

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

Q182 / O704 / C734

Bill to:							Ship to:				
Dr Shroff Charity Eye Hospital.						Dr Shroff Charity Eye Hospital.					
5027 Kedarnath Road						5027 Kedarnath Road					
Daraganj						Daraganj					
New Delhi, Delhi						New Delhi, Delhi					
110002,India						110002, India					
Mobile: 011-43524444						Mobile: 011-43524444					
Dr Sirs / Madam						Dr Sirs / Madam					
Challan No.		C734					Invoice No:				
Challan Date.		October, 09, 2019					Invoice Date:				
Customer Id:		134					Method Of Shipment:		BY HAND		
Order No:		O704					Date Of Shipment:				
Sales Person:		SanchitPuri				Docket No: SANCHIT P		IT PURI			
Disp	atched From:	Delhi				SB Number:					
Terms of Delivery : - ready stock						Terms of Payments: - 15 days					
Terms & Conditions :						Special Information :					
S.N.	Product Description	HSN-GST	Unit	Qty	Rate	Batch No		Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
1	7" HD Video Magnifier Low Vision Device 7" video magnifier complete with standard fitments.	90185090 12 %	Pcs	1	65000	516014F030800004		04-2019/03-2030		9750	55250
Net Total											₹ 55250
Freight Charges											₹ 0
GST @ 12%											₹ 6630
Grand Total											₹ 61880

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