

TAX INVOICE

ORIGINAL for RECIPIENT

No:- 0090079057 | Issue Date 10.10.2022

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

590

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" (11.10.2022 to 09.11.2022)	500.000
	TOTAL AMOUNT	500.00
	CGST (9%)	45.00
	SGST (9%)	45.00
	TOTAL	590.00
	Rounded off	590.00

IN WORDS: INR Five hundred and ninety rupee

Payment method: Cheque D.D/P.O. Cash

Date of occurrence of chargeable event / payment: 10.10.2022 / 10.10.2022

TERMS AND CONDITIONS

- 1) It will be deemed 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 18% per annum 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 Broadband 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-Invoice will be generated within 48 hours, wherever applicable.
- 7) E. & O. E.

Issuer: ABSPL_Layman's Cable & Broadband Networks[Jharkhand]-03

Jainendra Kumar Shukla

Receiver:
Client ID: 122224135278
Authorised Signatory:



Authorised Signatory

Additional user details:

Username: dcdc_lcbn
IP Address: 10.16.175.31
Zone: Layman's Cable & Broadband Networks[Jharkhand]-03

TAX INVOICE No.0090079057 Date 10.10.2022 Page 1 from 1



Generated by IPACCT IPBill 4.06 (www.ipacct.com)

⌘ ⌘ ⌘

REMITTANCE SLIP

PAYMENT DETAILS: (Please Tick) Mode of Payment Cheque Demand draft Cash

Cheque/DD No.	Name of the Bank	Branch	Date	Amount(Rs.)
				590.00

User ID Customer's name

Invoice No.: Invoice Date Expiry Date

Customer's Signature

Channel Partner's Seal

