI.COM	SPRAY	ପ୍ରମୋଦ	
9	3/10/24	-11-	GEL	ପ୍ରମୋଦ	
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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	4/9/24	Dominos	Spray	<i>[Signature]</i>	
2	5/9/24	- 11 -	Gel	<i>[Signature]</i>	
3	11/9/24	Dominos	SPRAYS	<i>[Signature]</i>	
4	18/9/24	Dominos	Spray	<i>[Signature]</i>	
5	19/9/24	- 11 -	Gel	<i>[Signature]</i>	
6	25/9/24	Dominos	SPRAY	<i>[Signature]</i>	
7	26/9/24	- 11 -	Gel	<i>[Signature]</i>	
8	02/10/24	Dominos	SPRAY	<i>[Signature]</i>	
9	31/10/24	- 11 -	Gel	<i>[Signature]</i>	
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