

TARUN ENTERPRISES

B.O.: A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064, INDIA Phone: +91 8176080204

e-mail: delhi@optitecheyecare.com

GSTIN: 07ACBPJ0823B1ZE

DISPATCH CHALLAN

Q2020211274 / O2020211319 / C2020211193

Bill to:						Ship to:					
Icare Eye Hospital						Icare Eye Hospital					
E-3a Sector 26noida-,Noida,Uttar Pradesh						E-3a Sector 26noida-,Noida,Uttar Pradesh					
201301,India						201301,India					
Mobile: 9911516964						Mobile: 9911516964					
Email: yogeshwari@icarehospital.org						Email: yogeshwari@icarehospital.org					
Dr Yogeshwari Bansal							Dr Yogeshwari Bansal				
Challan No.		C2020211193					Invoice No:				
Challan Date.		August, 26, 2020					Invoice Date	:			
Customer Id:		241					Method Of Shipment: By H		By Han	nd	
Order No:		O2020211319					Date Of Shipment:				
Sales Person:		Delhi				Docket No:	: DEEPA		K JI		
Dispatched Fi	rom:	Delhi				SB Number:					
Terms of Delivery :						Terms of Payments :					
Terms & Conditions :							Special Information :				
	oduct cription	HSN-GST	Unit	Qty	Rate		Batch No	Mfg Dt./E	xp Dt.	Discount/Unit	Net Amount
Trial Len	n Wooden	90185090 12 %	Boxes	1	12500	TE/TC RB 25WCM/200801		08-2020/07-2030		4017.86	8482.14
<u> </u>			•							Net Total	₹ 8482.14
Freight Charges											₹ 0
GST @ 12%											₹ 1017.86
										Grand Total	₹ 9500

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