

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

Q2020212405 / O2020212465 / C2020212294

Bill to: Ship to:											
Sample - Allahabad						Eyekenz Healthcare Pvt. Ltd.					
Civil Line						No. 42 & 43 -121 1st Floor S L N Building					
Allahabad, India							Somashettyhalli Chikkabanavara Post				
Email: domestic@optitecheyecare.com							Bangalore, Karnataka				
Mr Ratnesh							560090, India				
							Mobile: 9663326703				
							Email: sanjeev@eyekenz.com				
							Mr Sanjeev Kumar				
Chall	an No.	C202	C2020212294				Invoice No:				
Challan Date.		February, 03, 2021				Invoice Date	:				
Custo	omer Id:	379				Method Of Shipment: Party			arty pick-up		
Order No:		O2020212465				Date Of Shipment:					
Sales	Person:	Order Processing				Docket No:					
Dispa	tched From:	Allah	llahabad				SB Number:				
Terms of Delivery:							Terms of Payments :				
Terms & Conditions: sample for eyekenz							Special Information :				
S.N.	Product Descript	ion	HSN	Unit	Qty	Rate	Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
1	Clear Visc 3 ml Pfs Ophthalmic Solution Clear Visc 3 ml Pfs Hydroxyproplyl Methyle Cellulose Solution		30067000	Boxes	10	93.75	20AB031/02	12-2020/11-2022		93.66	0.89
Net Total											₹ 0.89
Freight Charges											₹ 0
GST @ 12%											₹ 0.11
GST @ 18%											₹ 0
Grand Total											₹ 1

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE:

Prepared by Order Processing| Packed by

Remit to:

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

Beneficiary's Name :Tarun EnterprisesAccount No. :62505001845Bank Name :Standard Chartered Bank (Rupee)IFSC Code :SCBL0036044Bank Address :Hotel UR Complex, 7/3 A/1 MG 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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