

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

Q2020211045 / O2020211095 / C2020210993

Bill to:						Ship to:				
Prema Netra Chikitsalaya						Prema Netra Chikitsalaya				
Near Fatima Hospital						Near Fatima Hospital				
Mau, Mau, Uttar Pradesh						Mau, Mau, Uttar Pradesh				
275101, India						275101, India				
Mobile: 9935297559, 9935297559						Mobile: 9935297559, 9935297559				
Dr P. K. Madhesiya						Dr P. K. Madhesiya				
Challan No.	C	C2020210993				Invoice No:				
Challan Date.	Illan Date. July, 27, 2020					Invoice Date:				
Customer Id: 104					Method Of	Method Of Shipment: BY B		BUS		
Order No: O2020211095					Date Of Shipment: July, 27, 2020					
Sales Person: ManojPandey					Docket No:					
Dispatched From: Allahabad					SB Number:					
Terms of Delivery: by bus						Terms of Payments: 7 days credit				
Terms & Conditions: order on call						Special Information :				
S.N. Product Descript	ion	HSN-GST	Unit	Qty	Rate	Batch No	Mfg Dt./Ex	p Dt.	Discount/Unit	Net Amount
SCH MB 100 Schirmer Tear Tes 1 Ophthalmic strip S MB 100 box of 10 strip.	СН	90185090 12 %	Boxes	30	178.57	TE/SCH MB/2001	01-2020/12-	2024	0	5357.14
Net Total										₹ 5357.14
Freight Charges										₹ 300
GST @ 12%										₹ 678.86
	Grand Total									

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