

## **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

## Q2020211774 / O2020211839 / C2020211693

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						
Challa	an No.	C2020211693						Invoice No:					
Challa	an Date.	November, 06, 2020						Invoice Date:					
Custo	mer Id:	961						Method Of Shipment:		By Hand			
Order	· No:	O2020211839						<b>Date Of Shipment:</b> N		Nove	November, 06, 2020		
Sales	Person:	Order Processing						Docket No:					
Dispa	tched From:	Allahabad						SB Number:					
Terms of Delivery :							Terms of Payments :						
Terms & Conditions:							Special Information :						
S.N.	S.N. Product Descript		HSN	Unit	Qty	Rate	Batch No		Mfg Dt./Exp Dt.		Discount/Unit	Net Amount	
HandSIL V -500 m Handsil-V 500 ml Ha Rub   Chlorexidine Gluconate & Ethyl Alcohol Solution			3004	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		
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

This is a computer-generated document. No signature is required.