

## 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

## Q2021221641 / O2021221506 / C2021221357

Bill to:						Ship to:				
Eye 4 U					Eye 4 U					
Dda Flats 241 Gf Sector 9 Pocket 1 Dwarka						Dda Flats 241 Gf Sector 9 Pocket 1 Dwarka				
New Delhi,Delhi						New Delhi,Delhi				
110075,India						110075,India				
Mobile: 9871463345						Mobile: 9871463345				
Dr Ankush Mutreja						Dr Ankush Mutreja				
Chall	an No.	C2021221357				Invoice No:				
Chall	an Date.	November, 27, 2021				<b>Invoice Dat</b>	e:			
Custo	omer Id:	1100				Method Of Shipment:		By Hand		
Order No:		O2021221506				Date Of Shi	ipment:			
Sales Person:		Delhi				Docket No:	_			
Dispa	tched From:	Delhi			SB Number:					
Terms of Delivery :						Terms of Payments :				
						Special Information: Instuction By Deepak				
S.N.	Product Descripti	on HSN-GST	Unit	Qty	Rate	Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
1	Opti Fl 10%   Ophthalmic Solution Fluorescein Sodium Injection 10%   box of 10 ampules of 5 ml each.	30063000	Boxes	1	758.93	21AC026	03-2021/12-2023		133.93	625
Net Total										₹ 625
Freight Charges										₹ 0
GST @ 12%										₹ 75
GST @ 18%										₹ 0
Grand Total										₹ 700

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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