

## **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

### Q2021220260 / O2021220277 / C2021220245

Bill to: Savitri Dental Hospital Stanley Road Near Mahboob Ali Inter College Prayagraj, Prayagraj 211002, India Mobile: 09956039000 Dr Reema Shukla								Ship to: Savitri Dental Hospital Stanley Road Near Mahboob Ali Inter College Prayagraj, Prayagraj 211002, India Mobile: 09956039000 Dr Reema Shukla				
<b>Challan No.</b> C2021220245						Invoice No:						
Challan Date. Ap			, 2021					Invoice Date:				
Cust	omer Id:	964	964					<b>Method Of Shipment:</b> By Ha				
Order No:		O202122	O2021220277					Date Of Shipme	ent:			
Sales	s Person:	ManojPa	ManojPandey					Docket No:		Manoj Pandey		
			Allahabad					SB Number:				
Terms of Delivery :							Terms of Payments :					
Terms & Conditions :						Special Information :						
S.N.	Product Descripti	on H	ISN	Unit	Qty	Rate	Batch No		Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
1	Protective Kit PK(D)3 Non Sterile one Overall Suite  one pair Surgical gloves  one three play mask  one pair shoe cover detachable one garbage bag one cap protective eye wear (choice of glasses or face Shield)		01000	Pcs	5	1238.1	TE	:/PK(D3)/210401	04-2021/03-2026		809.52	2142.86
Net Total												₹ 2142.86
Freight Charges												₹ 0
GST @ 5%												₹ 107.14
GST @ 18%												₹ 0
Grand Total												₹ 2250

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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