

## DELIVERY CHALLAN

COMFORT ON YOUR FINGER TIPS

## Delivered To

**Name:** Prashant Verma  
**Contact:** 8765432345  
**Address:** [Address Not Provided]  
**GSTN:** [GSTN Not Provided]

## Delivery Information

**Challan No:** CH-2025-002345  
**Date:** 2025-09-22  
**Waybill No:** [Waybill Not Provided]  
**Booking Date:** [Booking Date Not Provided]  
**P.O. No:** [PO Number Not Provided]

## Purpose of Delivery:

☐ Sale ☐ Replacement ☐ Repair ☐ Demo

S.No.	Model No.	Particulars	Quantity	Remarks
1		yigus	1	sjhgduwjew

## Receiver's Signature (Affix Company Stamp)

**Name:** Prashant Verma  
**Date:** 2025-09-22

## Authorized Signature

**For HOCH STANDARD SOLUTIONS**  
**GSTIN:** OBAJIHTIRBEIZ6