

# TAX INVOICE

ORIGINAL for RECEIPT

No:- 0090178983 | Issue Date 02.05.2024

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

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" (03.05.2024 to 01.06.2024)	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: 02.05.2024 / 02.05.2024

#### 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 on 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

*[Signature]*

Authorised Signatory

Receiver:  
Client ID: 122224135278  
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 0090178983 Date 02.05.2024 Page 1 from 1



Generated by IPACCT IPBill 4.01 (www.ipacct.com)

3 3 3

#### 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.:	0090178983	Invoice Date	02.05.2024	Expiry Date	01.06.2024

Customer's Signature

Channel Partner's Seal

