

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

Q2021221190 / O2021221097 / C2021221003

Bill to:						Ship to:						
Dr. Deepak Kumar						Dr. Deepak Kumar						
22 Dayal Enclave							22 Dayal Enclave					
Opposite Galaxy Hospital							Opposite Galaxy Hospital					
Mahmoorganj, Varanasi, Uttar Pradesh							Mahmoorganj, Varanasi, Uttar Pradesh					
221010, India							221010, India					
Mobile: 9889545554							Mobile: 9889545554					
Dr Deepak Kumar							Dr Deepak Kumar					
Chal	lan No.	C2021221003					Invoice No:					
Challan Date.		September, 20, 2021					Invoice Date:					
Cust	omer Id:	1354					Method Of Shipment: On Dot					
Orde	r No:	O2021221097					Date Of Shipment:					
Sales	s Person:	ManojPandey					Docket No:					
Disp	atched From:	Allahabad					SB Number:					
Terms of Delivery :					Terms of Payments :							
Terms & Conditions :						Special Information :						
S.N.	Product Description	HSN-GST	Unit	Qty	Rate		Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount	
1	SCH MB 100 (NON CE) Schirmer Tear Test Ophthalmic strip SCH MB 100 box of 100 strip Non CE	90185090 12 %	Boxes	5	258.93	TE/SCH(MB)/2003		12-2020/11-2025		80.36	892.86	
Net Total											₹ 892.86	
Freight Charges											₹ 150	
GST @ 12%											₹ 107.14	
GST @ 18%											₹ 27	
Grand Total											₹ 1177	

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



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