

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

Q2020211573 / O2020211626 / C2020211496

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				
Challan No. C2020211496						Invoice No:					
Challan Date. October, 06, 2020					Invoice Date:						
Customer Id: 961						Method Of Shipment: By H			land		
Order No: O2020211626						Date Of Shipment:					
Sales Person: Order Processing						Docket No:					
Dispatched From: Allahabad						SB Number:					
Terms of Delivery :							Terms of Payments :				
Terms & Conditions :							Special Information :				
S.N. Product Description		HSN	Unit	Qty	Rate	Batch No		Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
HandSIL V -500 ml Handsil-V 500 ml Hand 1 Rub Chlorexidine Gluconate & Ethyl Alcohol Solution		3004	Pcs	6	223.21	E000704-20		04-2020/03-2022		44.64	1071.43
Net Total											₹ 1071.43
Freight Charges											₹ 0
GST @ 12%											₹ 128.57
Grand Total											₹ 1200

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

This is a computer-generated document. No signature is required.