



BHARAT SANCHAR NIGAM LIMITED

O/o CGM, Chennai Telephones, Purasawakkam High Road, Chennai - 600010, Tamilnadu.

Telephone Bill / Tax Invoice

Name & Address of the Customer:

PRAKASH V.B.
NO.2, MUTHUKUMARASAMY STREET,
PERAMBUR

CHENNAI
CHENNAI TAMILNADU 600011
Phone Number: 04425512167

Customer Id 4023454576
Account Number 9032634824
Phone Number 04425512167
Bill Number & Date SDCTN0006030027 & 06/03/2018
Issue Date 06/03/2018
Bill Period 01/02/2018 to 28/02/2018
Payment Due Date 26/03/2018
Customer Type Individual
Credit Limit

Account Summary(In Rupees)

Loyalty Points 0

Previous Balance (Ignore, if paid)	Payments Received	Balance Amount	Adjustments	Current Bill Amount	Amount Payable (Rounded to next Rupee)
A	B	C=A-B	D	E	F=E+C-D
2,922.86	-	2,922.86	0	2,920.50	2,920

Late Fee shall be levied in the next bill @ 2% of the outstanding amount pending after Payment Due Date. Min. Late Fee is Rs 10/-

"Reverse charge" is not applicable

Dear Customer, This is the last invoice in this financial Year 2017-18. Kindly help us to serve you better by paying this invoice within Pay by Date.

Please opt to receive bills through email and get Rs.10/- discount in every bill. Send SMS as: LLBILL <STDCode-PhoneNo> <Mailid> to 9442253733 from any Mobile.
Example: LLBILL 040-27072084 abcdef@gmail.com
For more details, contact nearest CSC or AO (TR).

Summary of Charges Amount(Rs.)

Monthly Charges	1,650.00
Usage Charges	875.00
One Time Charges	0.00
Discounts	-50.00
Late Fee	0.00
Total Taxable (Rs.)	2,475.00
GST	445.50
Total Charges (Rs.)	2,920.50

Tax Details	Tax Rate	Amount
CGST	9.00%	222.75
SGST/UTGST	9.00%	222.75
Total GST	18.00%	445.50

Accounts Officer(TR)

This is a Computer generated Bill and hence does not require any Signature

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COUNTER FOIL

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Account Number 9032634824 Phone Number 04425512167
Bill Number SDCTN0006030027 Bill Date 06/03/2018 Payment Due Date 26/03/2018

Current Bill Amount 2,920.00



For Use of PO's/
Banks only



Mode of Payment ☐ Cash ☐ Cheque/DD ☐ Credit/Debit Card ☐ E-Payment
Cheque /DD No. _____ Date _____ Bank _____ Branch _____ Amount _____
Please Charge Rs. _____ Against Card No. _____ Card Expiry Date _____
Signature _____ Card Holder's Name _____
☐ Visa ☐ Master
☐ Diners ☐ Amex

Note: Post Offices / Banks to accept Bills for Current Bill Amount or Amount Payable against Account Number on or before Due Date only.