

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

Q2021222093 / O2021221915 / C2021221721

												
Bill to:							Ship to:					
Kavita						Kavita						
Ansal Appartments							Ansal Appartments					
Allahabad							Allahabad					
211001, India							211001, India					
Email: kavita@redifmail.com							Email: kavita@redifmail.com					
Dr Kavita								Dr Kavita				
Chall	an No.	C2021221721						Invoice No:				
Challan Date.		January, 31, 2022						Invoice Date:				
Customer Id:		961						Method Of Shipment: B		By F	land	
Orde	r No:	O2021221915						Date Of S	Shipment:			
Sales	Person:	Order Processing						Docket No:				
Dispa	tched From:	Allahabad						SB Number:				
Terms of Delivery :							Terms of Payments :					
Terms & Conditions :							Special Information:					
S.N.	S.N. Product Descript		on HSN Unit Qty Rate		Ba	Batch No Mfg Dt./Exp		Dt.	Discount/Unit	Net Amount		
1	HandSIL V -500 m Handsil-V 500 ml Ha Rub Chlorexidine Gluconate & Ethyl Alcohol Solution		3004	Pcs	5	238.1	E000704-20		04-2020/03-2022		47.62	952.38
											Net Total	₹ 952.38
											Freight Charges	₹ 0
											GST @ 5%	₹ 47.62
											GST @ 18%	₹ 0
											Grand Total	₹ 1000

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE: 05100052900009

Prepared by Order Processing| 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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