

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

Q2021220438 / O2021220449 / C2021220400

Bill to: Ship to:											
Kesarwani Dental Clinic						Kesarwani Dental Clinic					
9-c 2/5 Near Agnipath Colony Tb Sapru Road Civil Lines,						9-c 2/5 Near Agnipath Colony Tb Sapru Road Civil Lines,					
Prayagraj, Uttar Pradesh							Prayagraj, Uttar Pradesh				
211001, India							211001, India				
Mobile: 9415614060							Mobile: 9415614060				
Dr Anil Kesarwani							Dr Anil Kesarwani				
Chall	an No.	C2021220400					Invoice No:				
Chall	an Date.	May, 24, 2021					Invoice Date:				
Custo	omer Id:	1322					Method Of Shipment: By Han			nd	
Orde	r No:	O2021220449					Date Of Shipment:				
Sales	Person:	ManojPandey					Docket No:				
Dispa	tched From:	Allahabad					SB Number:				
Terms of Delivery: By Hand Mahendra						Terms of Payments: 7 days credit					
Terms & Conditions: Order on call						Special Information :					
S.N.	Product Description	HSN-GST	Unit	Qty	Rate	E	Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
1	Size M-100 Latex EGP Latex Examination Gloves Powdered Size M Pack of 100.	4015 12 %	Pkt	10	937.5	TE/LEGM/210502		05-2021/04-2026		312.5	6250
Net Total											₹ 6250
Freight Charges											₹ 0
GST @ 12%											₹ 750
GST @ 18%											₹ 0
Grand Total											₹ 7000

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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