

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

Q2021220525 / O2021220533 / C2021220473

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.	C2021220473					Invoice No:					
Chall	an Date.	June, 09, 2021					Invoice Date:					
Custo	omer Id:	961					Method Of Shipment: By		By E	By Hand		
Orde	r No:	O2021220533					Date Of Shipment:					
Sales	Person:	Order Processing					Docket No: Vina		nay Jr			
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		004 Pcs 5 223.21		E0	E000904-20 04-2020/03-2		022	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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