

TARUN ENTERPRISES

B.O.: A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064, INDIA Phone: +91 8176080204

e-mail: delhi@optitecheyecare.com

GSTIN: 07ACBPJ0823B1ZE

DISPATCH CHALLAN

Q2020212279 / O2020212339 / C2020212166

Bill to:							Ship to:					
Deepak Agarwal							Deepak Agarwal					
427 Sunlight Colony No-1, Delhi							427 Sunlight Colony No-1,Delhi					
110014,India							110014,India					
Mobile: 96540848818							Mobile: 96540848818					
Mr Deepak Agarwal							Mr Deepak Agarwal					
Challan No. C20			C2020212166				Invoice No:					
Challan Date. Jar			January, 16, 2021				Invoice Date:					
Custo	omer Id:	407				Method Of Shipment:		By Hand	l			
Orde	r No:	O2020212339				Date Of Ship	ment:					
Sales Person:		Delhi				Docket No:	cket No:		Deepak			
Dispa	atched From:	Delhi				ì	SB Number:					
Terms of Delivery :							Terms of Payments :					
Terms & Conditions : Sample Purpose						Special Information :						
S.N.	Product Description		HSN-GST	Unit	Qty	Rate	Batch No	Mfg Dt./Exp Dt.		Discount/Unit	Net Amount	
1	PK 03 Safety Protective Kit PK 03 consisting of one each, Bouffant cap, 3ply Face mask, Wipes, 2 pcs Sanitizer Pouch & One pair Examination Gloves.		90185090 12 %	Pcs	1	53.57	TE/PK 03/200501	05-2020/04-2025		0	53.57	
2	PK 04 Patient Safety Kit, contains 1 each Bouffant cap, 3ply Face mask and Shoe cover-poly		90185090 12 %	Pcs	1	25	TE/PK 04/200501	05-2020/04-2025		0	25	
Net Total											□ 78.57	
Freight Charges											□ 0	
GST @ 12%											□ 9.43	
GST @ 18%											□ 0	
Grand Total											□ 88	

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