

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

Q2020210770 / O2020210804 / C2020210738

(INR)

1234567

dkfjjfjf

Bill to:						Ship to:					
Production Department						Production Department					
8/8 Strachy Road Civil Lines						8/8 Strachy Road Civil Lines					
Prayagraj, Uttar Pradesh, India						Prayagraj, Uttar Pradesh, India					
Mobile: 7992092653, 7992092653						Mobile: 7992092653, 7992092653					
3						Mr Vinay Yadav					
Challan No. C2020210738						Invoice No:					
Chall	an Date.	June, 26, 2020				Invoice Date:					
Custo	omer Id:	968				Method Of Shipment:		By Hand			
Orde	r No:	O2020210804				Date Of Ship	ment:	June, 26	June, 26, 2020		
Sales Person:		Order Processing				Docket No:					
Dispa	tched From:	Allahabad				SB Number:					
Terms of Delivery :						Terms of Payments :					
Terms & Conditions: pack of 100 converted into pack of 10						Special Information :					
Qty	400 pcs. medium Qty.	- 400 pcs large		-		-					
S.N.	Product Descripti	on HSN-GST	Unit	Qty	Rate	Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount	
1	Gloves Nitrile M 10 Nitrile Examination Gloves Powdered Fre Size M Pack of 100	4015 ee 12 %	Boxes	4	1116.07	ASR0919M	09-2019/08-2022		1116.07	0	
Size L Nitrile EG Nitrile Examination Gloves Powdered Free Size L Pack of 100		4015 ee 12 %	Boxes	4	1116.07	ASR 0919	09-2019/08-2024		1116.07	0	
Net Total										₹ 0	
Freight Charges										₹ 0	
GST @ 12%										₹ 0	
Grand Total										₹ 0	

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: Beneficiary's Name:** testing **Account No.:** Bank Name: test bank **IFSC Code:**

Bank Address: alld

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team



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