

## TARUN ENTERPRISES

B.O.: A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064, INDIA Phone: +91 8176080204

e-mail: delhi@optitecheyecare.com

GSTIN: 07ACBPJ0823B1ZE

#### DISPATCH CHALLAN

### Q2020212641 / O2020212711 / C2020212536

Bill t	0.						Ship to:					
Dr. Salini Mohan						Dr. Salini Mohan						
Flat #301 Sweta Apartment Pandu Nagar ,Kanpur,Uttar Pradesh						Flat #301 Sweta Apartment Pandu Nagar ,Kanpur,Uttar Pradesh						
208005,India							208005,India					
Mobile: 9506740966, 9506740966							Mobile: 9506740966, 9506740966					
Dr Salini Mohan							Dr Salini Mohan					
Challan No. C2020212536						Invoice No:						
	an Date.	March, 05, 2021					Invoice No.					
		318							Two alsos			
Customer Id:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Method Of Sh		Tracko	1		
Order No:		O2020212711					Date Of Shipment:					
	Person:	ManojPandey					Docket No:			9803250		
Dispa	atched From:	Delhi					SB Number:	ber:				
Terms of Delivery: By courier						<b>Terms of Payments:</b> 7 days credit						
Terms & Conditions: Order on call						Special Information :						
S.N.	Product Descriptio	n HSN-GST	Unit	Qty	Rate	Batch No		Mfg Dt./Exp Dt.		Discount/Unit	Net Amount	
1	OP 4055   Ophthalm Drape   Model OP 4055   overall size 12 x 100 cms, adhesive area 8 x 8 cms with one collection bag 20 13 cms.	0 90185090 12 %	Pcs	100	84.82	TE/OP4055/2101		01-2021/12-2025		46.82	3800	
Net Total											₹ 3800	
Freight Charges											₹ 300	
GST @ 12%											₹ 456	
GST @ 18%											₹ 54	
Grand Total											₹ 4610	

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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