

TAX INVOICE

ORIGINAL for RECEIPT

No:- 0090138519 | Issue Date 05.09.2023

Alliance Broadband Services Pvt. Ltd.

City: Ranchi
Address: 301, MANGAL TOWER, KANTATOLI, RANCHI, Ranchi, Jharkhand, 834001
PAN No: AAECAS151B
GST No: 20AAECAS151B1Z0
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 | See "STARTER" (06.09.2023 to 05.10.2023) | 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: <input type="checkbox"/> Cheque <input type="checkbox"/> D.D./P.O. <input type="checkbox"/> Cash | | |
| Date of occurrence of chargeable event / payment: 05.09.2023 / 05.09.2023 | | |

TERMS AND CONDITIONS

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

Issuer: Offline Zone Cashier

Signature in Slack

Authorised Signatory

Receiver:
Client ID: 122224135278
Authorised Signatory:



Additional user details:

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

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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_lobn | Customer's name | DCDC Health Services Private Limited | | |
| Invoice No. | 0090138519 | Invoice Date | 05.09.2023 | Expiry Date | 05.10.2023 |

Customer's Signature

Channel Partner's Seal

