

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

Q2021221888 / O2021221793 / C2021221634

Rill to											
Bill to:						Ship to:					
Chhavi Eye Hospital							Chhavi Eye Hospital				
2567 Near Telecom Factory Gate No. 2 Wright Town Jabalpur							2567 Near Telecom Factory Gate No. 2 Wright Town Jabalpur				
482002, Madhya Pradesh, India							482002, Madhya Pradesh, India				
Mobile: +91 98260 13544							Mobile: +91 98260 13544				
Dr Chhavi Eye Hospital						Dr Chhavi Eye	Dr Chhavi Eye Hospital				
Challan No	0.	C2021221634				Invoice No:					
Challan Da	ate.	January, 14, 2022				Invoice Date	Invoice Date:		January, 14, 2022		
Customer	Id:	1005				Method Of S	Method Of Shipment:		On Dot		
Order No:		O2021221793				Date Of Ship	ment:				
Sales Pers	son:	ManojPandey				Docket No:					
Dispatched	d From:	Allahabad				SB Number:					
Terms of I	Delivery: By Co	urier				Terms of Pay	ments:				
Terms & Conditions :						Special Infor	Special Information :				
S.N.	Product Description	HSN-GST	Unit	Qty	Rate	Batch No	Mfg Dt./	Exp Dt.	Discount/Unit	Net Amount	
1 Central Table mode	prised table (S) pric Instrument e Motorized, el (S) Centric plete with	9402 12 %	Pcs	1	9821.43	TE/CMT/211003	10-2021/09-2031		9821.43	0	
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	len top.						1		Net Total	₹ 0	
	len top.								Net Total Freight Charges	₹ 0 ₹ 0	
	len top.										
	en top.								Freight Charges	₹ 0	

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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