

TARUN ENTERPRISES

H.O.: 8/8, Strachy Road, Allahabad - 211001, U.P., INDIA

Phone: +91 8176080204

e-mail: info@optitecheyecare.com, info@ophthalmic.in

GSTIN: 09ACBPJ0823B1ZA

Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

DISPATCH CHALLAN

Q2021220676 / O2021220679 / C2021220608

Bill to:							Ship to:	Ship to:				
Prema Netra Chikitsalaya								Prema Netra Chikitsalaya				
Near Fatima Hospital								Near Fatima Hospital				
Mau, Mau, Uttar Pradesh								Mau, Mau, Uttar Pradesh				
275101, India								275101, India				
Mobile: 9935297559, 9935297559								Mobile: 9935297559, 9935297559				
Dr P. K. Madhesiya								Dr P. K. Madhesiya				
	an No.	C2021220608					Invoice No:					
	an Date.	July, 01, 2021					Invoice Date:					
Custo	omer Id:	104				Method Of Shipment: BY BUS						
Orde	r No:	O2021220679				Date Of Shipm	Date Of Shipment:					
Sales	Person:	ManojPandey					Docket No:					
Dispa	atched From:	Allahabad					SB Number:					
Terms of Delivery: By bus							Terms of Paym	Terms of Payments: 7 days credit				
Terms & Conditions: Order on call						Special Inform	Special Information :					
S.N.	N. Product Description		HSN-GST	Unit	Qty	Rate	Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount	
1	Keratome 5.2 mm (Phaco Enlarger) Grey Series OPHTHALMIC MICROSURGICAL KNIVES KERATOME 5.2 MM GREY SERIES STERILE		90185090 12 %	Pcs	200	66.96	TE/MSK52/2101	06-2021/05-2026		21.96	9000	
Net Total											₹ 9000	
Freight Charges											₹ 500	
GST @ 12%											₹ 1080	
GST @ 18%											₹ 90	
Grand Total											₹ 10670	

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE: 05100052900009 Prepared by Manoj Pandey| Packed by

Remit to:

Payment: 100% T/T(wire) **Bank Details for:** (INR)

Beneficiary's Name :Tarun EnterprisesAccount No. :13172020001243Bank Name :HDFC Bank Ltd. (Rupee)IFSC Code :HDFC0000226

Bank Address: 18-AS.P. Marg, Civil Lines, Allahabad 211001, UP, India

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team



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