TAX INVOICE

No:- 0090188480 | Issue Date 01.07.2024

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

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" (02.07.2024 to 31.07.2024)	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: **01.07.2024 / 01.07.2024**

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: **Offline Zone Cashier**

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.0090188480 Date 01.07.2024 Page 1 from 1   Generated by IPACCT IPBill 4.08 (www.ipacct.com)

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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	dcdc_lcbn		Customer's name	DCDC Health Services Private Limited

Invoice No.:	Invoice Date	Expiry Date	
0090188480	01.07.2024	31.07.2024	

Customer's Signature_____

Channel Partner's Seal