

## 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

### Q2020210928 / O2020210965 / C2020210883

Bill to:							Ship to:				
Cash					Ms. Kavita						
Tarun Enterprises						Ansals, Strachy Road					
Civil Line											
Allahabad, India											
Mobile: 8176080204											
Dr Cash											
Chall	an No.	C2020210883					Invoice No:				
Challan Date.		July, 15, 2020					Invoice Date:				
Customer Id:		829					Method Of Shipment: By Hand				
Order No:		O2020210965					Date Of Sh	ipment:			
Sales Person:		TarunJaggi					Docket No:	:			
Dispa	tched From:	Allahabad					SB Number	r:			
Terms of Delivery :						Terms of Payments :					
Terms & Conditions :							Special Information :				
S.N.	Product Description	on HSN	Unit	Qty	Rate	Ва	ntch No	Mfg Dt./Ex	p Dt.	Discount/Unit	Net Amount
1	HandSIL V -500 ml Handsil-V 500 ml Ha Rub   Chlorexidine Gluconate & Ethyl Alcohol Solution		Pcs	4	223.21	E000704-20		04-2020/03-2022		44.64	714.29
2	Face Shield OP-9   Protective Face Shield.		Pcs	5	101.69	TE/OP09/200501		05-2020/04-2025		30.51	355.93
Net Total											₹ 1070.22
Freight Charges											₹ 0
GST @ 12%											₹ 85.71
GST @ 18%											₹ 64.07
Grand Total											₹ 1220

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

Prepared by Tarun Jaggi| 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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