

DELIVERY CHALLAN

COMFORT ON YOUR FINGER TIPS

Delivered To

Name: asd
Contact: 9876543212
Address: [Address Not Provided]
GSTN: [GSTN Not Provided]

Delivery Information

Challan No: CH-2025-002335
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	CXV	cds	1	sdfds

Receiver's Signature (Affix Company Stamp)

Name: asd
Date: 2025-09-22

Authorized Signature

For HOCH STANDARD SOLUTIONS
GSTIN: OBAJIHTIRBEIZ6