

## 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

### Q2021220026 / O2021220029 / C2021220022

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				
Chall	an No.	C2021220022					Invoice No:				
Chall	an Date.	April, 05, 2021					Invoice Date:				
Custo	omer Id:	961					<b>Method Of Shipment:</b> By I		By E	Hand	
Orde	r No:	O2021220029					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 Descript	ion HSN	Unit	Qty	Rate	Batch No		Mfg Dt./Exp	Dt.	Discount/Unit	Net Amount
1	HandSIL V -500 m Handsil-V 500 ml Ha Rub   Chlorexidine Gluconate & Ethyl Alcohol Solution		Pcs	5	223.21	E000704-20		04-2020/03-2022		44.64	892.86
Net Total											₹ 892.86
Freight Charges											₹ 0
GST @ 12%											₹ 107.14
GST @ 18%											₹ 0
Grand Total											₹ 1000

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



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