## TAX INVOICE

No:- 0090159331 | Issue Date 03.01.2024

## Alliance Broadband Services Pvt. Ltd.

City: Ranchi

Address: 301, MANGAL TOWER, KANTATOLI, RANCHI, Ranchi, Jharkhand, 834001

PAN No: AAECA3151B GST No: 20AAECA3151B1ZO State: Jharkhand code: 20

SAC No: 998422

Phone: 033-71002000, Toll Free No: 1800 1200 300 www.alliancebroadband.co.in



ORIGINAL for RECUIREN

## TO: DCDC Health Services Private Limited

Address: Sadar Hospital, Dumka, Jharkhand, Pin-814101 8210471453 State: Jharkhand code: 20

N	Description of goods or services	amount
: 1	fee "STARTER" (04.01.2024 to 02.02.2024)	500.000
- L E	TOTAL AMOUNT	500.00
	CGST (9%)	45.00
	SGST (9%)	45.00
	TOTAL	590.00
7	Rounded off	590.00
IN W	ORDS: INR Five hundred and ninety rupee	
Payr	nent method: [_] Cheque [_] D.D.P.O. [_] Cash	
Date	of occurrence of chargeable event / payment: 03.01.2024 / 03.01.2024	

## TERMS AND CONDITIONS

- TERMS AND CONDITIONS

  If will be deermed that you have accepted this invoice in full in the event you have not lodged any written objection with us within 20 days of receipt of this invoice.

  2) To avoid disconnection of service you are requested to pay the full amount by the due date mentioned in the invoice. An interest of 15% per amount will be charged on the amount remaining unpaid after the due date.

  3) All Cheques Demand Drafts in payment of Invoice should be drawn in favour of "Alliance Broadbard Services Pvt. Ltd."
- 4) Kindly mention invoice number along with your payment to ensure correct and timely processing.
  5) Cheque Return Charges of Rs. 250 would be charged extra
  6) E-finvoice will be generated within 48 hours, wherever applicable
  7) E. & O. E.

Issuer: Offline Zone Cashier

January & Stuck

Authorised Signatory

Receiver: Client ID: 122224135278 Authorised Signatory:



Additional user details: Username: dcdc\_lcbn IP Address: 10.16.175.31

Zone: Layyman's Cable & Broadband Networks[Jharkhand]-03

TAX INVOICE No. 0090159331	Date 03.01.2024 Page 1 from 1		Generated by IPACCT IPEM 4 87 (www.spacetic				
% % %	REMITTANCE SLIP						
PAYMENT DETAILS: (	Please Tick) Mode of Paym	ent [] Cheque	Demand draft	L] Cash			
Cheque/DD No.	Name of the Bank		3ranch -	Date	Amount(Rs.)		
					590.0		
User ID   dcdc_lcbn	Customer	s name DCDC H	Health Services Private	Limited			
Invoice No.;	Invoice Date Expire	y Date	10.		the /		
0090159331	03.01.2024	02.02.2024			E & BROADS		
					STATE OF THE PARTY		
					(S) DUNKA (S)		
					[Z(V) (V) (Z)		
Customer's Signature_				-	CE CE		
				Channel P	artner's Seal 40 + 18		